# Canadian Task Force on Preventive Health Care

## Patient preferences for interventions for tobacco smoking cessation among adults: Data summary

Prepared for the Canadian Task Force on Preventive Health Care

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## Introduction

The Canadian Task Force on Preventive Health Care (CTFPHC) recruits members of the public to provide input during the guideline development and knowledge translation (KT) tool development process at up to three critical phases. This document presents summary data from Phase 1 of the CTFPHC patient preferences assessment about interventions for tobacco smoking cessation among adults. We obtained Phase 1 data via focus groups, interviews, and surveys. We examined patients' perceptions of the outcomes of interventions for tobacco smoking cessation among adults. Specifically, we asked how important patients believe it is to consider various outcomes (harms and benefits) of taking part in interventions for tobacco smoking cessation when making decisions about taking part in an intervention. We also examined participants' experiences in the project. We collected data between July 12th and August 22nd, 2018.

## Methods

For a detailed description of the methods used in this project, please refer to Phase 1 of the CTFPHC's Patient Engagement Protocol (http://canadiantaskforce.ca/methods/patient-preferences-protocol/)

## Participants

### Recruitment

Participants were English-speaking men and women in Canada who would be members of the target population for interventions for tobacco smoking cessation. We recruited participants by posting recruitment advertisements on public advertisement websites (i.e., Craigslist and Kijiji).

We asked individuals who responded to the recruitment announcement to complete a brief online screening questionnaire to assess their eligibility to take part in the project (see Appendix A). Participants were eligible to take part in the project if they were aged 18 years and older, and identified as one of the following types of smokers:

- a current tobacco smoker who has not tried to quit or is not intending to quit;
- a current tobacco smoker who is trying to quit or considering quitting;
- a former smoker who has quit within the past year using some form of assistance.

Participants were not eligible for the project if they identified with one or more of the following statements:

- I have never smoked tobacco;
- I am less than 18 years of age;
- I am a health care practitioner;

- I am aware of conflicts of interest relevant to the guideline topic (e.g., I am a member of an organization related to tobacco smoking, or own a company that provides products or services related to tobacco smoking)

Participants were compensated $50 for participating in the project as per the SMH KT Program internal reimbursement policy.

### Characteristics of included participants

The final sample consisted of 8 males and 11 females who were 21 to 57 years of age (mean age = 36.2 years, standard deviation = 10.4). One participant self-identified as Indigenous (i.e., First Nations, Métis, or Inuit). Participants were from Ontario (*n* = 11), British Columbia (*n* = 2), New Brunswick (*n* = 2), Nova Scotia (*n* = 1), Saskatchewan (*n* = 1), Quebec (*n* = 1), and Manitoba (*n* = 1). The majority of participants lived in urban and suburban areas (*n* = 12; *n* = 6); one participant lived in a rural area. The majority of participants had a college diploma or bachelor's degree (*n* = 11) or a graduate or professional degree (*n* = 4). Participants had household incomes of less than $24,999 (*n* = 4), $30,000-$39,999 (*n* = 2), $40,000-$49,999 (*n* = 4), $50,000-$59,999 (*n* = 3), $70,000-$99,000 (*n* = 4), and $100,000 or more (*n* = 2).

Participants self-identified as daily smokers (*n*=13), non-daily (occasional) smokers (*n*= 5), and former tobacco smokers who had quit within the past year (*n*=1). Of those who reported smoking daily, eight were light smokers (smokers who report consuming between 1-10 cigarettes per day; *n* = 8), five were moderate smokers (smokers who report consuming between 11-19 cigarettes per day; *n* = 5), and one was a heavy smoker (smokers who report consuming 20 cigarettes or more per day; *n* = 1).

## Outcome ratings

Below is a summary of participants' perceptions of the outcomes of interventions for tobacco smoking cessation. As explained in the Patient Engagement Protocol, these data were collected using a modified RAND Appropriateness Method (RAM)[1] using surveys and focus groups.

### Outcomes scale ratings

In the first part of the survey, participants rated the importance of outcomes of interventions for stopping tobacco smoking. We provided all participants with information on each of these potential outcomes, also referred to as harms and benefits. For each outcome, we asked participants to rate how much the outcome would influence their decision on whether or not take part in interventions for stopping tobacco smoking.

Participants rated the importance of the information they were given about the outcome from 1-9, where scores indicated:

- 1-3 - not important for decision making
- 4-6 - important for decision making
- 7-9 - critical for decision making

Table 1 provides the full description of the outcomes that participants were asked to rate. The short descriptions of outcomes are used in Figure 1 and Table 2.

***Table 1. Descriptions for outcomes***

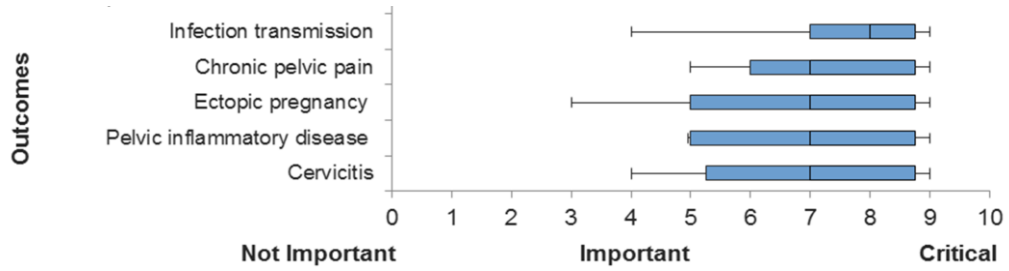
| Short description | Full description |
|---|---|
| **Benefits (*n* = 4)** | |
| Stop tobacco use | Interventions may result in completely stopping the use of cigarettes or other forms of smoked tobacco |
| Decreased tobacco use | Interventions may decrease how often someone smokes tobacco (e.g. days per week) or the amount that they smoke (e.g. cigarettes per day) |
| Improved quality of life | Interventions that result in reducing or stopping tobacco smoking may improve overall well-being and quality of life |
| **Neutral (*n* = 1)** | |
| Temporary stopping/relapse | Interventions may temporarily result in successful quitting for a period of time but later lead to resumed tobacco smoking (called relapse) |
| **Harms (*n* = 4)** | |
| Treatment-negative health impacts | Interventions may result in a negative physical or psychological health outcome due to treatment |
| Weight gain | Interventions that result in completely stopping tobacco smoking may result in weight gain |
| Mental or emotional changes | Interventions that result in reducing or stopping tobacco smoking may result in changes to mental or emotional states |
| Loss of relationships | Interventions that result in completely stopping tobacco smoking may result in perceived or real loss of relationships within a person's social group of fellow smokers |

A summary of survey responses is presented below as well as in Figure 1 and Table 2. Figure 1 and the synopsis below are based on the post-focus group survey results. However, in Table 2 both pre-and post-focus group survey data are included for comparison purposes.

## How to read the box plot

To show participant ratings, we used the box plot throughout this report. The box plot whiskers show the full range of responses, the box shows the interquartile range (IQR), and the line within the box indicates the median. For instance, looking at "ectopic pregnancy" in the sample figure below, the range is 3-9, the IQR is 5-9, and the median is 7. All possible responses are whole numbers; therefore, the median will sometimes be the same value as the first or third quartile. Similarly, a quartile may be the same value as the corresponding whisker. In those cases, a line next to the quartile indicates the median or whisker is the same number

### *Sample figure: Box plot*




### *Figure 1: Post-survey harms and benefits scale ratings (n = 19)*

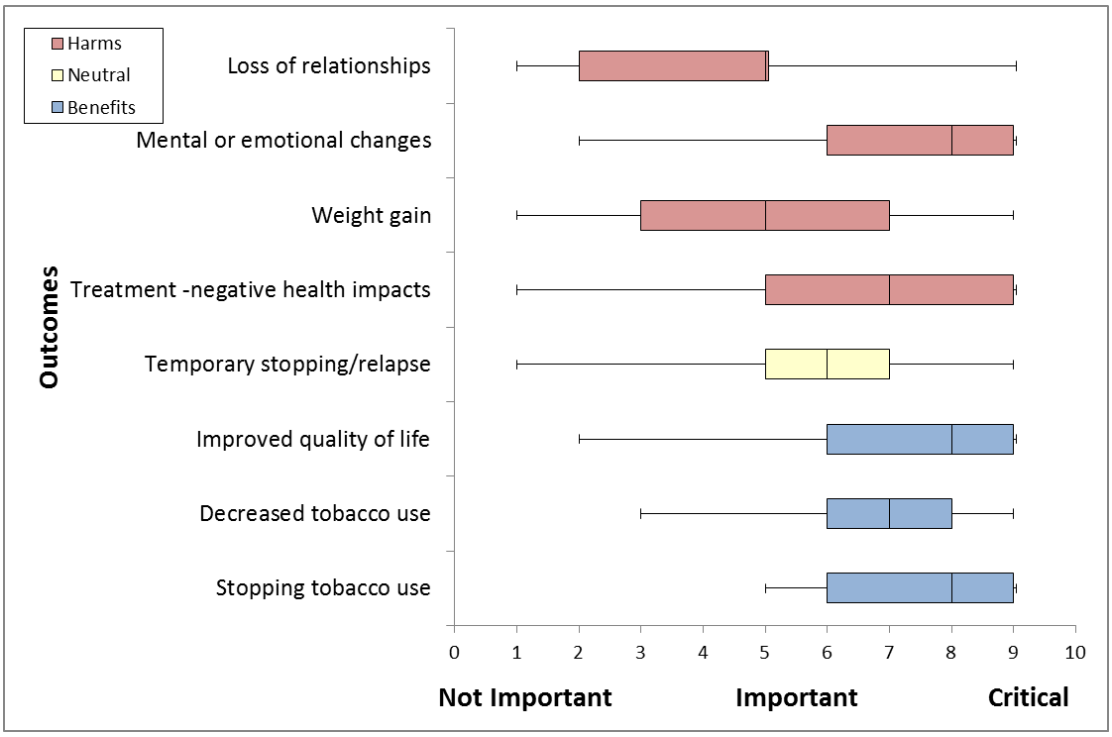


*Table 2. Pre- and post-survey harms and benefits scale ratings (n= 22; n = 19)*

| Outcome | Pre-survey (n=22) | | | Post-survey (n=19) | | |
|---|---|---|---|---|---|---|
| | Median | IQR* | Range | Median | IQR | Range |
| **Benefits** | | | | | | |
| Stopping tobacco use | 6 | 5-8 | 2-9 | 8 | 6-9 | 5-9 |
| Decreased tobacco use | 5.5 | 3.75-8.25 | 2-9 | 7 | 6-8 | 3-9 |
| Improved quality of life | 7 | 5-9 | 2-9 | 8 | 6-9 | 2-9 |
| **Neutral** | | | | | | |
| Temporary stopping/relapse | 5 | 4-7 | 2-9 | 6 | 5-7 | 1-9 |
| **Harms** | | | | | | |
| Treatment-negative health impacts | 5.5 | 4.75-8 | 2-9 | 7 | 5-9 | 1-9 |
| Weight gain | 5 | 2-7 | 1-9 | 5 | 3-7 | 1-9 |
| Mental or emotional changes | 7 | 5-8 | 4-9 | 8 | 6-9 | 2-9 |
| Loss of relationships | 4.5 | 2-6.25 | 1-9 | 5 | 2-5 | 1-9 |

**Note: IQR = interquartile range.*

Median post-survey outcome rating for benefits ranged from 6 to 8. Median post-survey outcome rating for harms ranged from 5 to 8. Between the two surveys (pre and post) there was an increase in the rated importance for seven of the eight outcomes presented. Post-survey IQR of ratings of the benefit outcomes indicated participants felt all benefits were *important* or *critical*. The post-survey IQR of the harm and neutral outcome ratings were slightly lower overall, while still ranging from *not important* to *critical.*

We also asked participants to select up to five outcomes that they thought were most critical to consider when making a decision about whether or not to participate in smoking cessation interventions. Participants selected the following outcomes most often:

- ***Benefit:*** Interventions that result in reducing or stopping tobacco smoking may improve overall well-being and quality of life (*n* = 17)
- ***Harm:*** Interventions that result in reducing or stopping tobacco smoking may result in changes to mental or emotional states (*n*=15)
- ***Benefit:*** Interventions may result in completely stopping the use of cigarettes or other forms of smoked tobacco (*n*=13)

Participants selected the following outcome least often:

- ***Harm:*** Interventions that result in completely stopping tobacco smoking may result in perceived or real loss of relationships within a person's social group of fellow smokers (*n* = 4)

## Overall preferences for interventions

In the second part of the survey, participants rated their overall preference for taking part in an intervention for tobacco smoking cessation. We asked participants to rate the statement "Considering the potential harms and benefits of interventions for stopping tobacco smoking, how much would you want to take part in a cessation (i.e. quitting) intervention?" on a scale from 1-9. A score of 1 indicated "Not at all"; a score of 5 indicated "Neutral"; and a score of 9 indicated "Very much".

A summary of survey responses is presented below as well as in Table 3. Table 3 presents overall preferences for taking part in an intervention, and includes pre- and post-focus group survey data for comparison purposes.

***Table 3. Pre- and post-survey overall intervention preferences (n =22; n = 19)***

| Outcome | Pre-survey (n=22) | | | Post-survey (n=19) | | |
|---|---|---|---|---|---|---|
| | Median | IQR* | Range | Median | IQR | Range |
| Overall intervention preference | 6.5 | 5-8 | 1-9 | 7 | 5-8 | 1-9 |

**Note: IQR = interquartile range.*

Participants showed a wide range of preferences for interventions. However, the median post-survey preference for interventions was 7, indicating most participants had a fairly strong preference for taking part in an intervention for stopping tobacco smoking.

We further explored participant preferences for interventions for tobacco smoking cessation in the focus groups. The results of the focus group discussions are presented below.

## Participant perceptions of outcomes for interventions

We used three focus groups (*n* = 18) and one interview (*n* =1) to gather qualitative data from participants about the importance of the outcomes of interventions for stopping tobacco smoking when deciding whether or not to take part in an intervention, and their overall preferences for taking part in an intervention. We coded focus group and interview transcripts using a directed content analysis approach[2].

A summary of the focus group discussions and survey responses are presented in Tables 5 and 6.

## Participant requests for information

### *Table 5. Information requested by participants (n=19)*

| Needs | Description | Illustrative quotes |
|---|---|---|
| **Background information sheet** | Participants generally found the background sheet to be well structured with a clear layout.<br><br>Information presented in the backgrounder was considered straightforward, relatable and well explained. In particular, it was noted that the context and medication information provided was comprehensive.<br><br>Suggestions for improving the background sheet included:<br><br>i) visuals would be helpful<br><br>ii) bullet points rather than paragraphs would make the information easier to read and understand<br><br>iii) the information provided about diseases related to smoking was considered interesting<br><br>iv) some felt the medical terminology used was too complex | *"Even a non-smoker could understand."*$_{I1}$<br><br>*"Surprised to see that the age was so young for the majority of smokers".*$_{FG1}$<br><br>*"Some diseases I did not know what they were so I had to Google them"* $_{FGI}$ |
| **Additional information to be added to background sheet** | Participants made a number of suggestions regarding additional information they deemed helpful in deciding whether to participate in smoking cessation interventions:<br><br>i) information on second- hand smoke, including ethics and the impact it has on family members<br><br>ii) statistics on any increased incidence of children of smokers vs. non-smokers taking up smoking<br><br>iii) additional information regarding duration of side effects from interventions<br><br>iv) information regarding the role of e-cigarettes in smoking cessation and whether there are health implications<br><br>v) data regarding possible links between | *"I feel like there are a lot more benefits in reality even though [there is] the same amount of information for benefits and harms."*$_{FG2}$ |

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| | smoking and depression<br><br>vi) information regarding the mental and emotional impact of smoking cessation interventions<br><br>vii) comparison of the financial cost of various interventions vs. the cost of smoking<br><br>viii) the role of motivation in smoking cessation<br><br>viiii) availability of interventions and how to access them | |
| **Information required from physician to make an informed decision about interventions for smoking cessation** | Participants felt that discussing the following information with their primary care provider would be helpful in making an informed decision about taking part in an intervention for tobacco smoking cessation:<br><br>i) repercussions of smoking (health and financial)<br><br>ii) health consequences of smoking by age group or number of years smoking<br><br>iii) comparison of smoking cessation intervention success rates<br><br>iv) in-depth discussion of the side effects of various interventions, including psychological implications, scope and ramifications<br><br>v) intervention options beyond medication, including their success rates<br><br>vi) use of e-cigarettes as an intervention option<br><br>v) characteristics of the interventions (i.e. which ones make it less stressful to quit) | *"Just guilt me into it. Tell me all the health risks that I am exposed to if smoking. Talk more about health consequences."* FG2<br><br>*"I would like the doctor to discuss how smoking can impact lungs. Information on these types of effects can help with motivation to quit."* I1<br><br>*"Is vaping okay? I don't know, so more information around possible interventions."* FG3 |

In summary, this table summarizes the additional background information participants requested, as well as information and topics participants considered important to discuss with their primary care providers in order to make an informed intervention decision. Participants requested more information on the impact smoking and quitting smoking has on others, such as friends and family, as well as financial information, such as the monetary costs associated with smoking and potential financial benefits of quitting. Participants felt a conversation with their primary care provider surrounding specific intervention options, including their potential

advantages and disadvantages, side effects, and success rates, would be useful in making a decision on taking part in an intervention. In particular, participants asked for clarity on the potential harms and benefits of the use of e-cigarettes as an intervention option. Participants were interested in information on the impact that personal motivation has on the success of interventions. Several participants also felt that discussing the negative health impacts of continuing to smoke with their primary care provider could contribute to their motivation to quit or to take part in an intervention.

## Values and preferences for interventions

The qualitative data collected through focus groups (*n* = 18) and interviews (*n* = 1) revealed the outcomes of interventions that may influence a patient's overall preference for taking part in interventions for stopping tobacco smoking. Table 6 summarizes all unique values and preferences present in the qualitative data.

***Table 6. Participants' values and preferences for interventions (n = 19)***

| Factors | Description | | Illustrative quotes |
|---|---|---|---|
| **Perceived benefits of interventions** | 1. *Interventions may result in complete cessation of smoking tobacco* | The majority of participants rated this as a high priority and a major benefit of interventions for smoking cessation.<br><br>The major driver of perceived benefits was an overall increase in health and wellbeing resulting from a successful intervention.<br><br>Not all participants were motivated to stop smoking entirely; some individuals considered their level of smoking to be acceptable. | *"I thought this was the point of it all; which of these options would make me completely stop smoking tobacco…it's important to me."* FG3<br><br>*"Because I don't smoke a lot, not sure where I fall in my desire to quit. So quitting entirely is a less critical outcome for me."* FG1 |
| | 2. *Interventions may decrease how often someone smokes tobacco or the amount that they smoke* | The background sheet was helpful in informing participants of the importance of *decreasing* smoking levels.<br><br>However, clarification was requested with respect to whether a decrease is likely to be maintained after an intervention is discontinued.<br><br>A decrease in smoking was considered a gateway to complete smoking cessation and most considered this to be a benefit. | *"Not a big difference between high and low smoking. It's either you smoke or you don't. Better to quit altogether or to continue smoking."* FG1 |

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| | | Whether an individual decreased or ceased smoking, this was considered a benefit in terms of both saving money and preventing the inconveniences of smoking. | |
| | 3. *Interventions that result in reducing or stopping tobacco smoking may improve overall wellbeing and quality of life* | In general, participants deemed this benefit to be the most important reason for quitting smoking. It was also cited as the most common reason behind attempts to quit.<br><br>Several participants questioned the correlation between smoking cessation and improved wellbeing.<br><br>These individuals considered both their enjoyment of smoking and use of cigarettes as a stress reliever to play a positive role in their overall wellbeing and quality of life. | *"Wellbeing and quality of life is the utmost importance, like mental health. So it's a huge benefit. If reducing or stopping improves overall wellbeing, etc., I'm in."*FG1 |
| **Perceived neutral outcomes of interventions** | *1.Interventions may temporarily result in successful smoking cessation but ultimately lead to relapse* | The possibility of relapse was concerning to participants for several reasons:<br><br>i) a relapse would be seen as a wasted intervention effort<br><br>ii) relapse can affect one's state of mind (e.g. feeling defeated) and further embed the smoking habit<br><br>iii) awareness of the possibility of relapse would decrease the likelihood of attempting an intervention<br><br>Other participants indicated their awareness that relapse is common and acknowledged the role of | *"Relapse can result in even more smoking than someone was doing previously."*I1<br><br>*"If it works, great. If it doesn't, move on to the next* |

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| | | motivation in achieving their goal. In addition, they showed optimism that one attempt would ultimately be successful. | *intervention so not that important for me knowing it may not succeed."*[FG3] |
| **Perceived harms of interventions** | **1.** Interventions that result in completely stopping tobacco smoking may result in weight gain<br><br>a) *weight gain and smoking have an equivalent impact:* | Participants expressed a variety of viewpoints on the possibility of weight gain accompanying smoking cessation:<br><br>i) both smoking and weight gain can affect self-esteem and have an emotional impact<br><br>ii) both weight gain and smoking cessation negatively impact quality of life and wellbeing<br><br>iii) repeated relapses and weight gains could create additional health issues<br><br>iv) the possibility of weight gain was identified as a major barrier to smoking cessation | *"How people rated this question likely depends on whether the person has struggled with weight."*[I1]<br><br>*"Obesity is almost as risky to your health as smoking so trading one issue for another."*[FG3] |
| | b) *weight gain is an acceptable harm if smoking cessation succeeds:* | i) awareness of this possible harm was considered a tool to aid in weight gain prevention<br><br>ii) one participant was unaware of this possibility prior to reading the background sheet<br><br>iii) weight gain is considered a short-term harm in contrast with the long-term harms associated with smoking<br><br>iv) weight gain was also deemed a 'possible' harm as opposed to smoking causing definitive harms<br><br>v) weight gain was seen as a possible beneficial outcome for some smokers | *"It's been one year since I quit. I didn't gain weight. So I was aware of this harm and was careful about things."*[FG1] |

| | | | |
|---|---|---|---|
| | **2.** Perceived/real loss of social relationships with fellow smokers | Participants expressed a variety of opinions with respect to this harm:<br><br>i) remaining around smokers may lead to relapse<br><br>ii) health is more important than peer group<br><br>iii) remaining in social settings based around smoking increases the need for willpower to succeed in quitting<br><br>iv) non- smoking results in loss of activities that encourage engaging with others<br><br>v) this harm depends upon how supportive an individual's relationships are; one may need to reassess their values<br><br>vi) any negative social effects due to smoking cessation is secondary to health benefits to be gained<br><br>viii) adaptations can be made to mitigate this harm | *"If that happens, those relationships are not good relationships and are not worth keeping around anyways."* I1<br><br>*"People would be happy for me if I quit."* FG1<br><br>*"It's a possibility, not guaranteed problem"*. FG2 |
| **Additional outcomes to consider** | 1. Impact of smoking and quitting smoking on others: For example, second- hand smoke, or the potential mental or emotional impact on family members. Participants saw the potential mental impact on family members as a possible harm (someone becomes more irritable and angry because of participating in an intervention, which could negatively affect family members' mental states or contribute to stress).<br>2. Financial outcomes (financial cost of smoking, potential savings associated with reducing or quitting smoking) | | |
| **Preferences for Smoking Cessation:** | Participants were divided in their preference for adopting smoking cessation interventions. For some, this forum increased their awareness of smoking cessation interventions, as well as the likelihood they would attempt to quit.<br><br>While the majority hoped to succeed and would participate in efforts to quit smoking, others held either | | *"One day I hope to succeed in quitting. In the past I have used drugs and medication interventions but I find the* |

| | | |
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| | ambivalent or negative attitudes towards smoking cessation interventions.<br><br>Several issues were identified:<br><br>i) the importance of quitting was tied to a person's stage of quitting and amount smoked<br><br>ii) some consider smoking cessation only relevant to 'serious' smokers<br><br>iii) more information regarding intervention outcomes was needed before committing<br><br>iv) choosing an intervention represented a hurdle to be overcome despite being inclined to quit (i.e. looking for the "easiest" option for quitting)<br><br>v) concern that one intervention alone may not achieve its goal<br><br>vi) non-smokers only see the harms of smoking whereas smokers must balance the harms and benefits of smoking that accrue | *drugs lose effectiveness the more times you take them."* FG3<br><br>*"It's more about willpower and mindset and changing your circumstances or environment."* I1 |

This table summarizes the harms and benefits of interventions that participants identified as most critical when making a decision about taking part in an intervention for tobacco smoking cessation. It also summarizes participants' overall preferences for taking part in interventions for stopping tobacco smoking. Participants felt personal motivation and intention to quit are important factors in deciding whether or not to take part in an intervention, and have implications for the potential success of an intervention. Participants were conflicted over the balance of perceived harms and benefits of tobacco smoking cessation interventions. Some participants expressed no interest in quitting tobacco smoking, and noted that they felt smoking has a significant positive impact on their quality of life, which they would need to consider when weighing outcomes and making an intervention decision. Several participants felt smoking cessation interventions are only intended for those who are considered heavy daily smokers, while occasional smokers may not require or benefit from interventions for tobacco smoking cessation. Participants also believed availability of social support is an important factor in both the decision to take part in an intervention, as well as successfully completing an intervention.

## Factors influencing access to interventions

Focus group (*n* = 18*)* and interview (*n* = 1) responses revealed several barriers and facilitators to accessing interventions for tobacco smoking cessation. A summary is provided in Table 7.

***Table 7. Factors that influence participants' access to interventions (n = 19)***

| Factors | Description | Illustrative quotes |
|---|---|---|
| **Potential** | i) concerns surrounding changes to mental and emotional states that could last | |

| | | |
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| **<u>barriers</u> to smoking cessation interventions** | beyond the intervention period<br><br>ii) mode of delivery (e.g. physical vs. online) and its impact on privacy; real or perceived social stigma associated with smoking cessation efforts<br><br>iii) ongoing social relationships with smokers<br><br>iv) maintaining the intervention to completion<br><br>v) an individual's personality, motivation, mental state<br><br>vi) possibility of weight gain as a result of smoking cessation<br><br>vii) lack of awareness of interventions and their availability<br><br>viii) cost and other challenges in accessing interventions | *"People could be uncomfortable with everyone knowing who they are and that they are going through an intervention."* FG1<br><br>*"I have mental health issues to begin with so I smoke to cope with stress. For me that's a more important thing as I would lose a coping skill."* FG2 |
| **Potential <u>facilitators</u> to smoking cessation interventions** | i) easy access to interventions and physicians (e.g. webinars, counseling)<br><br>ii) reward system for progressing through an intervention (e.g. smoking cessation app that provides financial incentive information about saving the cost of cigarettes)<br><br>iii) unbiased*, centralized database of interventions, including information regarding success rates (*not maintained by intervention manufacturer)<br><br>iv) personal testimonials<br><br>v) a physician's positive attitude toward smoking cessation interventions<br><br>vi) face-to-face interventions such as social groups<br><br>vii) an intervention that builds personal motivation<br><br>viii) experiencing benefits from smoking cessation such as better quality of life and increased physical fitness<br><br>viiii) financial support for interventions | *"Not sure what [a reward system] would look like, not necessarily monetary but some motivating factor that keeps people engaged throughout the intervention process."* I1 |

| | | |
|---|---|---|
| | ix) peer support | |

In summary, participants described several perceived barriers and facilitators to accessing interventions for stopping tobacco smoking. Many participants commented that an individual's motivation and intention to quit smoking can act as an important facilitator for taking part in interventions for tobacco smoking cessation. Participants felt motivation was also critical for seeing an intervention all the way through to completion, and that this could be facilitated by offering incentives for completing intervention steps. Factors that may act as barriers to smoking cessation interventions included potential for social stigma, lack of motivation, concerns surrounding potential negative impacts (such as weight gain or mental health effects), and accessibility concerns (such as financial costs, delivery format, and lack of awareness of intervention options).

In the post-focus group survey, we asked participants to provide feedback on their experience in the project. The focus group and survey questions are available in Appendix E: Focus group guide and Appendix F: Participant engagement and experience items. For the full data collection method, see the Patient Engagement Protocol. A summary of the responses is presented below.

## Participant engagement ratings scale

In the post-focus group survey, we asked participants a series of questions about their experience in the project.[3] Participants responded using a 7-item scale, with the following response options: No extent (1), Very small extent (2), Small extent (3), Fair extent (4), Moderate extent (5), Large extent (6), or Very large extent (7). We also asked participants to explain their ratings for each engagement item. The quantitative responses to these questions are summarized in Figure 3 and Table 8. The quantitative ratings and relevant qualitative explanations are also summarized below.

Participants rated all experience questions highly, indicating a positive engagement experience. The majority of questions had a median response of 6.The two questions with slightly lower medians of 5 asked if participants believed their input would influence the final decisions that underlie the engagement process, and if participants believed their values and preferences would be included in the final advice of the CTFPHC. Participants also rated the question asking if participants had an equal opportunity to participate in discussions slightly lower, with a median of 5. Based on the open-ended response questions, lower ratings for this question were generally associated with participants from larger focus groups. Additionally, participants rated whether they were provided with the information they needed to participate knowledgeably slightly higher, with a median of 7.

*Figure 3. Survey responses for participant engagement items (n = 19)*

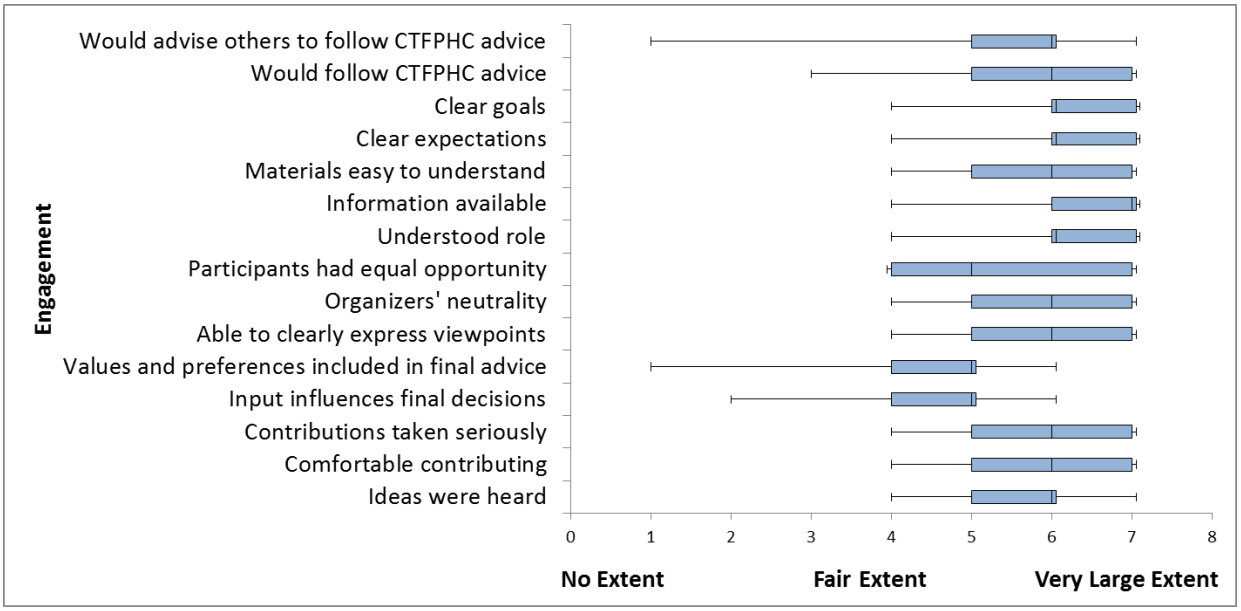


*Table 8. Survey responses for participant engagement items (n = 19)*

| Question | Median | IQR* | Range |
|---|---|---|---|
| To what extent do you believe that your ideas were heard during the engagement process? | 6 | 5-6 | 4-7 |
| To what extent did you feel comfortable contributing your ideas to the engagement process? | 6 | 5-7 | 4-7 |
| Did organizers take your contributions to the engagement process seriously? | 6 | 5-7 | 4-7 |
| To what extent do you believe that your input will influence final decisions that underlie the engagement process? | 5 | 4-5 | 2-6 |
| To what extent do you believe that your values and preferences will be included in the final health advice from this process? | 5 | 4-5 | 1-6 |
| To what extent were you able to clearly express your viewpoints? | 6 | 5-7 | 4-7 |
| How neutral in their opinions (regarding topics) were organizers during the engagement process? | 6 | 5-7 | 4-7 |
| Did all participants have equal opportunity to participate in discussions? | 5 | 4-7 | 4-7 |
| How clearly did you understand your role in the process? | 6 | 6-7 | 4-7 |
| To what extent was information made available to you either prior or during the engagement process so as to participate knowledgeably in the process? | 7 | 6-7 | 4-7 |
| To what extent were the ideas contained in the information material easy to understand? | 6 | 5-7 | 4-7 |
| How clearly did you understand what was expected of you during the engagement process? | 6 | 6-7 | 4-7 |
| How clearly did you understand what the goals of the engagement process were? | 6 | 6-7 | 4-7 |
| To what extent would you follow health advice from the Canadian Task Force on Preventive Health Care (if it related to your health condition)? | 6 | 5-7 | 3-7 |
| To what extent would you advise others to follow health advice from the Canadian Task Force on Preventive Health Care (if it related to their health condition)? | 6 | 5-6 | 1-7 |

**Note: IQR = interquartile range*

## Participant experience ratings scale

After participants responded to questions about their engagement, they responded to questions about the clarity and ease of the tasks that they were requested to complete. We asked participants to rate questions using a 9-point scale: a score of 1 indicated “Not at all”; a score of 5 indicated “Neutral”; and a score of 9 indicated “Very much”. A summary of the responses is presented in Figure 4 and Table 9.

Overall, participants responded positively to all five questions, indicating clarity and ease of participating. All questions had a median rating of 8, which falls at the high end of the response options. We also asked participants to summarize what they had been asked to do in the survey. The majority of participants accurately described the survey tasks they completed; three participants chose not to answer the open-ended question. Thus, there is converging evidence that participants understood the survey tasks.

*Figure 4. Survey responses for experience items (n = 19)*

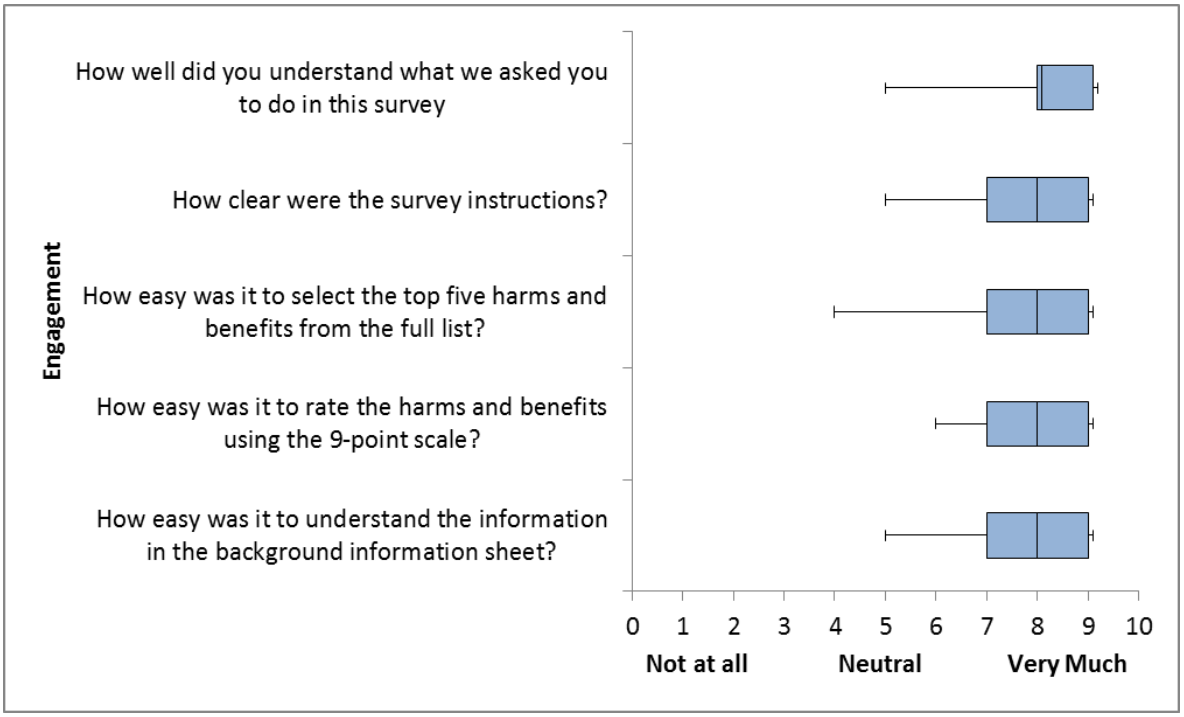



*Table 9. Survey responses for experience items (n = 19)*

| Question | Median | IQR* | Range |
|---|---|---|---|
| How easy was it to understand the information in the background information sheet? | 8 | 7-9 | 5-9 |
| How easy was it to rate the harms and benefits using the 9-point scale? | 8 | 7-9 | 6-9 |
| How easy was it to select the top five harms and benefits from the full list? | 8 | 7-9 | 4-9 |
| How clear were the survey instructions? | 8 | 7-9 | 5-9 |
| How well did you understand what we asked you to do in this survey? | 8 | 8-9 | 5-9 |

**Note: IQR = interquartile range*

## Participants' overall experience

We conducted three focus groups (*n* = 18), one interview (*n* = 1), and 19 open-ended survey questions (*n* =19) to gather qualitative data from participants about their experience in the project. Table 10 below summarizes participants' main impressions of the background information sheet, focus group, and survey.

*Table 10. Qualitative data for project experience (n = 19)*

| Project component | Participants' impressions | Illustrative quotes |
|---|---|---|
| **Background information sheet** | Participants reported that the sheet was easy to understand and well-organized<br><br>Some participants mentioned changes to the format of the background information sheet, such as more bullet points, visuals or graphs could make the document easier to read | *"Use of images or maybe a video clip with a doctor talking about potential harms and benefits of quitting smoking [could have been helpful]" (AdultTob_PH1_19)* |
| **Focus groups and interviews** | **Positive feedback**<br><br>Several participants stated that they felt the call was organized and communication was clear.<br><br>Several participants appreciated the focus group moderator communication style, patience, and impartiality<br><br>Several participants appreciated the opportunity to share their viewpoints, as well as found it interesting and helpful to hear different opinions. | *I liked the fact that I had the opportunity to share my thoughts (AdultTob_PH1_13)*<br><br>*All participants were given an equal opportunity to respond to all questions and were fully heard. (AdultTob_PH1_10)*<br><br>*The focus group was interesting! I heard some viewpoints I hadn't considered before and I liked sharing my own. (AdultTob_PH1_4)* |
| | **Suggestions for improvement**<br><br>Some participants expressed that a face to face format may be more effective<br><br>A suggestion for improvement was to provide more structure for the focus group, as well as reduce the amount of time between completing the survey and the focus group<br><br>One participant expressed concern that they were responding too often, while others in the focus group did not respond at all despite being probed.<br><br>One participant noted being slightly confused about the process, as the material and process was very new to them. | *I could not view the organizers or participants. I feel face to face participation (or video-conferencing) is more constructive. (AdultTob_PH1_12)*<br><br>*I find face to face a bit less anxiety-producing (AdultTob_PH1_15)*<br><br>*I worried I was answering too often (AdultTob_PH1_18)* |

| | | |
|---|---|---|
| **Overall project experience** | **Positive feedback**<br><br>Participants appreciated the chance to provide input, and felt that their opinions were heard<br><br>Participants found the project to be well organized, and materials easy to understand | *The feeling that my opinions and suggestions were heard and maybe even implemented (AdultTob_PH1_6)*<br><br>*I felt that I gave good opinions that could help influence policy decisions (AdultTob_PH1_19)* |
| | **Suggestions for improvement**<br><br>One participant felt that their values and preferences about smoking were unpopular and considered 'bad health advice'. They expressed hesitation that their opinion and values would be taken into account.<br><br>Several participants felt information on the impact that smoking and smoking interventions may have on others should have been included.<br><br>One participant felt the selection of top 5 outcomes was limiting, and requested having more options in the future. | *It's the same "war on smokers" I've experienced all my life. (AdultTob_PH1_12)*<br><br>*I think the survey should had included the impact on smoke intervention on family and friends (AdultTob_PH1_13)* |

## Limitations

In addition to the limitations of the methods discussed in the Patient Engagement Protocol, there were additional limitations specific to this project. Our sample is not representative of the target screening population in Canada. The majority (*n* = 15) had a college diploma, bachelor's, graduate, or professional degree. Due to the high education level of participants, these participants may have higher health literacy, different risk factors or protective factors, and/or preferences that differ from the target screening population. Furthermore, the majority of participants lived in urban or suburban areas (*n* = 18), and only one participant identified as Indigenous. As such, the preferences, barriers, and facilitators facing typically underserved groups such as rural Canadians and Indigenous populations are unlikely to be adequately represented in these results.

## Suggestions for applying findings

Below are our suggestions for applying the findings from this project to the CTFPHC's guideline regarding interventions for tobacco smoking cessation:

1. **Include outcomes identified by participants as important or critical in the evidence review protocol.** Participants rated all outcomes of interventions for stopping tobacco smoking cessation as either *important* or *critical*. Participants may therefore be more responsive to a guideline that is based on evidence of all outcomes included in this project. Participants identified the impact of smoking on others (i.e. outcomes of second-hand smoke) and financial costs of smoking and quitting as additional outcomes that were important to consider. The CTFPHC may consider including these additional outcomes identified by participants in the evidence review. The CTFPHC may also consider including patients at the stage of refining the question for evidence review, as this could lead to different outcomes being included in the review and guideline. These additional outcomes may be useful to consider as part of a shared-decision making discussion between clinicians and patients.

2. **Provide resources to support a discussion of patients' preferences and shared decision making.** Because the CTFPHC develops evidence-based guidelines, the CTFPHC may not always be able to produce guideline recommendations that are consistent with all patients' preferences. For example several participants differed in their opinion on the effect smoking cessation would have on their quality of life and well-being. Some participants perceived smoking as a positive contributor to their quality of life and well-being. In this case, the CTFPHC may consider developing and disseminating resources that encourage a discussion about patients' preferences and support shared decision-making between clinicians and patients. Specifically, the CTFPHC may produce KT tools that assist clinicians in discussing interventions in the context of a patient's preferences. In addition, the CTFPHC may develop KT tools for patients that explain the balance between the harms and benefits of the intervention.

   Participants noted that preference for taking part in an intervention for tobacco smoking cessation, as well as perceived chances of successfully completing an intervention, would depend on their level of motivation and intention to quit, and the characteristics of the

intervention. The CTFPHC may consider providing information about intervention options and success rates, evidence for the effect of motivation and intent to quit on success of interventions, as well as health outcomes of smoking and stopping or reducing smoking, as part of KT tools to facilitate shared decision-making around interventions for stopping tobacco smoking.

3. **Develop KT tools that address information needs of participants.** Participants had additional questions about the success rates, as well as harms and benefits, specifically associated with different intervention options. Many participants also recognized that the effect of some potential harmful outcomes (i.e. weight gain and real or perceived loss of relationships) could potentially be mitigated with proper knowledge and support. Thus, the guideline and KT tools should integrate relevant information to help patients make an informed choice about interventions for stopping tobacco smoking.

4. **Send participants a summary of how their feedback in the final guideline and KT tools was used.** Participants answered two engagement questions measuring the extent that they believed that their input, values, and preferences would influence and/or be included in final CTFPHC advice. These ratings were lower than most other engagement questions. Similarly, open-ended responses indicated some participants were not confident that their input would be incorporated or valued, especially those who perceived their viewpoint as being uncommon or unpopular. Upon public release of the guideline and KT tools, the CTFPHC may send an email to participants to explain how their feedback was integrated into the final guideline and KT tools, also providing specific examples. The CTFPHC may also request that participants complete the participant engagement measure again to explore whether participants' beliefs shifted when presented this information. It may also be important to consult participants on how they would like to be engaged, in order to align the engagement process with the needs of participants and shift participants' beliefs on the influence their input and preferences have in final CTFPHC advice and guidelines.

## Conclusion

Through this project we explored interventions for tobacco smoking cessation preferences for a sample of the intervention population to whom the guideline will be relevant. In the surveys, participants generally rated the benefits of interventions as more important than harms. However, participants rated all outcomes included in the surveys as *important* or *critical.* Participants also suggested that outcomes related to the impact of smoking and interventions on others (i.e. second-hand smoke), as well as financial outcomes, could be additional outcomes to consider when making an intervention decision. The majority of participants expressed a preference for taking part in interventions for tobacco smoking cessation, however not all participants expressed a desire or intention to quit smoking tobacco. Many participants enjoyed the opportunity to participate and found the project interesting. These findings should be integrated into interventions for tobacco smoking cessation guideline and KT tools, as well as into future CTFPHC patient engagement projects.

## References


1. Fitch K, Bernstein SJ, Aguilar AD, Burnand, B, LaCalle JR, et al. The RAND/UCLA Appropriateness Method user's manual. RAND. 2001.
2. Hseih H, Shannon SE (2005). Three Approaches to Qualitative Content Analysis. Qualtitative Health Research. 15 (9): 1277-1288.
3. Moore, A. Development and Preliminary Evaluation of a Patient and Public Engagement Evaluation Tool. Prepared for the Canadian Task Force for Preventive Health Care, Knowledge Translation Working Group, 2016.

## Appendix A: Screening questionnaire

**Introduction**

This survey is designed to assess your eligibility for the Canadian Task Force on Preventive Health Care (CTFPHC) patient preferences project on interventions to promote tobacco smoking cessation among adults. Please answer the following questions accurately and honestly.

Please note that the information provided to us through this survey will be kept confidential and will not be shared with anyone outside of the CTFPHC.

*If you have any questions, concerns, or technical difficulties, please contact Rossella Scoleri, at scolerir@smh.ca.*

_____

Please enter your first and last name: _____

Please enter your email address: _____

Are you a practicing health care professional?

Yes
No

Thank you for taking the time to fill out this survey.

Unfortunately, it appears that you are not eligible to take part in this initiative.

The CTFPHC is exclusively soliciting the opinions of members of the general public who are not practicing health care professionals.

**Take Part in Future Projects**

The Knowledge Translation Program at St. Michael's Hospital conducts other projects where we involve practicing health care professionals. Even if you are not eligible to take part in this project, you may be able to participate in other current or future projects conducted by the Knowledge Translation Program.

Would you be interested in joining our mailing list for project and research study recruitment? If you indicate yes, we will take this as your consent for your name and email address to be added to our mailing list.

Yes
No

How old are you?

- ❍ 17 years old or younger
- ❍ 18-25
- ❍ 26-30
- ❍ 31-35
- ❍ 36-40
- ❍ 41-45
- ❍ 46 years old or older

Thank you for taking the time to fill out this survey.

Unfortunately, it appears that you are not eligible to take part in this initiative. The CTFPHC is exclusively soliciting the options of people aged 18 years of age or older.

**Take Part in Future Projects**

The Knowledge Translation Program at St. Michael's Hospital conducts several projects over the year. Even if you are not eligible to take part in this project, you may be able to participate in other current or future projects conducted by the Knowledge Translation Program.

Would you be interested in joining our mailing list for project and research study recruitment? If you indicate yes, we will take this as your consent for your name and email address to be added to our mailing list.

Yes
No

For the following questions, tobacco smoking includes but is not limited to cigarettes, pipes, cigars, cigarillos, and/or hookah. For this survey, tobacco smoking does not include tobacco use for traditional or ceremonial purposes (e.g., by Indigenous groups).

At the present time, do you smoke tobacco:

- ❍ Every day
- ❍ Occasionally
- ❍ Not at all

Are you a current tobacco smoker who has not tried to quit or is not intending to quit?

- ❍ Yes
- ❍ No

Are you a current tobacco smoker who is trying to quit or considering quitting?

- ❍ Yes
- ❍ No

Are you a former tobacco smoker who has quit within the past year using some form of assistance such as advice/counselling, nicotine replacement therapy (e.g., patch), medications, or e-cigarettes to try to quit?

- ❍ Yes
- ❍ No

Please specify you have any of the following chronic medical conditions

- ❍ Mental illness
- ❍ Cardiovascular disease (e.g., coronary heart disease, peripheral artery disease, atherosclerosis)
- ❍ Chronic Obstructive Pulmonary Disease (COPD; e.g., emphysema, chronic bronchitis)
- ❍ None of the above

Thank you for taking the time to fill out this survey.
Unfortunately, it appears that you are not eligible to take part in this initiative.

What type of tobacco have you smoked?

- ❑ Cigarettes
- ❑ Pipes
- ❑ Cigars
- ❑ Cigarillos
- ❑ Hookah
- ❑ Other _____

Do you have any conflict of interest related to tobacco smoking? Examples include but are not limited to the following:

Being a member of an organization related to tobacco smoking

Owning a company that provides products or services related to tobacco smoking
Owning shares in a company that provides products or services related to tobacco smoking
Conducting research on tobacco smoking

- ❍ Yes (please describe) _____
- ❍ No

How did you hear about this opportunity?

- ❍ Charity Village
- ❍ Craiglist
- ❍ Kijiji
- ❍ Other, please specify... _____

Which province or territory do you live in?

- ❍ British Columbia
- ❍ Alberta
- ❍ Saskatchewan
- ❍ Manitoba
- ❍ Ontario
- ❍ Quebec
- ❍ New Brunswick
- ❍ Nova Scotia
- ❍ Prince Edward Island
- ❍ Newfoundland and Labrador
- ❍ Yukon Territory
- ❍ Northwest Territories
- ❍ Nunavut

Which time zone do you live in?

- ❍ Pacific
- ❍ Mountain
- ❍ Central
- ❍ Eastern
- ❍ Atlantic
- ❍ Newfoundland
- ❍ I don't know

Which type of region do you live in?

- ❍ Urban
- ❍ Suburban
- ❍ Rural

What is your gender?

- ❍ Male
- ❍ Female
- ❍ Non-binary
- ❍ Prefer to self-describe _____
- ❍ Prefer not to say

Are you currently pregnant?

- ❍ Yes
- ❍ No

Do you identify as part of one of the following Aboriginal groups?

- ❍ First Nations
- ❍ Métis
- ❍ Inuit
- ❍ No, I am not Aboriginal

What is the highest level of education that you have completed?

- ❍ Less than high school
- ❍ High school
- ❍ College diploma or bachelor's degree
- ❍ Graduate or professional degree

What is your annual household income?

- ❍ less than $25,000
- ❍ $25,000-29,999
- ❍ $30,000-$39,999
- ❍ $40,000-$49,999
- ❍ $50,000-$59,999
- ❍ $60,000-$69,999
- ❍ $70,000-$99,999
- ❍ $100,000 or more

Thank you for taking the time to fill out this survey.

The project team will only contact you by email if you are eligible and space permits to take part in this project.

**Take Part in Future Projects**
The Knowledge Translation Program at St. Michael's Hospital conducts several projects over the year. Even if you are not eligible to take part in this project, you may be able to participate in other current or future projects conducted by the Knowledge Translation Program.

Would you be interested in joining our mailing list for project and research study recruitment? If you indicate yes, we will take this as your consent for your name and email address to be added to our mailing list.

Yes
No

## Appendix B: Background sheet

**Canadian Task Force on Preventive Health Care**
**Background Information Sheet on Interventions for Tobacco Smoking Cessation Among Adults**

**What is tobacco smoking?**

About 15% of Canadians above the age of 15 have recently used at least one tobacco product (e.g., cigarettes, pipe, cigars, cigarillos, via water pipe or hookah), and 13% (about 1 in 8) are current cigarette smokers. Smoking is more common among men, people aged 20-34, people with lower education or income, and Indigenous populations.

**How does tobacco smoking affect adult smokers?**

Tobacco smoking is the leading cause of preventable death and disability in Canada. It greatly shortens lifespan and increases the risk of many illnesses.

Tobacco smoke can cause or make worse a number of lung diseases (e.g., asthma and chronic obstructive pulmonary diseases (COPD) such as emphysema and chronic bronchitis). Tobacco smoking also causes many types of cancer, including lung cancer and cancers of the mouth and throat. Men who smoke are 22 times more likely than non-smokers to get cancer, while women who smoke are 12 times more likely.

Smoking also increases the risk for stroke (risk is double among smokers), coronary heart disease (blockage of the blood supply to the heart which can be fatal; up to six times the risk depending on age), and peripheral artery disease (reduced blood flow to the hands and feet; up to 20 times the risk).

Other conditions caused by or linked to smoking include diabetes, blindness, cataracts, pneumonia, erectile dysfunction, reduced immune function, and overall diminished health.

Smoking is a cause of infertility and smoking during pregnancy increases the risk of miscarriage, stillbirth, preterm birth, fetal growth restriction, impaired lung function, and congenital abnormalities (e.g. cleft palate or lip).

**What approaches help people stop smoking?**

There are a number of different ways to help make quitting easier. Some people may use these to try to quit all at once while others may slowly reduce how much they smoke until the point of quitting.

One approach involves using advice, intensive counselling or information to help motivate or inform smokers about how to quit. This could range from a short piece of advice from a doctor or nurse, to more intensive one-on-one or group counselling sessions. It could also involve using internet-based programs or tobacco quit lines.

In Canada, there are also medications that can be used to help with quitting smoking. For example, nicotine patches, gums, tablets, inhalers, or mists can be used to deliver nicotine to the body. Also, bupropion and varenicline are prescription medications that help reduce cravings and withdrawal symptoms.

Another approach to quitting that is growing in popularity is the use of e-cigarettes (also called vaporisers, vapes, or electronic nicotine delivery systems). These might help individuals quit smoking by giving an alternative way to deliver nicotine to the body.

Finally, there are a number of "alternative" or "complementary" approaches to help quit smoking that do not fit under the traditional behavioural or pharmacological types of interventions. These include hypnotherapy, acupuncture, and exercise, among others.

**What are the benefits of these approaches to stopping smoking?**

The main benefit of using the approaches above is that they might make it more likely that smokers will quit and stay non-smokers over the long term. Naturally, some smokers who attempt to quit will not be successful, and therefore relapse is also a potential outcome of using any of the approaches above. Some approaches may be less likely to lead to relapse than others.

Even for people who do not end up quitting smoking, the approaches above might help them reduce how much they smoke, which can lower overall health risks.

**What are the benefits of successfully stopping or reducing smoking?**

Quitting smoking can greatly reduce the health risks mentioned above, with the impact depending on how early someone stops smoking. For example, while smokers can potentially lose more than a decade of their life expectancy, quitting by the age of 35 puts you at the same risk of death as someone who has never smoked. Quitting all at once appears to be better for lowering health risks than gradually reducing to quit.

Ten years after quitting smoking, the risk of developing lung cancer is cut in half and the risk of cancers of the mouth, throat, esophagus, bladder, cervix, and pancreas are decreased. Risk for coronary heart disease decreases by half one year after quitting and is at normal levels by 15 years. Risk of stroke is also greatly reduced after two to four years. Quitting smoking also leads to improvements in mental health and overall quality of life. Quitting smoking before or early in pregnancy eliminates the risks to the developing fetus that are attributable to smoking.

Quitting is also beneficial for people who have experienced negative health outcomes from smoking. For example, people who quit smoking after having a heart attack reduce their risk of having a second heart attack by about half.

Smokers may also benefit to a smaller degree by reducing the amount that they smoke. The risk of certain negative health outcomes (e.g., lung cancer) are directly related to how much someone smokes, while the risks for other issues (e.g., cardiovascular disease) do not appear to be lower in lighter smokers.

**What are the potential harms of the approaches to stopping smoking?**

Potential harms could include side effects due to the stop-smoking treatment. Skin/mouth irritation can result from using nicotine patches or gums/tablets. Common side effects of the prescription medications mentioned above are dry mouth, sleeping disorders, constipation, and nausea.

In some very rare cases, side effects that are more serious could occur from the prescription medications such as seizures, or overdoses.

Another potential outcome of quitting smoking is weight gain. Research suggests that people who quit smoking gain on average just less than 5kg (11lbs), but the gain can vary widely depending on the person.

People who quit smoking may also experience feelings of irritability, stress, anxiety or general decreases in mood, either due to withdrawal, or worsening of a pre-existing mental health issue.

For many people, smoking is a social activity. Some people who quit might feel that they have lost the interactions or relationships with fellow smokers.

## Appendix C: Pre- and post-focus group survey

**CTFPHC Survey on Public Perceptions of Interventions for Tobacco Smoking Cessation**

**Introduction:**

The Canadian Task Force on Preventive Health Care (CTFPHC) receives funding from the Public Health Agency of Canada (PHAC) to develop evidence-based clinical practice guidelines for preventive health care in Canada. The CTFPHC has created the following survey to assess how members of the public view interventions for tobacco smoking cessation (that is, stopping smoking) among adults. Tobacco smoking cessation interventions have both harms and benefits. In this survey, the CTFPHC would like to know how important you think it is to consider each of these harms and benefits when people make decisions about interventions for stopping tobacco smoking. The survey will take approximately 10–15 minutes to complete.

If you have any questions, concerns, or technical difficulties, please contact the research assistant, Rossella Scoleri, at scolerir@smh.ca

**Confidentiality Agreement:**
The individual acknowledges that information that is considered confidential and/or commercially sensitive ("Confidential Information") that may be disclosed to them, must remain confidential under all circumstances.

1.The aforementioned individual acknowledges that they will ensure that all persons associated with them, including but not limited to directors, employees or contracted workers, will:(a) keep all documents and information that the above individual may receive from the Public Health Agency of Canada (PHAC) on behalf of the Canadian Task Force on Preventive Health Care (CTFPHC) in the course of carrying out their responsibilities as an above individual, or that the CTFPHC may develop while performing its mandate, strictly confidential;(b) not use any Confidential Information for any purpose other than those indicated by the CTFPHC; (c) Not disclose any Confidential Information to any third party without the prior written consent of the Chair of the CTFPHC, and in the event that such disclosure is permitted, the above individual shall procure that said third party is fully aware of and agrees to be bound by these undertakings.

2. No Waiver of Privilege The above individual acknowledges that the Confidential Information is the property of the CTFPHC (and as some cases may allow, a third party), and that none of the latter intend to and do not waive, any rights, title or privilege they may have in respect of any of the Confidential Information.

3. Specific Exclusions The above individual's obligation to protect Confidential Information hereunder does not apply to Confidential Information which, even if it may be marked "confidential", in the following circumstances:(a) IN PUBLIC DOMAIN – the information was legally and legitimately published, or otherwise part of the public domain (unless due to the disclosure or other violation of this

Confidentiality Agreement by the above individual);(b) ALREADY KNOWN TO THE above individual – the information was already in the possession of the above individual at the time of its disclosure to the above individual and was not acquired by the above individual, directly or indirectly, from the CTFPHC, the ERSC nor PHAC;(c) THIRD PARTY DISCLOSES – the information becomes available from an outside source who has a lawful and legitimate right to disclose the information to others;(d) INDEPENDENTLY DEVELOPED – the information was independently developed by the above individual without any of the Confidential Information being reviewed or accessed by the above individual.

4. The above individual acknowledges that there are no conflicts of interest or if there are, that they are indicated on the attached CONFLICT DISCLOSURE form

I acknowledge that I have read and agree to the above Confidentiality Agreement

- ❍ Yes
- ❍ No

Thank you for taking the time to fill out this survey.

Unfortunately, it appears that you are not eligible to take part in this research project.

The CTFPHC is exclusively soliciting the opinions of members of the general public who have read and agree to the CTFPHC Confidentiality Agreement.

**Participant ID:**

Please enter your participant ID in the box below. You can find your participant ID in the email that you received from Rossella Scoleri with the link to the survey.

_____

Date:

_____

Before you begin the survey, please take the time to read the Background Information Sheet:

I have read the Background Information Sheet and am ready to proceed with the survey.

❍ I agree

**Interventions for Stopping Tobacco Smoking**

Below is a series of statements about the potential **benefits** that adults may experience after quitting smoking.

For each statement, please rate how much it would influence your decision on whether or not to take part in interventions for stopping tobacco smoking.

If you were making a decision on whether or not to take part in an intervention to quit smoking, how important would these outcomes be for you?

1-3 not important for decision-making
4-6 important for decision-making
7-9 critical for decision-making

| | 1 | Not important for decision making 2 | 3 | 4 | Important for decision making 5 | 6 | 7 | Critical for decision making 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|
| Interventions may result in completely stopping the use of cigarettes or other forms of smoked tobacco | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| Interventions may decrease how often someone smokes tobacco (e.g. days per week) or the amount that they smoke (e.g. cigarettes per day) | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Interventions that result in reducing or stopping tobacco smoking may improve overall well-being and quality of life | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| Interventions may temporarily result in successful quitting for a period of time but later lead to resumed tobacco smoking (called relapse) | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |

If you would like to provide any comments about your rating, please enter them in the space below.

---

**Interventions for Stopping Tobacco Smoking**

Below is a series of statements about the potential harms that adults may experience after quitting smoking.

For each statement, please rate how much it would influence your decision on whether or not to take part in interventions for stopping tobacco smoking.

If you were making a decision on whether or not to take part in an intervention to quit smoking, how important would these outcomes be for you?

- 1-3 not important for decision-making
- 4-6 important for decision-making
- 7-9 critical for decision-making

| | 1 | Not important for decision-making 2 | 3 | 4 | Important for decision-making 5 | 6 | 7 | Critical for decision-making 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|
| Interventions may result in a negative physical or psychological health outcome due to treatment | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| Interventions that result in completely stopping tobacco smoking may result in weight gain | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| Interventions that result in reducing or stopping tobacco smoking may result in changes to mental or emotional states | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| Interventions that result in completely stopping tobacco smoking may result in perceived or real loss of relationships within a person's social group of fellow smokers | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |

If you would like to provide any comments about your rating, please enter them in the space below.

_____

**Interventions for Stopping Tobacco Smoking**

Below is the same list of statements about the potential harms and benefits of interventions for stopping tobacco smoking among adults that you just rated. Please select **five** items on this list that you think are most critical to consider when people make decisions about interventions for stopping tobacco smoking.

Indicate your response by clicking on the statement that you wish to select.

Please do not select more than five items.

- ❑ Interventions may result in completely stopping the use of cigarettes or other forms of smoked tobacco
- ❑ Interventions may decrease the how often someone smokes tobacco (e.g. days per week) or the amount that they smoke (e.g. cigarettes per day)
- ❑ Interventions that result in reducing or stopping tobacco smoking may improve overall well-being and quality of life
- ❑ Interventions may temporarily result in successful quitting for a period of time but later lead to resumed tobacco smoking (called relapse)
- ❑ Interventions may result in a negative physical or psychological health outcome due to treatment
- ❑ Interventions that result in completely stopping tobacco smoking may result in weight gain
- ❑ Interventions that result in reducing or stopping tobacco smoking may result in changes to mental or emotional states
- ❑ Interventions that result in completely stopping tobacco smoking may result in perceived or real loss of relationships within a person's social group of fellow smokers

If you would like to provide any comments about your rating, please enter them in the space below.

In the space below, please list any additional harms and benefits of interventions for stopping tobacco smoking that did not appear on the rating list but that you think are critical for adults to consider when making a decision whether or not to take part in interventions for stopping tobacco smoking.

_____

**Recall:** When we say 'interventions for stopping tobacco smoking', we mean the approaches or treatments that make it easier to quit smoking. These approaches can include:

Using advice, intensive counseling, or information to help motivate or inform smokers how to quit
Medications used to deliver nicotine to the body (for example nicotine patches, gums, tablets, inhalers, or mists)
Medications to reduce cravings and withdrawal symptoms (for example, varenicline)
E-cigarettes (also called vapes), which may help give an alternative way to deliver nicotine to the body
'Alternative' or 'complementary' approaches including hypnotherapy, acupuncture, and exercise

Considering the potential harms and benefits of interventions for stopping tobacco smoking, how much would you want to take part in a cessation (i.e. quitting) intervention?

| | Not at all 1 | 2 | 3 | 4 | Neutral 5 | 6 | 7 | 8 | Very much 9 |
|---|---|---|---|---|---|---|---|---|---|
| I would want to take part in an intervention | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |

If you would like to provide any comments about your rating, please enter them in the space below:

_____

**We will now ask you some questions about your experience participating in this project.**

In the space below, please briefly summarize the tasks that we asked you to perform in this survey.

_____

| | Not at all 1 | 2 | 3 | 4 | Neutral 5 | 6 | 7 | 8 | Very much 9 |
|---|---|---|---|---|---|---|---|---|---|
| How easy was it to understand the information in the background information sheet? | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| How easy was it to rate the harms and benefits using the 9-point scale? | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| How easy was it to select the top five harms and benefits from the full list? | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| How clear were the survey responses? | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| How well did you understand what we asked you to do in this survey | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |

In the space provided, please describe anything we could do to make the survey tasks easier to complete:

_____

Please describe anything that we could change to improve this project:

_____

Please describe what you liked about taking part in this project:

_____

Please describe what you did not like about taking part in this project:

_____

**Demographic Information**

What is your age?

_____

What is your gender?

_____

What is your ethnicity?

_____

Which province or territory do you live in?

- ❍ British Columbia
- ❍ Alberta
- ❍ Saskatchewan
- ❍ Manitoba
- ❍ Ontario
- ❍ Quebec
- ❍ New Brunswick
- ❍ Nova Scotia
- ❍ Prince Edward Island
- ❍ Newfoundland and Labrador
- ❍ Yukon Territory
- ❍ Northwest Territories
- ❍ Nunavut

For the following questions, tobacco smoking includes but is not limited to cigarettes, pipes, cigars, cigarillos, and/or hookah. For this survey, tobacco smoking does not include tobacco use for traditional or ceremonial purposes (e.g., by Indigenous groups).

Right now, do you smoke tobacco?

- ❍ Every day
- ❍ Occasionally
- ❍ No, I quit smoking

What is the number of cigarettes you smoke in one day, on average?
(Note: 1 pack equals 20 cigarettes)

_____

What is the number of cigarettes you smoke in **one week**, on average?
(Note: 1 pack equals 20 cigarettes)

_____

How many years have you been a regular tobacco smoker?

_____

Are you currently trying to quit smoking tobacco, or are you considering quitting?

- ❍ Yes, I am currently trying to **quit**
- ❍ Yes, I am currently trying to **cut back**
- ❍ Yes, I am **considering** quitting or cutting back
- ❍ No

Have you tried to quit smoking tobacco in the past?

- ❍ Yes, have quit smoking in the past and then relapsed
- ❍ I have reduced the amount that I smoke, but have not quit
- ❍ I have tried without success to quit or reduce my smoking
- ❍ No, I have not tried to quit

When you quit smoking within the past year, what interventions did you use to help you quit?

- ❍ Advice/counselling
- ❍ Nicotine replacement (e.g. patch)
- ❍ Medications (e.g. varenicline)
- ❍ E-cigarettes or vaping
- ❍ Other method _____
- ❍ I did not use any of these interventions to quit

**Next Steps:**

Thank you for completing this second survey. If you have questions about any part of the project, please contact Rossella Scoleri at scolerir@smh.ca.

We will now process your honorarium payment. Please note that it may take up to 45 days for you to receive your payment by mail after we submit it for processing.

Once the data have been analyzed, you will be sent a summary report that details the findings from this project. You will then be invited to participate in an optional debrief teleconference to discuss the project findings. Once the CTFPHC publishes its guideline, you will also be sent a copy of the guideline and the accompanying knowledge translation tools.

Thank you for your participation in this project!

## Appendix D: Sample personalized response sheet

# CTFPHC Survey on Public Perceptions of Interventions for Tobacco Smoking Cessation

Personalized Rating Sheet

Survey 1

**Prepared for Participant Number X**

## Introduction

A total of 22 people from across Canada completed the CTFPHC Survey on Public Perceptions of Interventions for Tobacco Smoking Cessation. This sheet provides a summary of the survey responses.

For each survey question you answered, you will see a separate bar graph. We have shown your individual answer along with a summary of the answers from all of the participants. This way you can have a record of your responses and can also see what your peers answered for each question.

## Harms and Benefits Scale Ratings

This section provides information about how to read the ratings that participants provided in the survey.

For each of these potential harms and benefits, also called an “outcome”, all participants were provided with information about the outcome and asked “If you were making a decision on whether or not to take part in an intervention to quit smoking, how important would these outcomes be for you?”

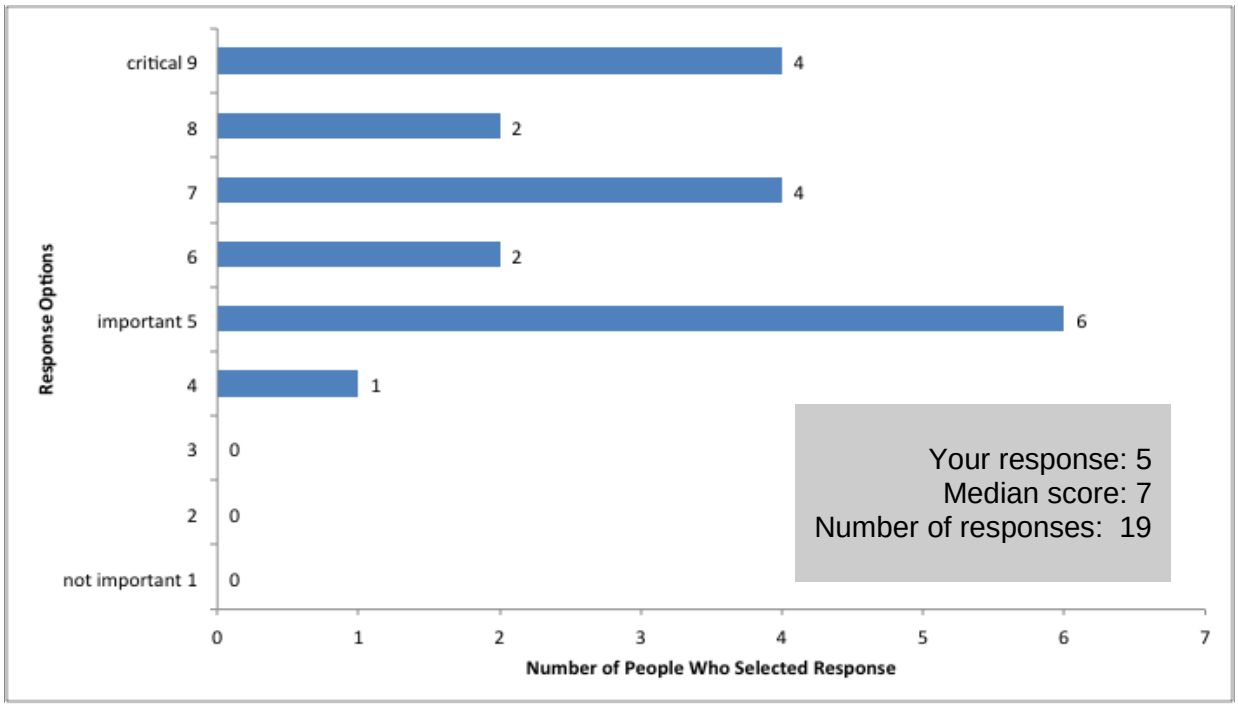
Participants could rate the importance of the information from 1-9:

- 1-3 - not important to my decision
- 4-6 - important to my decision
- 7-9 - critical to my decision

## Sample Harms and Benefits Scale Rating

Here is a sample of a graph with explanations of what the different parts mean:

**Sample Survey Outcome:** *Description of the potential harm or benefit*




At the top of the graph you will see which potential harm or benefit this graph is about.

Along the *y*-axis of the graph (the vertical axis, running top to bottom), you will see all possible numbers on the rating scale that participants could use to rate the outcome.

Along the *x*-axis of the graph (the horizontal axis, running left to right), you will see numbers which show how many participants chose each number on the rating scale.

The box in the upper-right corner contains three pieces of information:

- The number on the rating scale that you selected for this outcome
- The median rating for this outcome across all participants (you can think of this like an "average" of the ratings selected by all participants)
- The total number of participants who rated this outcome

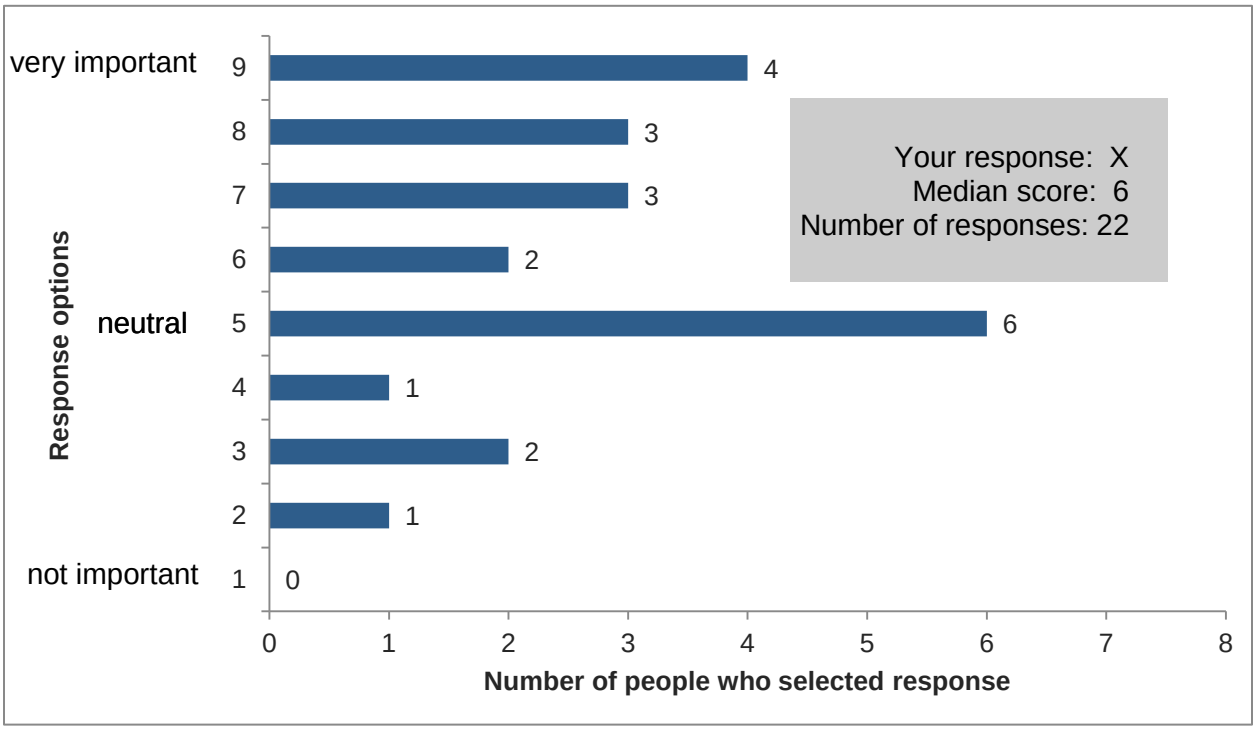
In this example, four participants rated the question with a "9", two participants rated it an "8", four participants rated it a "7", two participants rated it a "6", six participants rated it a "5", one participant rated it a "4", and no participants rated it a "3" or "2", or "1". In this example, "you" rated the outcome as

a “5”. The median rating across all participants was “7”, and there were 19 participants in total who rated this item.

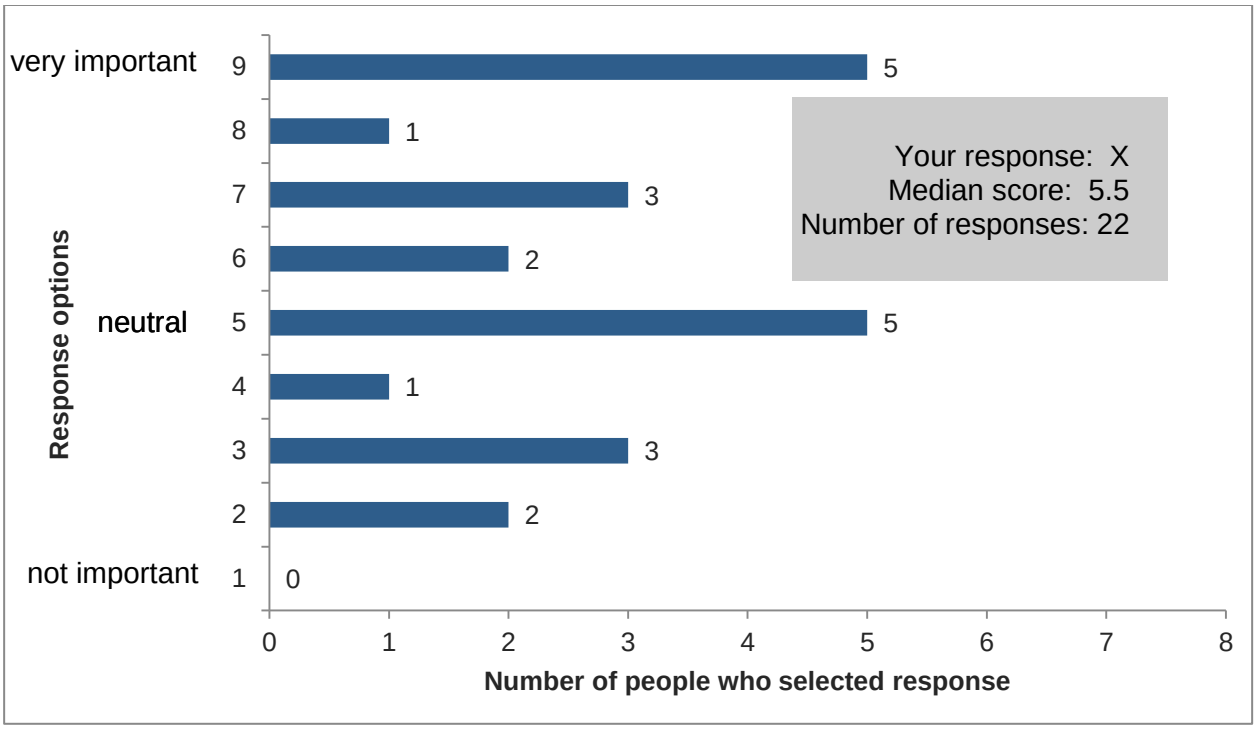
These personalized answers are broken down below by potential harms and benefits of interventions for quitting tobacco smoking.

## Summary of Outcomes Ratings

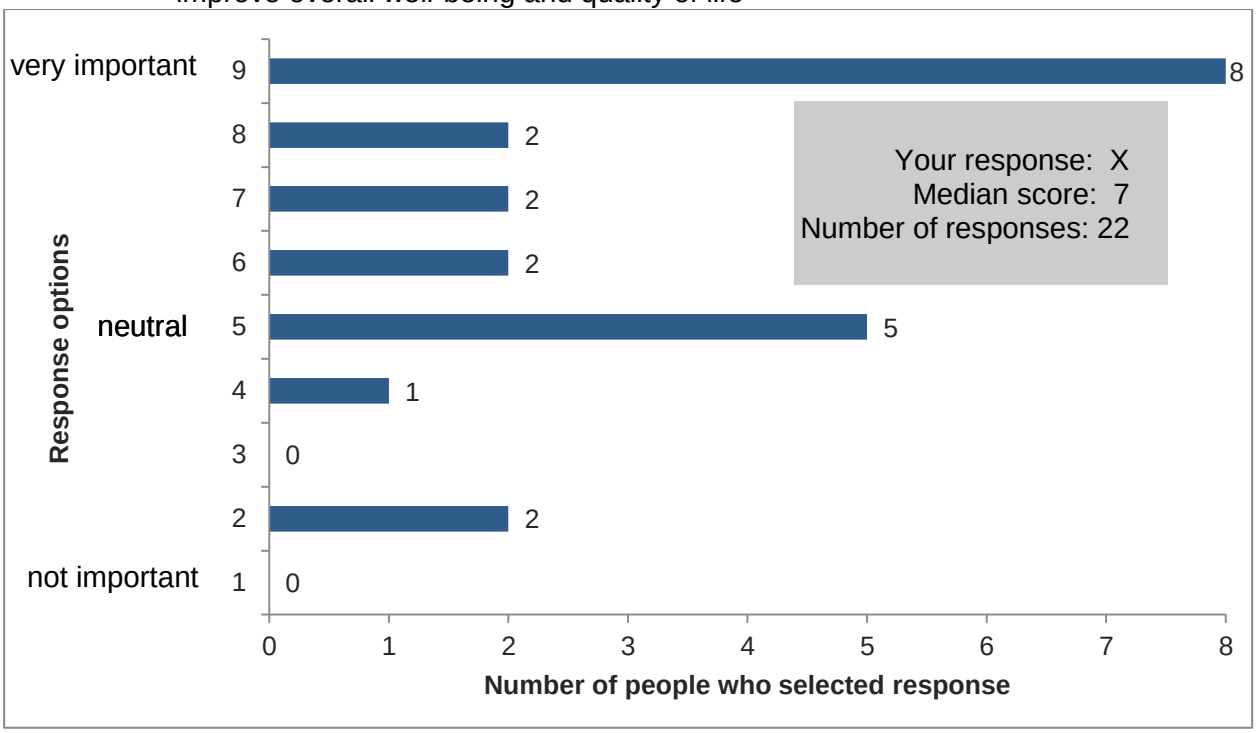
1. **Survey Benefit:** Interventions may result in completely stopping the use of cigarettes or other forms of smoked tobacco



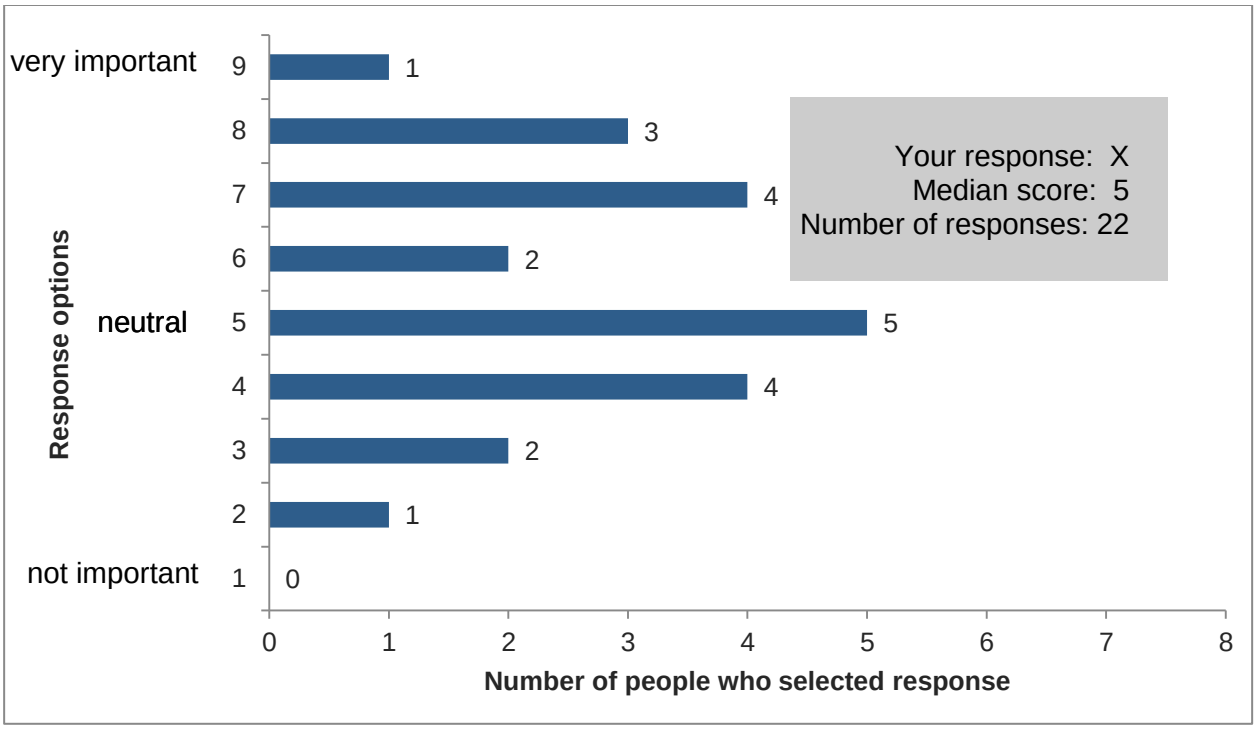

2. **Survey Benefit:** Interventions may decrease how often someone smokes tobacco (e.g. days per week) or the amount that they smoke (e.g. cigarettes per day)



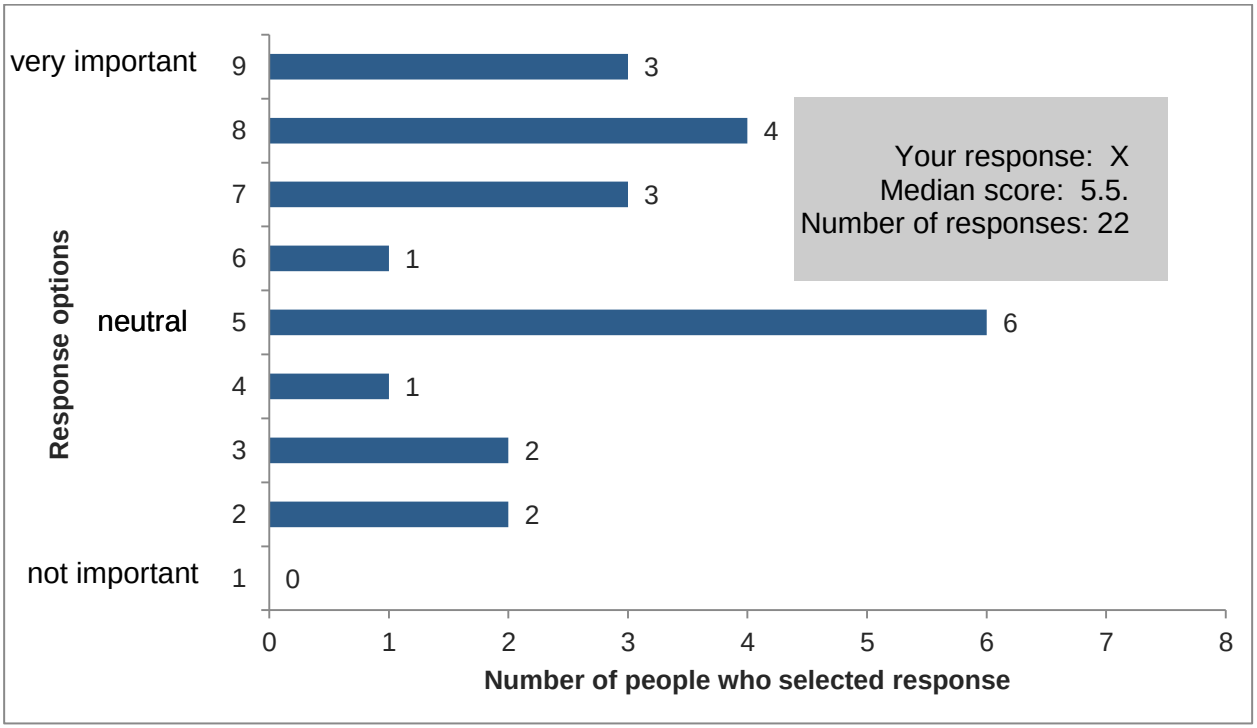

3. **Survey Benefit:** Interventions that result in reducing or stopping tobacco smoking may improve overall well-being and quality of life



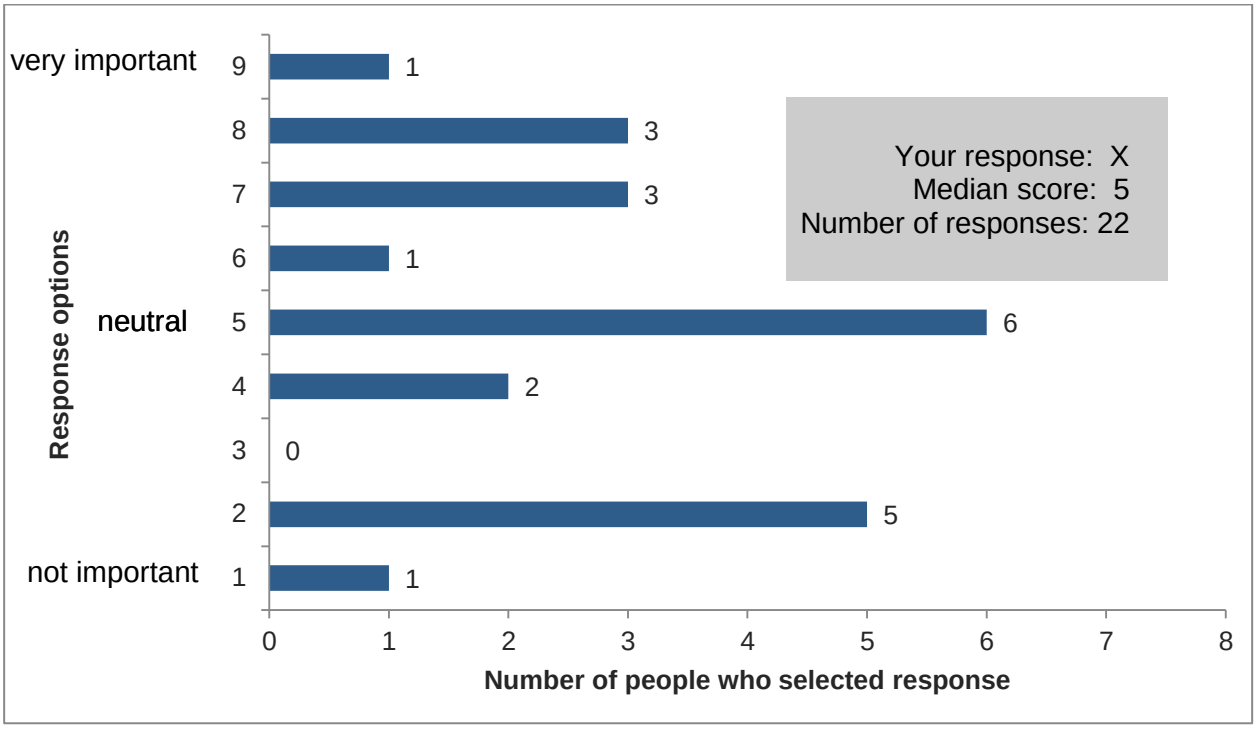

4. **Survey Benefit:** Interventions may temporarily result in successful quitting for a period of time but later lead to resumed tobacco smoking (called relapse)



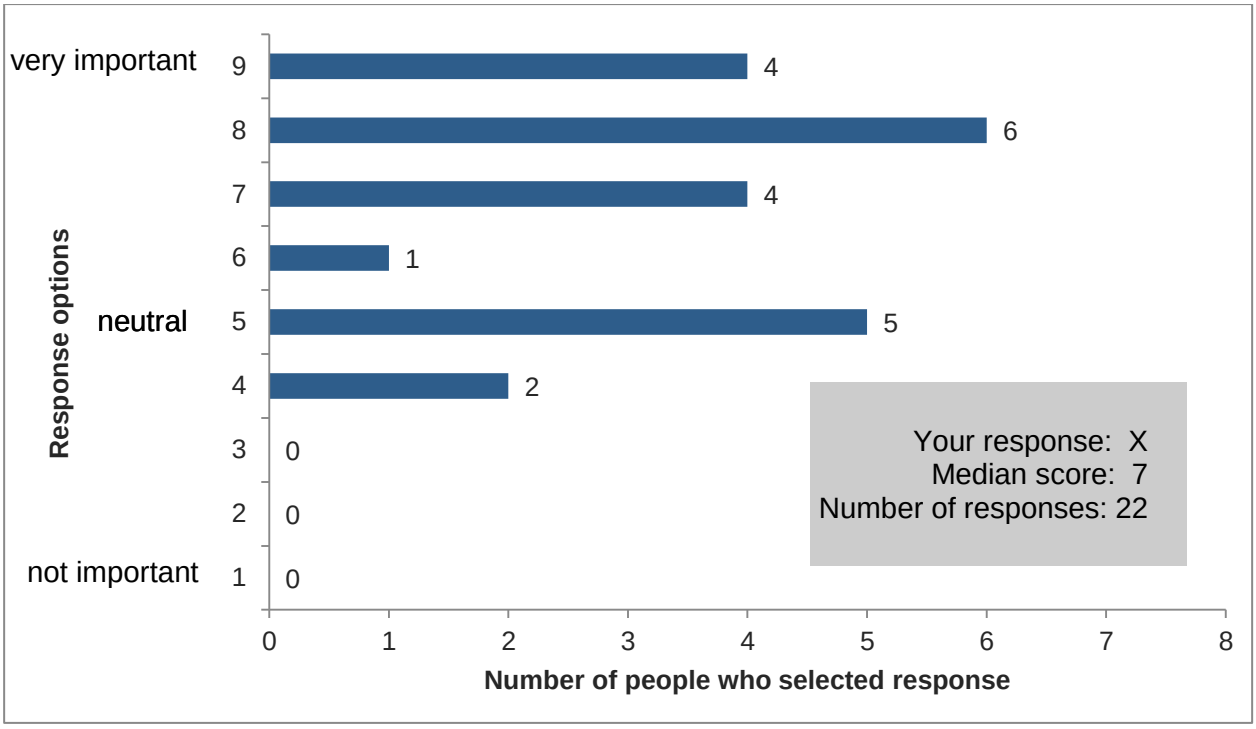

5. **Survey Harm:** Interventions may result in a negative physical or psychological health outcome due to treatment



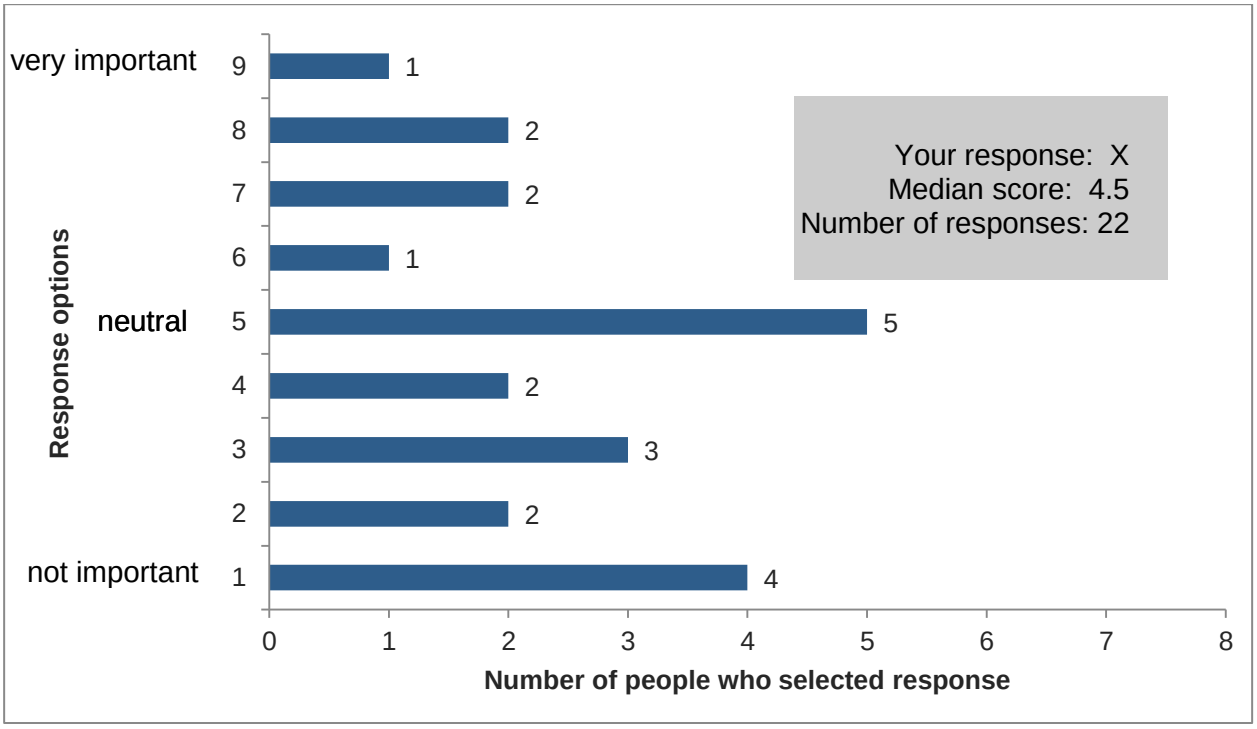

6. **Survey Harm:** Interventions that result in completely stopping tobacco smoking may result in weight gain




7. **Survey Harm:** Interventions that result in reducing or stopping tobacco smoking may result in changes to mental or emotional states



8. **Survey Harm:** Interventions that result in completely stopping tobacco smoking may result in perceived or real loss of relationships within a person's social group of fellow smokers




## Selection of the Top Five Potential Harms or Benefits Of Interventions for Tobacco Smoking Cessation

In the survey, we listed 8 potential harms and benefits of interventions for stopping tobacco smoking and asked you to select the five items on that you think are most critical to consider when people may decisions about quitting interventions. Here are the outcomes that **you** selected as the top five (in no particular order):

- Selected Outcome 1
- Selected Outcome 2
- Selected Outcome 3
- Selected Outcome 4
- Selected Outcome 5

Below is a table that lists of **all** of the statements about harms and benefits of interventions for tobacco smoking cessation populations that were included in the survey, and the number of participants who selected each option as one of their "top five" items that were most critical to consider:

| Potential Outcome of Cessation Intervention | Number of participants who selected this as a "top five" item to consider |
|---|---|
| **Potential Benefit** | |

| | |
|---|---|
| Interventions may result in completely stopping the use of cigarettes or other forms of smoked tobacco | 13 |
| Interventions may decrease how often someone smokes tobacco (e.g. days per week) or the amount that they smoke (e.g. cigarettes per day) | 11 |
| Interventions that result in reducing or stopping tobacco smoking may improve overall well-being and quality of life | 17 |
| Interventions may temporarily result in successful quitting for a period of time but later lead to resumed tobacco smoking (called relapse) | 11 |
| **Potential Harm** | |
| Interventions may result in a negative physical or psychological health outcome due to treatment | 12 |
| Interventions that result in completely stopping tobacco smoking may result in weight gain | 10 |
| Interventions that result in reducing or stopping tobacco smoking may result in changes to mental or emotional states | 15 |
| Interventions that result in completely stopping tobacco smoking may result in perceived or real loss of relationships within a person's social group of fellow smokers | 4 |

## Considerations for Screening Scale Ratings

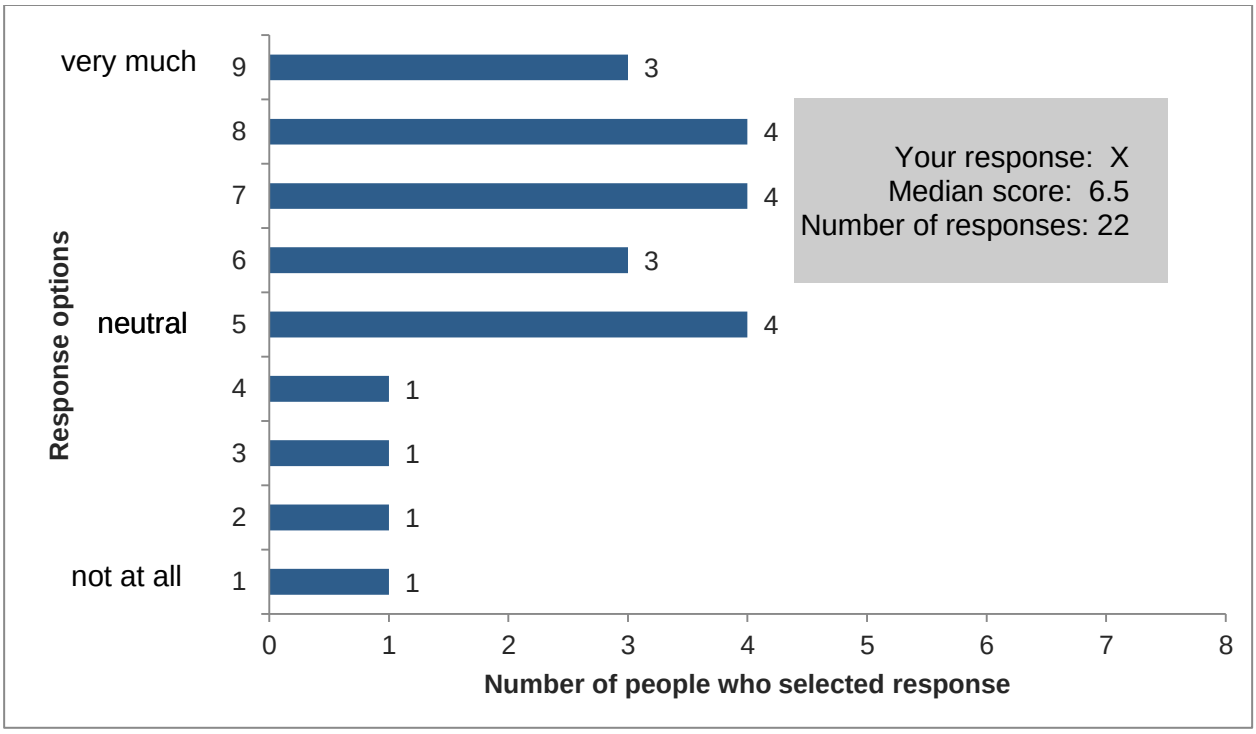
For this question, participants were asked to rate how much they would want to take part in a cessation (i.e. quitting) intervention.

Participants could rate the phrase “I would want to take part in an intervention” from 1-9: 1 being “Not at all”; 5 being “Neutral”; and 9 being “Very much”.

Your answer and the answers given by all participants are presented in the same graph format as the earlier questions.

## Summary of Considerations for Screening Scale Ratings

1. **Survey Question:** Considering the potential harms and benefits of interventions for stopping tobacco smoking, how much would you want to take part in a cessation (i.e. quitting) intervention?


very much
neutral
not at all
Response options
9
8
7
6
5
4
3
2
1
3
4
4
3
4
1
1
1
1
0
1
2
3
4
5
6
7
8
Number of people who selected response
Your response: X
Median score: 6.5
Number of responses: 22

## Appendix E: Focus group guide

**Welcome, introductions, and ground rules**

Welcome (greet people as they join the teleconference)

Hello everyone and thank you for joining us today for the Canadian Task Force on Preventive Health Care focus group about interventions for tobacco smoking cessation.

My name is _____ and I am from the Knowledge Translation Program at St. Michael's Hospital in Toronto. I am going to be the focus group moderator today.

We are going to go through some background information, and instructions for the next 5 to 7 minutes. I will mute everyone's line while I'm providing this information, and I will unmute everyone once we get into the discussion.

I have two colleagues joining me today. The first is ___(Rossella)____ who will be our note taker. The second is Dr. Brett Thombs, who is the chair of the Task Force's guideline development working group for the tobacco smoking cessation. He will be on the line to answer any content related questions you may have.

**Background information:**

I will now give some background information on the project.

- The Canadian Task Force on Preventive Health Care creates evidence-based guidelines about different types of screening and health interventions. These guidelines are for primary care providers, such as family physicians, and they recommend who to screen and when to screen, as well as who *not* to screen and when *not* to screen.
- Now, the Task Force is developing a guideline on interventions to for stopping tobacco smoking.
- The purpose of this conversation that we are having today is to get feedback from members of the public on your opinions about the outcomes of interventions. Today, when we say 'outcome', we mean that stopping tobacco smoking could have on someone's health.
- We are using what is called a Modified Delphi technique, which is a method that repeats the same questions in a survey, a focus group, and a second survey to understand your preferences.
- First, in the survey you've already completed, we provided you with some background information on quitting smoking and then asked you to rate how important the intervention outcomes are to you in a survey.
- Today we will discuss the outcomes you rated in the survey. We ask that you please have your participant data summary sheet and background information sheet in front of you for the call, since those are the materials we will be discussing as a group today.

- After the focus group, we will send you another survey and ask you to re-rate the same outcomes to see if you change any of your ratings based on any new information we discuss during today's session.
- We really encourage you to ask Dr. Thombs any content questions you may have about smoking cessation intervention after reviewing the materials that were sent to you.

**Reminders**

- Please mute yourself when you are not speaking. You can mute yourself using the mute button on your phone.
- If people do not mute themselves and we can hear a lot of background noise, we may mute you from our end. If we do this, a voice will come over your line to tell you that you have been muted. To unmute yourself, you can press **.
- To allow us to capture all the information being discussed today as a group, please try to say your name before you speak and take turns speaking. It is helpful for the transcriptionist when they are converting the audio to text.
- I also want to be clear that there is no need to wait for me to call on you to speak. Feel free to jump in once the other person is done talking. That said, I may call on people if the group is very quiet or if the discussion is going very fast just to make sure everyone has a chance to contribute.
- I want to emphasize that there are no right or wrong answers on today's call. Please feel free to ask any questions at any point during the focus group, and if you want me to repeat any information please let me know.

**Confidentiality and consent to audio record**

- Now I will talk about confidentiality: We take the issue of confidentiality seriously. No personal information about you will be shared with anyone outside of the study team. Your real name will not appear anywhere in the reports from today's session.
    - Any other information from today that could identify who you are will also be changed. So for example, if you say "in Toronto, where I live" we will replace that with something like "in the place where the participant lives".
- We strongly urge you to respect each other's privacy and not discuss what is said in the focus group with others. Also, please do not share the study materials with anyone outside of the study. The documents shared with you are not publicly available yet. Once the guideline recommendations are finalized they will be emailed to you and posted to the Task Force website.
- To respect everyone's privacy; we want to give you the option of using either your first name OR your participant ID number for the recording. I will call on each of you to state whether you would prefer to be called by your participant ID number or first name.
- Please also state that you consent to participate in today's recorded discussion. For example, "This is [name/participant number], I consent to participate". Let's begin with:

| Participant Name | Email | Phone Number | Notes |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

- Have I missed anyone? Thank you.

- We are now ready to begin. I have unmuted everyone and we will begin audio recording. If anyone is opposed to audio recording today's session please let me know now.

  [Turn recorder on]

- The audio recorder is now on. Today's date is _____, and I am conducting the Task Force focus group for smoking cessation interventions. There are ____ participants present on the call today.

**1) Smoking cessation background sheet:**

1) While reviewing this document, did you have any questions or general thoughts about the document?

2) How easy was the information to understand?

3) Do you believe additional information should be included in this background information sheet?

4) When having a discussion with your family physician about interventions for quitting smoking, what types of information would you like him/her to bring up?

    a. How much information do you feel you need before you can make a decision about interventions for stopping tobacco smoking?

**2) Overall preference before discussion:**

5) After reviewing the background document and completing the pre-focus group survey, what is your overall preference for interventions for stopping tobacco smoking? That is, if given the opportunity, would you want to take part in a quitting intervention?

**3) Pre-focus group survey results – tobacco smoking cessation intervention harms and benefits:**

We are now going to review the pre-focus group survey results. Please have your personalized data summary sheet in front of you so that you can review during the conversation.

Our discussion will focus on the harms and benefits that had the largest range in ratings across the entire group. This survey was interesting because for many of the outcomes the responses provided by the group did not cluster around a one end of the rating scale. Ratings were more evenly spread out, which means people had a wide variety of feelings about the possible harms and benefits. I will ask you more about that pattern later.

*Note: facilitator will discreetly call upon participants who responded differently from the group and probe why.*

9. **Survey Benefit:** Interventions may result in completely stopping the use of cigarettes or other forms of smoked tobacco

   Please turn to page 3 and refer to question 1 located at *top* of the page. The outcome reads '**Survey Benefit***: Interventions may result in completely stopping the use of cigarettes or other forms of smoked tobacco'* Responses ranged from *2-9* with a median of 6.

   a. Are there any questions about this *benefit* for our content expert?
   b. Take a look at how you rated this question. What was your rationale for rating the question the way you did?

10. **Survey Benefit:** Interventions may decrease how often someone smokes tobacco (e.g. days per week) or the amount that they smoke (e.g. cigarettes per day).

    Please turn to page 3 and refer to question 2 located at *bottom* of the page. The outcome reads '**Survey Benefit:** *Interventions may decrease how often someone smokes tobacco (e.g. days per week) or the amount that they smoke (e.g. cigarettes per day'* Responses ranged from 2-9 with a median of 5.5.

    c. Are there any questions about this *benefit* for our content expert?
    d. Take a look at how you rated this question. What was your rationale for rating the question the way you did?

11. **Survey Benefit:** Interventions that result in reducing or stopping tobacco smoking may improve overall well-being and quality of life

Please turn to page 4 and refer to question 3 located at the *top* of the page. The outcome reads "**Survey Benefit***: Interventions that result in reducing or stopping tobacco smoking may improve overall well-being and quality of life* Responses ranged from 2-9 with a median of 7.

**a.** Are there any questions about this *benefit* for our content expert?
**b.** Take a look at how you rated this question. What was your rationale for rating the question the way you did?
    i. Did anyone rate differently than group (for example, half of people rated it as critical but you rated it as neutral or not important)?

**12. Survey Benefit:** Interventions may temporarily result in successful quitting for a period of time but later lead to resumed tobacco smoking (called relapse)

Please turn to page 4 and refer to question 4 located at the *bottom* of the page. The outcome reads "**Survey Benefit***: Interventions may temporarily result in successful quitting for a period of time but later lead to resumed tobacco smoking (called relapse)"*. Responses ranged from 2-9 with a median of 5.

**c.** Are there any questions about this *benefit* for our content expert?
**d.** Take a look at how you rated this question. What was your rationale for rating the question the way you did?

**13. Survey Harm:** Interventions that result in completely stopping tobacco smoking may result in weight gain

*6)* Please turn to page 5 and refer to question 6 located at *bottom* of the page. The outcome reads '**Survey Harm:** Interventions that result in completely stopping tobacco smoking may result in weight gain*".* Responses ranged from 1 to 9 with a median of 5.
    **b.** Are there any questions about this *harm* for our content expert?
    **c.** Take a look at how you rated this question. What was your rationale for rating the question the way you did?
        i. Did anyone rate differently than group (for example, almost half of people rated it as not important but you rated it as critical or important)?

**14. Survey Harm:** Interventions that result in completely stopping tobacco smoking may result in perceived or real loss of relationships within a person's social group of fellow smokers

Please turn to page 6 and refer to question 8 located at the *bottom* of the page. The outcome reads '**Survey Harm:** *Interventions that result in completely stopping tobacco smoking may result in perceived or real loss of relationships within a person's social group of fellow smokers.*" Responses ranged from 1 to 9 with a median of 4.5.

**a.** Are there any questions about this *harm* for our content expert?

**b.** Take a look at how you rated this question. What was your rationale for rating the question the way you did?
   **i.** Did anyone rate differently than group (for example, almost half of people rated it as not important but you rated it as critical or important)?

## Selection of the Top 5 Potential Harms and Benefits for Interventions for Tobacco Smoking Cessation

7) Please turn to page 7 and refer to the list of 8 potential benefits and harms of interventions for stopping tobacco smoking. We asked you to select five items on the list that you think were most critical to consider when people are making decisions about screening.
   a. Take a look at your selected top five outcomes. What was your rationale for selecting these outcomes?
   b. Survey harms were selected as among their top 5 outcomes to consider at almost the same rate as survey benefits (instead of one being more common than the other). Do you have any thoughts about this pattern?

**4) Overall preference after discussion:**

2. **Survey Question:** Considering the potential harms and benefits of interventions for stopping tobacco smoking, how much would you want to take part in a cessation (i.e. quitting) intervention?

8) Please turn to *page 8.* The question reads '*Considering the potential harms and benefits of interventions for stopping tobacco smoking, how much would you want to take part in a cessation (i.e. quitting) intervention?'* Responses ranged from *1-9* with a median of 6.5.
   **a.** Are there any questions about screening for our content expert?
   **b.** Take a look at how you rated this question. What was your rationale for rating the question the way you did?
      **a.** What harm or benefit is the most important for you when making this decision?
      **b.** What harm or benefit is the least important for you when making this decision
   **c.** Have your preferences changed from those you expressed in the first survey and earlier in today's discussion?

**4) Additional Information:**

9) Reflecting on today's discussion is there any other information you would like to know that would help you to make a decision if you had the opportunity to take part in an intervention for quitting smoking?

**5) Potential barriers or facilitators to screening:**

**a.** If you choose to take part in an intervention for stopping tobacco smoking, what are potential barriers to accessing the intervention, if any?
   **i.** Probe: out-of-pocket expenses (e.g., transportation or taking time off)

ii. Probe: lack of time (e.g., come in for a visit for another reason like an baby health etc.)
iii. Probe: fear (stigma; do not want to talk about smoking with a health professional)

**b.** If you choose to take part in an intervention, what would make accessing the quitting intervention easy, if anything?

**6) Closing remarks:**

Does anyone have any final comments or questions before we end today's discussion?

**Conclusion**

- Thank you for taking the time to be a part of our focus group today.
- This week you will each receive a link to another online survey via email. This is the same survey you completed prior to today's discussion but with some extra questions about your experience participating in the project. The reason that the survey asks the same questions is so that you have an opportunity to change or confirm your responses from the first time you completed the survey. For example, a person may have developed new understanding or a new perspective after discussing the outcomes in greater detail during today's discussion and wants to change their rating of that outcome. Another person may feel surer about their responses and keep the ratings the same. We like to see the differences and the similarities in people's ratings before and after the teleconference discussion.
- You have approximately one week to complete the online survey.
- We will process your reimbursement payment once we close the survey. Please note that the reimbursement payment can take up to 45 days to process, but it usually doesn't take that long.
- Once we develop a report of our findings we will create a summary to send to you. You will also be invited to attend an optional debrief session to review the results of the study and add additional comments.
- We understand that questions or additional comments may come up after today's call. This is very normal. If you have any additional questions or something that you would like to add to today's discussion, please feel free to email Rossella. We will do our best to answer your question. If we are not able to answer your question we will forward it to the working group content expert for their opinion.
- Thank you and have a great day.

## Appendix F: Patient engagement survey

Please respond to each of the following statements using the scales provided. Respond to each question 1-7: 1: No extent, 2: Very small extent, 3: Small extent, 4: Fair extent, 5: Moderate extent, 6: Large extent, 7: Very large extent. If you select 1-4 for any question, please explain your rating in the space below the question.

- To what extent do you believe that your ideas were heard during the engagement process?
- To what extent did you feel comfortable contributing your ideas to the engagement process?
- Did organizers take your contributions to the engagement process seriously?
- To what extent do you believe that your input will influence final decisions that underlie the engagement process?
- To what extent do you believe that your values and preferences will be included in the final health advice from this process?
- To what extent were you able to clearly express your viewpoints?
- How neutral in their opinions (regarding topics) were organizers during the engagement process?
- Did all participants have equal opportunity to participate in discussions?
- How clearly did you understand your role in the process?
- To what extent was information made available to you either prior or during the engagement process so as to participate knowledgeably in the process?
- To what extent were the ideas contained in the information material easy to understand?
- How clearly did you understand what was expected of you during the engagement process?
- How clearly did you understand what the goals of the engagement process were?
- To what extent would you follow health advice from the Canadian Task Force on Preventive Health Care (if it related to your health condition)?
- To what extent would you advise others to follow health advice from the Canadian Task Force on Preventive Health Care (if it related to their health condition)?