

APPENDIX A

Brief Evaluation Report 2021-2022 Objective 5

Kick It California's Quit Vids: Video-Based Cessation Intervention

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Contract term: 07/01/19-06/30/22

UC San Diego Health

Informed Consent

What is your prolific PID

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STUDY_ID

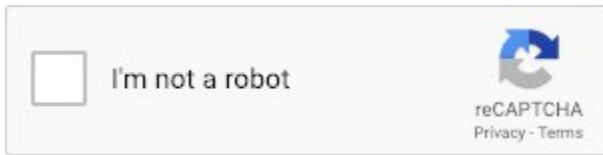
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SESSION_ID

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Before you proceed to the

survey, please complete the
captcha below.



Introduction to Survey

You are being asked to participate in a study conducted by the California Smokers' Helpline at the University of California, San Diego (UCSD).

The purpose of this study is to evaluate videos that are part of an online quit smoking program.

You will view some quit smoking videos and be asked to fill out a questionnaire. Within the questionnaire will be questions about the videos, your smoking history, your digital media use, and demographic information. We expect your participation to take about 20-30 minutes of your time.

In order to preserve the confidentiality of your responses, we have ensured that no identifying information is being asked of you in the questionnaire.

Do you consent to participate in the survey?

- Yes, I voluntarily consent to participate in the study.
- No, I do not consent to participate.

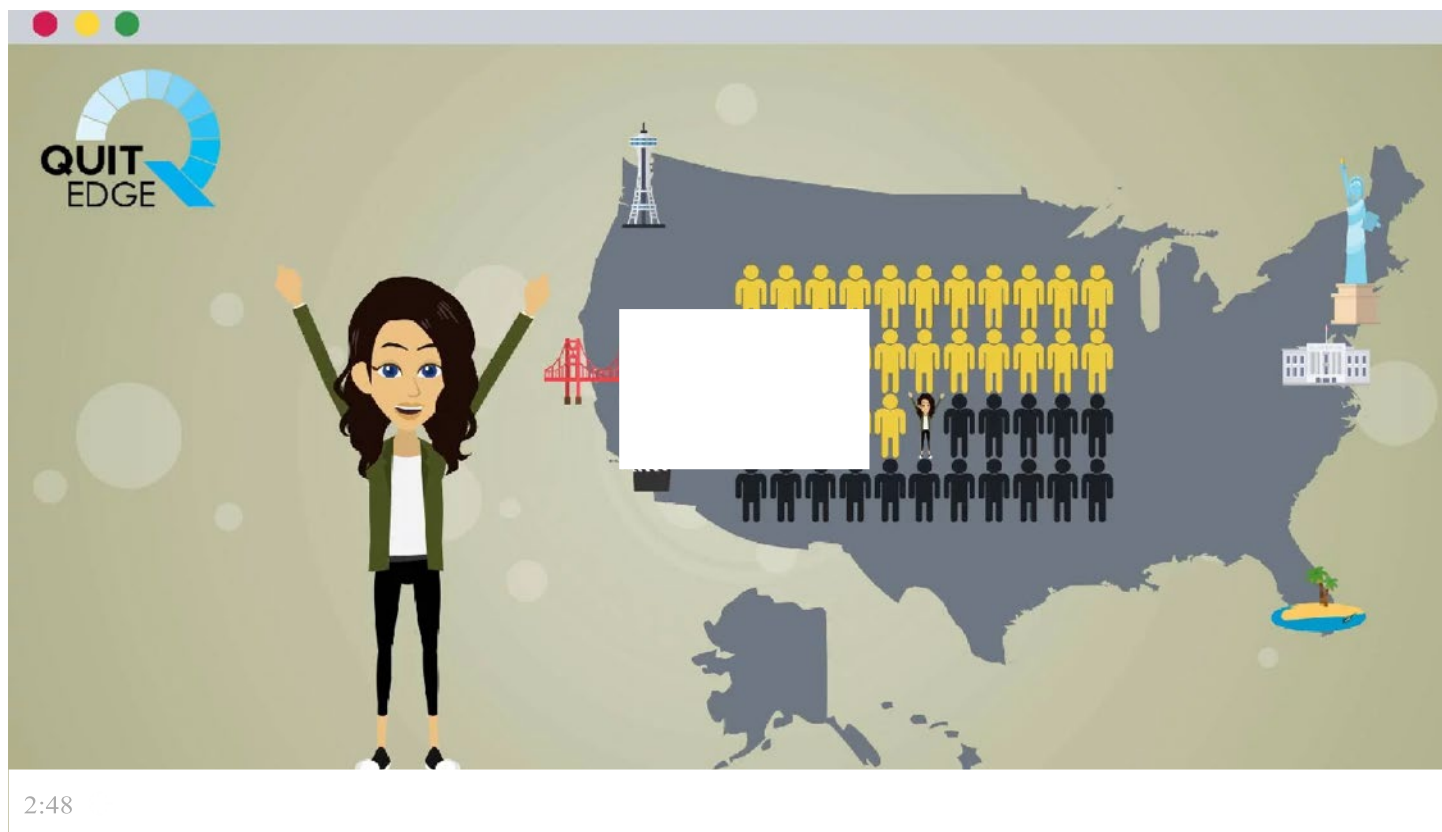
Sorry, you cannot continue the survey, because you did not provide your consent to participate.

Intro

We are now going to show you four videos that will be part of an online quit smoking program. After each video, we will ask you some questions specifically about that video.

Our hope is to make the best videos possible for people who want to quit smoking, as such, we ask you to please pay close attention to the videos. There is sound for the videos.

Intro Video



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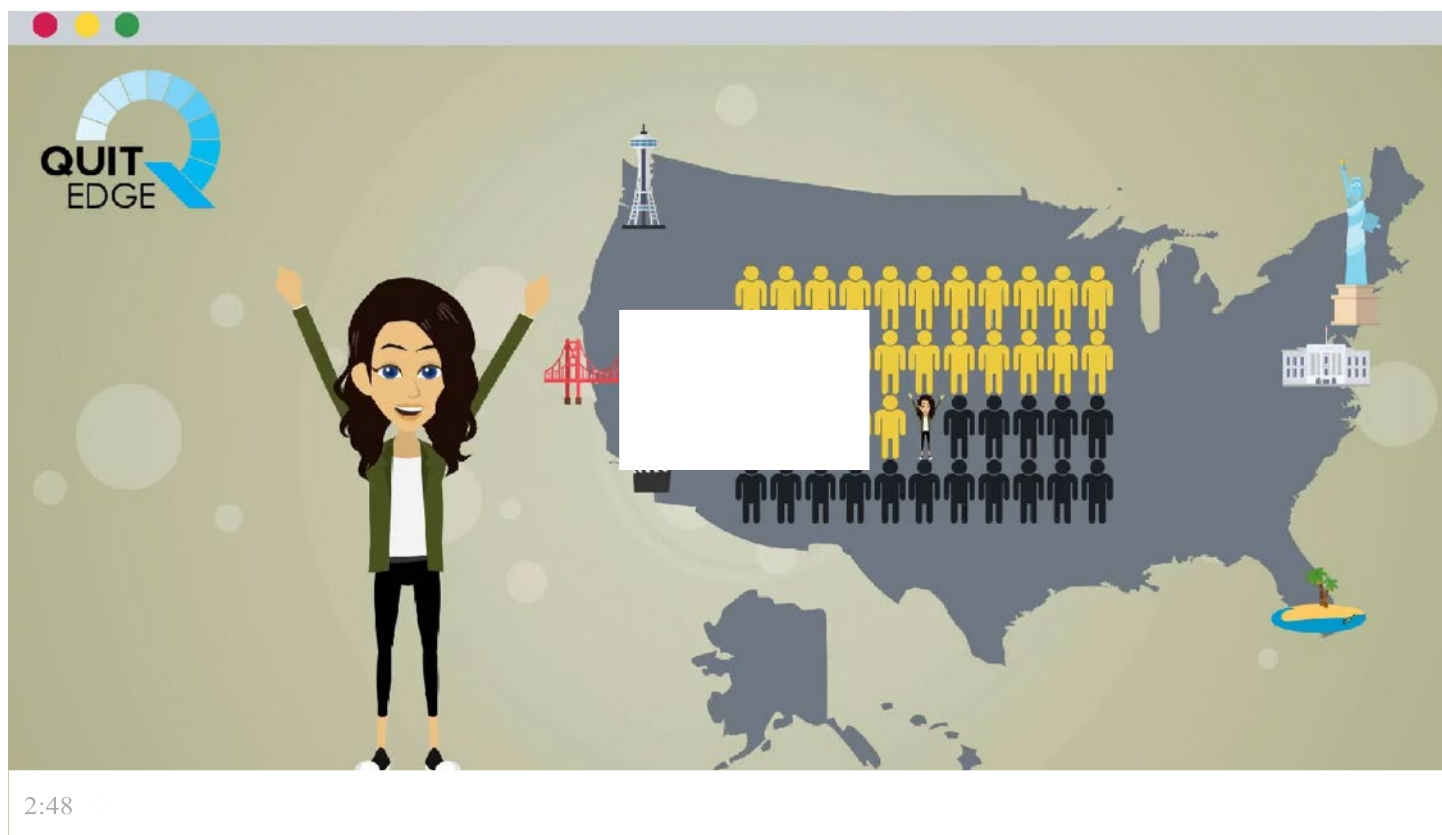
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Please briefly list the most important reason why you did not finish watching the video.



The next questions will be about the video you just watched. Would you like to watch the video again?

- Yes
- No



How much did you dislike or like the video?

Dislike Like

If you liked something about the video, please briefly list the thing you liked the most.

If you disliked something about the video, please briefly list the thing you disliked the most.

What did you think of this video?

Not visually interesting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Visually interesting
Not helpful to quit smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Helpful to quit smoking
Not relevant		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Relevant
Not enough information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Too much information
Difficult to understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Easy to understand
Too short	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Too long
Not interesting content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Interesting content

What would you change to improve the length of the video?

Why wasn't the video interesting?

What was difficult to understand in the video?

Why wasn't the video visually interesting?

Why wasn't the video relevant to you?



Why wasn't the video helpful to quit smoking?

What information was missing from the video?

Based on this video, how likely would you be to watch another video in the program?

Very unlikely Very likely

Based on this video, how likely would you be to recommend this program to someone trying to quit smoking?

Very unlikely Very likely

4-Headed Dragon Video



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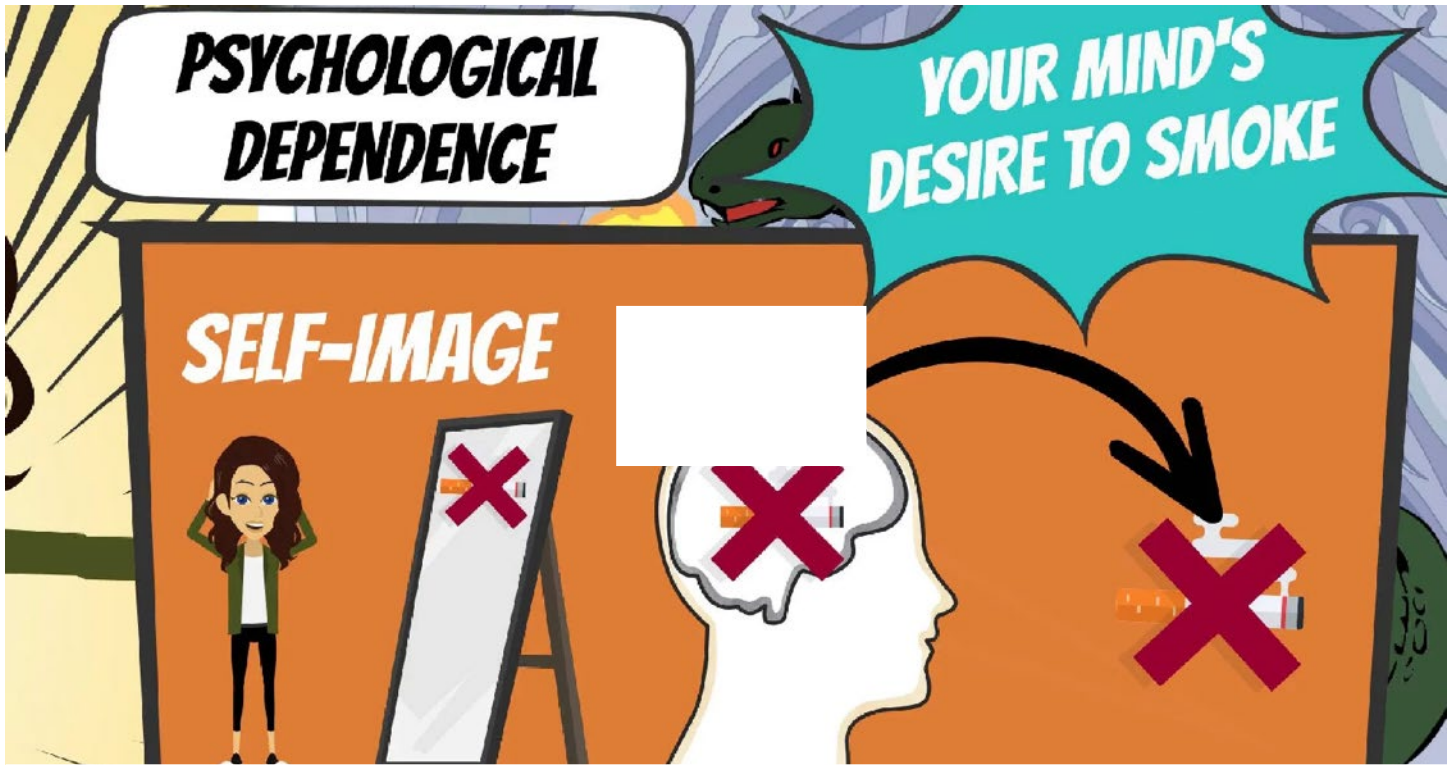
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TimingClickCount#: 0 clicks

Please briefly list the most important reason why you did not finish watching the video.

The next questions will be about the video you just watched. Would you like to watch the video again?

- Yes
- No



4:19

How much did you dislike or like the video?

Dislike Like

If you liked something about the video, please briefly list the thing you liked the most.

If you disliked something about the video, please briefly list the thing you disliked the most.

What did you think of this video?

Difficult to understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Easy to understand
Too short	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Too long
Not helpful to quit smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Helpful to quit smoking
Not enough information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Too much information
Not relevant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Relevant
Not interesting content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Interesting content
Not visually interesting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Visually interesting

What would you change to improve the length of the video?

Why wasn't the video interesting?

What was difficult to understand in the video?

Why wasn't the video relevant to you?

Why wasn't the video visually interesting?



Why wasn't the video helpful to quit smoking?

What information was missing from the video?

Based on this video, how likely would you be to watch another video in the program?

Very unlikely Very likely

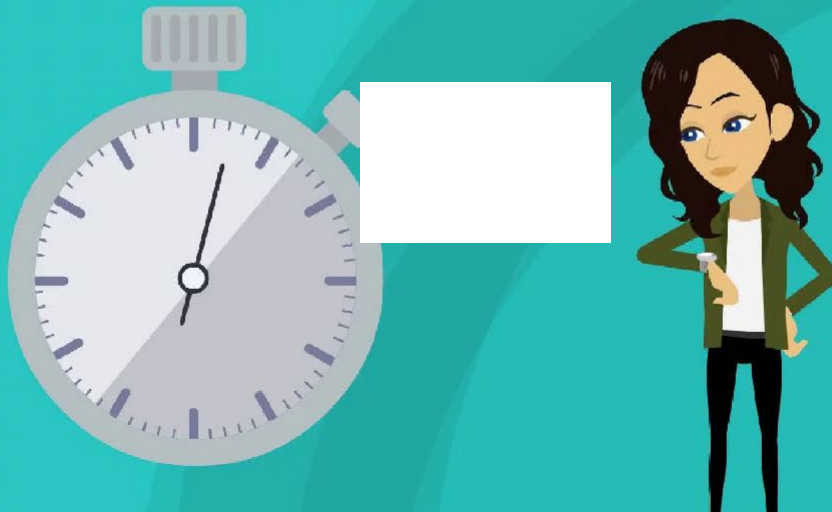
Based on this video, how likely would you be to recommend this program to someone trying to quit smoking?

Cravings Video

Very unlikely

Very likely

DELAY



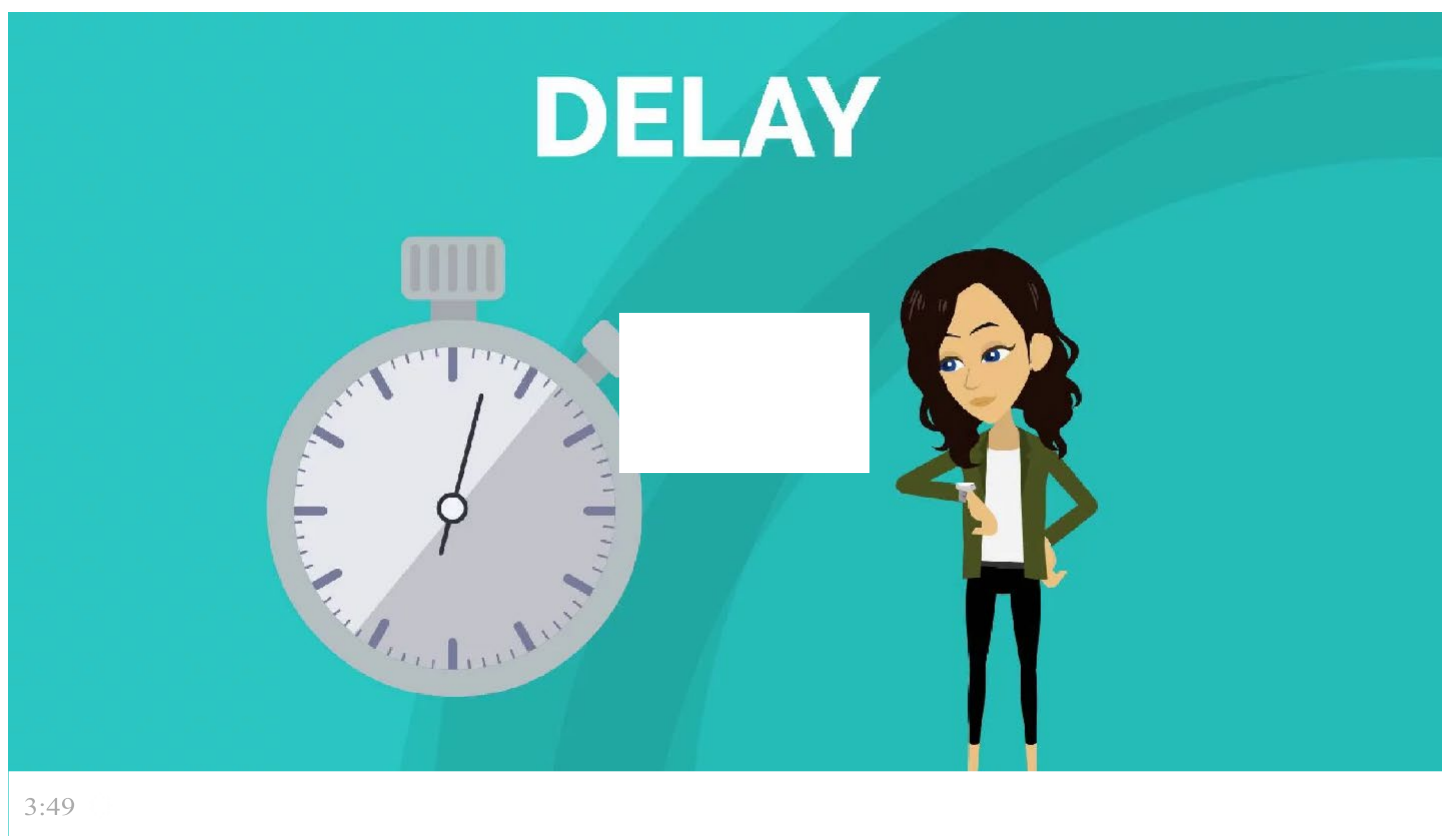
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TimingLastClick#: 0 seconds #EditSection,
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TimingClickCount#: 0 clicks

Please briefly list the most important reason why you did not finish watching the video.

The next questions will be about the video you just watched. Would you like to watch the video again?

- Yes
- No



How much did you dislike or like the video?

Dislike Like

If you liked something about the video, please briefly list the thing you liked the most.

If you disliked something about the video, please briefly list the thing you disliked the most.

What did you think of this video?

Not helpful to quit smoking	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Helpful to quit smoking
Difficult to understand	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Easy to understand
Too short	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Too long
Not enough information	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Too much information
Not interesting content	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Interesting content
Not relevant	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Relevant
Not visually interesting	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Visually interesting

What would you change to improve the length of the video?

Why wasn't the video interesting?

What was difficult to understand in the video?

Why wasn't the video relevant to you?

Why wasn't the video visually interesting?



Why wasn't the video helpful to quit smoking?

What information was missing from the video?

Based on this video, how likely would you be to watch another video in the program?

Very unlikely Very likely

Based on this video, how likely would you be to recommend this program to someone trying to quit smoking?

Very unlikely Very likely

Self-Image Video



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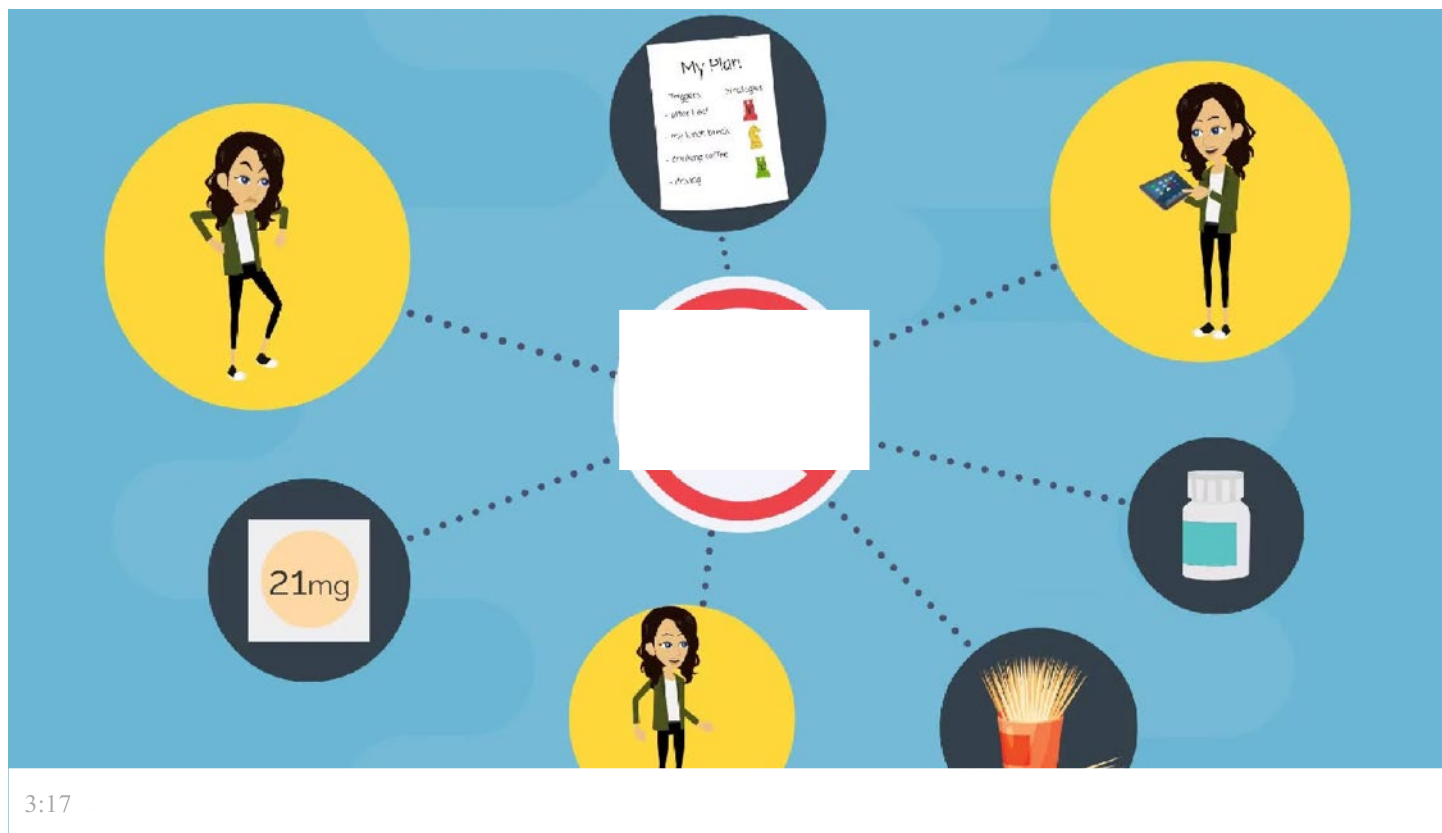
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TimingClickCount#: 0 clicks

Please briefly list the most important reason why you did not finish watching the video.

The next questions will be about the video you just watched. Would you like to watch the video again?

- Yes
- No



How much did you dislike or like the video?

Dislike Like

If you liked something about the video, please briefly list the thing you liked the most.

If you disliked something about the video, please briefly list the thing you disliked the most.

What did you think of this video?

Difficult to understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Easy to understand Not
helpful to quit smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Helpful to quit smoking
Too short	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Too long
Not interesting content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Interesting content
Not relevant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Relevant
Not visually interesting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Visually interesting
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What would you change to improve the length of the video?

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Why wasn't the video helpful to quit smoking?

What information was missing from the video?

Based on this video, how likely would you be to watch another video in the program?

Very unlikely Very likely

Based on this video, how likely would you be to recommend this program to someone trying to quit smoking?

Very unlikely Very likely

Tobacco Use History

The next few pages will ask you about your tobacco use history.

Do you smoke cigarettes?

- Yes, every day
- Yes, some days
- No, I quit smoking
- No, I never smoked

Have you smoked more than 100 cigarettes (5 packs) in your life?

- Yes
- No

On average, how many cigarettes do you smoke per day?

How many days per week do you smoke?

○ 0

- 1
- 2
- 3
- 4
- 5
- 6
- 7

On average how many cigarettes do you smoke per day on the days you smoke?

When did you quit?

- In the past 7 days
- In the past 30 days
- in the past 3 months
- in the past 6 months
- in the past year
- more than a year

How many days per week did you smoke?

- 1
- 2
- 3
- 4
- 5
- 6
- 7

On average how many cigarettes did you smoke per day on the days you smoked?

How soon after you wake up do/did you usually smoke your first cigarette?

- 0-5 minutes
- 6-30 minutes
- 31-60 minutes
- more than 60 minutes

Do you think you will quit using cigarettes within 1 year?

- Yes

- No

Do you think you will quit within a month, within 3 months, within 6 months, or after 6 months?

- Within a month
- Within 3 months
- Within 6 months
- After 6 months

What methods do you plan to use to help you quit? (select all that apply)

- Cold turkey (no assistance)
- Counseling
- Gradual reduction
- Other tobacco product
- Electronic cigarette (e-cig), vape pen, or Juul
- Nicotine patch
- Nicotine gum
- Medication (Zyban, Chantix)
- Mobile app
- Online videos
- Alternative medicine (e.g., acupuncture, meditation, hypnosis)
- Other

How many times have you quit smoking and made it for at least 24 hours?

When was the last time you tried to quit smoking?

- Currently trying to quit smoking (i.e., within the last month)
- 1-3 months ago
- 4-6 months ago
- 7-12 months ago
- More than 1 year ago

How difficult was it for you to quit smoking on your most recent attempt?

- Easy
- Slightly difficult
- Difficult
- Very difficult

In your attempts to quit smoking, what methods have you used? (select all that apply)

- Cold turkey (no assistance)

Counseling

- Gradual reduction
- Other tobacco product
- Electronic cigarette (e-cig), vape pen, or Juul
- Nicotine patch
- Nicotine gum
- Medication (Zyban, Chantix)
- Mobile app
- Online videos
- Alternative medicine (e.g., acupuncture, meditation, hypnosis)
- Other

Do you vape nicotine?

- Yes, every day
- Yes, some days
- No, I quit vaping
- No, I never vaped

When was the last time you vaped?

- Past 7 days
- Past 30 days
- Past 3 months
- Past 6 months

- Past year
- Over a year

In the last 30 days, how many days did you vape?

Do you think you will quit vaping within 1 year?

- Yes
- No

Do you think you will quit within a month, within 3 months, within 6 months, or after 6 months?

- Within a month
- Within 3 months
- Within 6 months
- After 6 months

What methods do you plan to use to help you quit? (select all that apply)

Cold turkey (no assistance)

- Counseling
- Gradual reduction
- Other tobacco product
- Nicotine patch
- Nicotine gum
- Medication (Zyban, Chantix)
- Mobile app
- Online videos
- Alternative medicine (e.g., acupuncture, meditation, hypnosis)
- Other

Do you currently use any other form of tobacco, such as chew/snuff, cigars, or pipes?

- Yes
- No

Which ones? (select all that apply)

- Chew/snuff
- Cigars
 - Pipes
- Hookah
- Cigarillos/Little cigars

Other

Research in decision making shows that people, when making decisions and answering questions, prefer not to pay attention and minimize their effort as much as possible. Some studies show that over 50% of people don't carefully read questions. If you are reading this question and have read all the other questions, please select the box marked 'Other' and type the words 'Decision making' in the box below. Do not select 'Leadership dynamics'.

- Leadership dynamics
- Social approval
- Emotions
- Other (please specify)

Digital Media Use

You are nearly done with the survey. The next few questions will ask about your digital media use.

How often do you use YouTube?

- Never
- Less than 1 time per month
- Monthly

Weekly

- Daily
- Multiple times per day

What types of videos do you watch on YouTube? (select all that apply)

- Entertainment (sports, gaming, music videos, shows, etc.)
- Educational
- Tutorials/DIY (Do It Yourself)
- Other

Which of the following types of digital devices do you have access to or use?
(select all that apply)

- A smartphone with Internet access (e.g., iPhone, Android, Blackberry, etc)
- A tablet with Internet access (e.g., iPad, Samsung Galaxy, etc)
- A desktop or laptop computer with Internet access
- A Smart TV or video game console that has Internet access
- A cell phone without Internet access (to talk and text)
- None of these

Demographics & Smoking History

You have reached the last set of questions. Good job! These last few questions will be about your demographic characteristics. Thank you!

How do you identify yourself?

- Male
- Female
- In another way

Which of the following best describes how you think of yourself?

- Heterosexual (straight)
- Gay/Lesbian
- Bisexual
- Other

What is your age in years?

What is your ethnic background? (select all that apply)

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Hispanic or Latino
- Other

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

- Never attended school
- Grades 1–8
- Grades 9–12 (no diploma)
- GED
- High school diploma
- Some college or trade school, no degree
- 2-year college degree (AA)
- 4-year college or university degree (BA, BS)
- Post-Graduate degree (Masters, PhD)

Which statement best describes your current employment status?

Working (paid employee)

- Working (self-employed)
- Not working (retired)
- Not working (looking for work)
- Not working (temporary layoff from a job)
- Not working (disabled)
- Not working (other)
- Prefer not to answer

In which state do you currently reside?

Which of the following objects has wheels? (select all that apply)

- Truck
- Rope
- Pencil
- Bike
- Bus

Debriefing/Thanks

The current study was interested in evaluating quit smoking videos. These videos make up around half of the videos in an online quit smoking program. We hope that your feedback will help us improve the development of the videos, so that the videos have the best chance of helping people quit smoking.

If you have any questions pertaining to this study, please contact Dr. BriannaLienemann at blienemann@health.ucsd.edu, Matthew Stone at m3stone@ucsd.edu, Dr. Gary Tedeschi at gtedeschi@health.ucsd.edu, or Dr. Shu-Hong Zhu, szhu@health.ucsd.edu. Thank you for your time and participation in this study.

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