

# Experiences, knowledge and attitudes of University of Jeddah's Students and Staff toward smoking cessation

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Saudi Arabia's National Transforming Program (2020) highlights the need to improve health with a great focus on smoking cessation programs. The Law in Saudi Arabia defines smoking as 'the use of tobacco and its products, such as, cigarettes, cigars, tobacco leaves, tobacco molasses or any other product containing tobacco, either through cigarettes, cigars, pipe, snus, hookah, or chewing tobacco, or any other form.' This was updated in 2018 to include e-cigarettes and e-hookah.

WHETHER YOU ARE A SMOKER OR NOT, we are interested in capturing your experiences, knowledge and attitudes towards smoking cessation and would greatly appreciate your participation in this survey. You are under no obligation to take part and can choose to skip any questions you don't want to answer. We do not collect any identifiable information about you in the survey, so your anonymity is protected. The survey is available in both Arabic and English by following the appropriate link. You will receive one reminder email but please only complete the survey once. If you do decide to take part, there is a follow on link after completion which enables you to claim 10 volunteer hours.

This study has been reviewed by the University of Jeddah Ethical Review Board and is funded by an International Corporation Program Grant from the Ministry of Education, University of Jeddah. Assistant Professor Dr Mansour Tobaiqy leads this international research team with members from the United Kingdom and Australia.

If you have any questions about the survey, please contact:

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## Section A - Background Characteristics

### A00. Firstly, some questions about you and your background

## 1. A01. Gender

*Mark only one oval.*

- ☐ Male
- ☐ Female

## 2. A02. Age in years

*Mark only one oval.*

- ☐ 15 or younger
- ☐ 16-20
- ☐ 21-25
- ☐ 26-30
- ☐ 31-35
- ☐ 36-40
- ☐ 41-45
- ☐ 46-50
- ☐ 51 or older

## 3. A03. Marital status

*Mark only one oval.*

- ☐ Single
- ☐ Married
- ☐ Divorced / Widowed

## 4. A04. Nationality

*Mark only one oval.*

- ☐ Saudi
- ☐ Non-Saudi

## 5. A05. Which best describes your status with the university

*Mark only one oval.*

- ☐ Undergraduate Student
- ☐ Postgraduate Student
- ☐ Technician
- ☐ Health Centre Staff
- ☐ Administrative Staff
- ☐ Academic Staff
- ☐ Other: \_\_\_\_\_

## 6. A06. What is your total monthly household income

*Mark only one oval.*

- ☐ Less than 5000 SAR
- ☐ 5000 - 9999
- ☐ 10000 - 14999
- ☐ 15000 - 19999
- ☐ 20000 - 24999
- ☐ 25000 SAR or more

7. A07. Which members of your household are smokers (choose all that apply)

*Tick all that apply.*

- ☐ Grandparents
- ☐ Parents
- ☐ Uncles and Aunts
- ☐ Spouse
- ☐ Brothers and Sisters
- ☐ Cousins
- ☐ Children
- ☐ Staff
- ☐ None of the above

8. A08. What proportion of your friends, that you spend time with on a regular basis, are smokers

*Mark only one oval.*

- ☐ All
- ☐ Most
- ☐ Half
- ☐ A few
- ☐ Only one or two
- ☐ None

9. A09. Which of the following best describes your smoking status

*Mark only one oval.*

- ☐ Never smoked      *Skip to question 23*
- ☐ Former smoker - quit within the last 12 months      *Skip to question 14*
- ☐ Former smoker - quit more than 12 months ago      *Skip to question 23*
- ☐ Smoker      *Skip to question 10*
- ☐ Other: \_\_\_\_\_

## Section B - Smoking

B00. I would now like to ask you some questions about smoking. That's tobacco, for example, cigarettes, cigars, pipes, also smokeless products including waterpipe and electronic cigarettes

10. B01. How old were you when you first started smoking

*Mark only one oval.*

☐ Under 15 years

☐ 15-19

☐ 20-24

☐ 25 years or older

## 11. B02. Current smoking methods and frequency of use

Mark only one oval per row.

	Daily	Weekly	Less often	Never
Factory made cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Roll your own cigarettes with filters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Roll your own cigarettes without filters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pipes full of tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigars, cheroots, cigarillos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waterpipe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chewing tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic hookah	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. B03. How soon after you wake up do you usually have your first smoke

*Mark only one oval.*

- ☐ Within 5 minutes
- ☐ 6 - 30 minutes
- ☐ 31 - 60 minutes
- ☐ More than 60 minutes

13. B04. On average, how much do you spend on smoking each week

*Mark only one oval.*

- ☐ Less than 50 SAR
- ☐ 50 - 99
- ☐ 100 - 149
- ☐ 150 - 199
- ☐ 200 - 249
- ☐ 250 - 299
- ☐ 300 - 349
- ☐ 350 - 399
- ☐ 400 - 449
- ☐ 450 - 499
- ☐ 500 SAR or more

### Section C - Smoking Cessation

C00. The next questions ask about any attempts to stop smoking that you might have made within the past 12 months

14. C01. During the past 12 months, how many times have you tried to stop each type of smoking

*Mark only one oval per row.*

	1	2	3	4	5	Never tried
Factory made cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Roll your own cigarettes with filters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Roll your own cigarettes without filters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pipes full of tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigars, cheroots, cigarillos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waterpipe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chewing tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic hookah	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



15. C02. Again, thinking about the last time you tried to quit during the past 12 months, how long did you stop for each type of smoking

*Mark only one oval per row.*

	Months	Weeks	Days	Less than 24 hours	Never tried
Factory made cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Roll your own cigarettes with filters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Roll your own cigarettes without filters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pipes full of tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigars, cheroots, cigarillos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waterpipe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chewing tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic hookah	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. C03. Again, thinking about the last 12 months, what is the longest you've stayed quit for each type of smoking in days

Mark only one oval per row.

	Less than 1 day	1 - 5	6 - 10	11 - 20	21 - 30	31 - 60	More than 60 days	Never tried
Factory made cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Roll your own cigarettes with filters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Roll your own cigarettes without filters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pipes full of tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigars, cheroots, cigarillos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waterpipe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chewing tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic hookah	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. C04. During the last 12 months, did you use any of the following to try to stop smoking (choose all that apply)

*Tick all that apply.*

- ☐ Counselling at a smoking cessation clinic
- ☐ The on campus mobile smoking cessation clinic
- ☐ Nicotine replacement therapy such as patch or gum
- ☐ Other prescription medications
- ☐ Traditional medicines
- ☐ Quitline or a smoking telephone support
- ☐ Online support group or smartphone app
- ☐ Switching to smokeless tobacco
- ☐ Switching to light, mild or low tar

Other: ☐ \_\_\_\_\_

18. C05. During any visit to a healthcare provider in the last 12 months, were you (choose all that apply)

*Tick all that apply.*

- ☐ Asked if you smoked tobacco products
- ☐ Advised to quit smoking tobacco products
- ☐ Asked if you used smokeless products
- ☐ Advised to quit smokeless products
- ☐ Offered advice on quitting
- ☐ Offered an appointment at a smoking cessation clinic

19. C06. Which of the following best describes your thinking about quitting smoking

*Mark only one oval.*

- ☐ I am currently trying to quit
- ☐ I am planning to quit within the next month
- ☐ I am thinking about quitting within the next 12 months
- ☐ I will quit someday but not within the next 12 months
- ☐ I am not interested in quitting smoking

20. C07. Thinking about possible support options for your future attempts to quit smoking, which of the following might help you (choose all that apply)

*Tick all that apply.*

- ☐ Face-to-face counselling
- ☐ Access to an on campus mobile smoking cessation unit
- ☐ Telephone counselling
- ☐ Text messages
- ☐ Mobile phone app
- ☐ Online resources
- ☐ Medication
- ☐ Support group face-to-face
- ☐ Support group online
- ☐ Alternative treatments such as hypnotherapy or acupuncture

Other: ☐ \_\_\_\_\_

#### Section D - Challenges to Stopping Smoking

D00. The following statements refer to different challenges or problems associated with stopping smoking

D01. Please rate each of these factors in your most recent attempt to quit or thoughts about quitting smoking

## 21. Intrinsic factors

Mark only one oval per row.

	Not a challenge	Minor challenge	Moderate challenge	Major challenge
Withdrawal symptoms (e.g. depression, anxiety, restlessness, irritability, sleeplessness, craving, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling lost without cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being addicted to cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having strong emotions or feelings such as anger, or feeling upset when I tried to stop smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Something stressful happened when I was trying to stop smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thinking about never being able to smoke again after we stop smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting bored	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Getting bored  
when I was  
trying to stop  
smoking

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Seeing things  
or people  
which  
reminded me  
of smoking

☐☐☐☐

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Easy  
availability of  
cigarettes

☐☐☐☐

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## 22. Extrinsic factors

Mark only one oval per row.

	Not a challenge	Minor challenge	Moderate challenge	Major challenge
Difficulty in finding someone to help me to stop smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of support or encouragement from health professionals to stop smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The cost of stop-smoking medicines such as nicotine replacement therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fear of side effects from stop-smoking medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of encouragement or help from family or friends to stop smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fear of weight gain if I stopped smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family members or	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Family  
members or  
friends  
encouraging  
me to smoke

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☐☐☐☐

Fear of failing  
to stop  
smoking

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☐☐☐☐

Belief that  
medicines to  
stop smoking  
do not work

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☐☐☐☐

Fear that  
stopping  
smoking may  
interrupt social  
relationships

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☐☐☐☐

Belief that I can  
stop smoking  
in the future if I  
need to

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☐☐☐☐

Use of other  
substances like  
cannabis.

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☐☐☐☐

### Section E - Second hand smoke (think about both your and other people's smoke)

E00. I would like to ask you a few questions about smoking in different places



23. E01. Which of the following best describes the rules about smoking inside your family home

*Mark only one oval.*

- ☐ Smoking is acceptable inside your family home
- ☐ Smoking is generally not acceptable inside your home but there are exceptions
- ☐ Smoking is never acceptable inside of your home
- ☐ There are no rules about smoking in your home

24. E02. How often does anyone smoke inside of your family home

*Mark only one oval.*

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Less often than monthly
- ☐ Never

25. E03. During the last 30 days, have you been aware of anyone smoking at any of these places (choose all that apply)

*Tick all that apply.*

- ☐ Indoors on university campus
- ☐ Outdoors on university campus
- ☐ Inside government buildings
- ☐ Inside healthcare facilities
- ☐ Inside restaurants or cafes
- ☐ Inside a cinema, theatre, music, sport or similar venue/event
- ☐ Outside a cinema, theatre, music, sport or similar venue/event
- ☐ On public transport
- ☐ In private transport

26. E04. Do you, or would you, support laws to prohibit smoking at any of these places

*Mark only one oval per row.*

	Yes	No	Don't know
Indoors on university campus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outdoors on university campus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inside government buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inside healthcare facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inside restaurants or cafes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inside a cinema, theatre, music, sport or similar venue/event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outside a cinema, theatre, music, sport or similar venue/event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On public transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In private  
transport

☐☐☐

27. E05. Based on what you know or believe, which types of smoking can cause these illness (choose all that apply)

*Tick all that apply.*

	Stroke	Heart attack	Lung cancer	Other cancers	Chronic obstructive pulmonary disease (COPD)
Factory made cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roll your own cigarettes with filters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roll your own cigarettes without filters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipes full of tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cigars, cheroots, cigarillos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waterpipe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chewing tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic hookah	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section F - Media exposure

**F00.** The next question asks about your exposure to the media and advertisements in the last 30 days

## 28. F01. Where have you noticed information (choose all that apply)

*Tick all that apply.*

	Warning of dangers of use or encouraging quitting of tobacco products	Promoting tobacco smoking products	Promoting smokeless products
Newspapers or magazines (printed copies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billboards or posters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In stores where tobacco products are sold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cinemas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transportation vehicles or stations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sporting events or venues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet (non- social media)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cigarette  
packaging

☐☐☐

## Section G - The impact of Covid 19

29. And finally, how has Covid 19 impacted your smoking habits and attitudes positively or negatively ?

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Many thanks for your participation.

Your responses are all anonymised with no identifiable information collected in the survey. All responses will be analysed together and reported locally in poster format and at a university seminar with the potential for presentation at national and international health care conferences. A research paper will be submitted to an international health care journal. Your support in sharing your experiences, knowledge and attitudes towards smoking cessation are greatly appreciated. You will receive a single reminder email but do please only complete the survey once. Please click 'submit' to send your responses to the research team. You will then be offered the opportunity to claim 10 volunteer hours.

For further information contact:

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30. If you wish to receive volunteer hours, please enter your name, the name of your department or college and your university identification number. This information will be held separately from your other answers so as to maintain your anonymity.

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