

Appendix 1 - Semi-Structured Interview Guide

General Instructions: This interview is audio taped, and additionally the interviewer should take written notes of the participant responses. The goal for this interview is to maximize the Participant to Interviewer response ratio, such that the participant's responses are considerably longer in duration than the interviewer's statements and questions. This is accomplished by the Interviewer using open questions and evoking statements (as opposed to closed questions).

1. BACKGROUND AND RAPPORT-BUILDING – 10 MINUTES

1.1. Recount Smoking History. Using open questions and evoking statements, help participant describe their smoking history, including first cigarette, initiating daily smoking, and all quit attempts they have attempted. Also gather information about current smoking habits (and if quit how long they have been quit). When necessary, you may use some closed questions (e.g., "How many times have you tried to quit?"). Some examples of open questions and evoking statements are:

1.1.1. "Tell me about your smoking history, starting with your very first cigarette."

1.1.2. "What has been your experience over the years with smoking, including any times you've quit?"

2. SMOKING DURING PREGNANCY – 10 MINUTES

2.1. Using open questions, facilitate discussion regarding experiences of smoking with comorbid health conditions (separated below by condition type).

2.2. Smoking During Pregnancy/with Small Children.

2.2.1. Normalize the experience of continued smoking during pregnancy and smoking with young children: among women smokers, 1 in 5 don't quit completely during pregnancy; among those who do quit, most (90%) relapse after their baby is born.

2.2.2. Emphasize that this is a safe space to discuss past/current experiences with smoking.

2.2.3. Example eliciting statements: "It is very common for women smokers to find it challenging to quit smoking when they find out they are pregnant. Tell me about your experience with being pregnant as a smoker" or "Many women who have small children have difficulty quitting smoking. Tell me about your experience with being both a smoker and a mother."

2.3. Follow-Up Questions: information provided by the participant with reflections/paraphrases and further eliciting questions (e.g., “You felt guilty about smoking and knew you had to quit, but it was still very hard to do it. Tell me more about what it was like to have those feelings but still have a hard time quitting.”).

3. PERCEPTIONS OF HEALTH RISKS RELATED TO SMOKING – 20 MINUTES

3.1. Introduce Topic. Do not list or provide any health risks (this information can be provided after the interview if the patient would like it). Use eliciting statements and open questions to initiate discussion of health risks of smoking. (e.g., “People hear and read a lot of different information about smoking and what exactly it does to your body. What’s your understanding of how cigarettes work and what they do to your body?” or “In your opinion, what health effects does smoking have?”)

3.2. Probe for Smoking-Related Health Risks (if necessary). If participant does not spontaneously provide any health risks (e.g., focuses only on benefits of smoking), then use open questions to elicit risks. (e.g., “What are some specific health risks that you believe are related to smoking?”)

3.3. Probe for Medical-Condition-Related Health Risks of Smoking (if necessary). If participant does not spontaneously discuss how smoking is related to pregnancy, then use open questions to elicit discussion. (e.g., “Let’s talk about smoking during pregnancy. What effects does smoking have?” or “What are some particular health concerns that pregnant smokers with have?”)

3.4. Probe Perceived Gaps in Knowledge. Use open questions to guide discussion of potential gaps in the participant’s knowledge. (e.g., “If you could find out anything today (had a crystal ball), what other information would you like to have about smoking and its effects on your body?”)

4. BARRIERS TO TREATMENT AND/OR ABSTINENCE – 20 MINUTES

4.1. Barriers to Abstinence. Initiate discussion of barriers to smoking abstinence. Encourage the participant to be as specific as possible regarding **all ecological levels** (e.g., psychological, social (including partner smoking), geographic, economic/financial, political, time barriers, etc.). Example introducing question: “What gets in the way of quitting smoking?” or “Why is it hard to quit smoking?”

4.2. Knowledge of Treatments for Smoking Cessation. Prior to providing any information about efficacious smoking cessation treatments, use open questions to gauge the participant's knowledge of smoking cessation tools and medications, as well as their reasons for using smoking cessation tools/medications. (e.g., "What can people do who don't want to quit cold turkey?" or "What are the alternatives to quitting cold turkey?" and "What reasons would there be for using [TREATMENT MENTIONED BY INTERVIEWEE]?")

4.3. Barriers to Treatment. Summarize participant's understanding of treatments for smoking cessation. Then, discuss reasons for quitting without any smoking cessation tools/medications. (e.g., "You mentioned that XXX can help people quit smoking. If XXX can help with quitting, I'm wondering what the reasons for not using that would be.")

5. PERCEPTIONS OF AND PREFERENCES FOR VA SMOKING CESSATION – 30 MINUTES

5.1. Knowledge of VA Services. Using open questions, gauge participant's knowledge of VA services for smoking cessation. (e.g., "What services do you know of that the VA provides to Veterans who want to quit smoking?")

5.2. Perceptions of VA Smoking Cessation. Use eliciting statements and open questions to discuss the participant's perceptions of the quality and accessibility of VA smoking cessation. (e.g., "What is your understanding of who can use VA smoking cessation services? How could a VA patient who wants to quit smoking access those services? How much does it cost for a VA patient who wants to use smoking cessation? If a VA patient used the smoking cessation services offered by the VA, how likely would he/she be to quit?")

5.3. Provide Information on Local Smoking Cessation Services. Clarify and describe the smoking cessation services that are provided at the local VA site. Correct any misinformation that the participant may have had (while validating that these misconceptions are quit common among Veterans).

5.4. Preferences for Smoking Cessation Treatment.

5.4.1. Ideal Smoking Cessation Treatment. For you personally, what [is/would have been] the best treatment to get in order to quit smoking?

5.4.2. Components of Ideal Treatment. In order to quit smoking, what specific tools or medications do you think are the most important? What do you

think about [TREATMENTS: NRT / bupropion / counseling / repeated quit attempts]?

5.4.3. Treatment Provider. In your opinion, who should provide treatment to help veterans stop smoking? What about medications, like NRT or bupropion? What about counseling for quitting smoking?

5.4.4. Tailored Treatment. What are your thoughts and opinions about the VA providing stop smoking treatments that are especially designed for women? What are some of the pros and cons of having a stop smoking treatment that is tailored for women? If there were a stop smoking treatment specifically tailored for women, who do you think should provide that treatment? What would be your preferences for group treatment for quitting smoking (whether you would prefer group, and what other Veterans in the group)? How helpful would each of these types of treatment be for you?

6. CONCLUDING REMARKS

6.1. Thank Participant for their Contribution.