

Supplementary Online Content

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eAppendix. Method Details

This supplementary material has been provided by the authors to give readers additional information about their work.

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1. Details of the Quit-To-Win Contest

The ‘Quit-to-Win’ Contest was organized by the Hong Kong Council on Smoking and Health. Smokers were proactively recruited from the community, and those who had quit smoking at 3 months, with biochemical validation, received an incentive payment of HK \$500 (US \$64).

2. Details of training SC ambassadors

University students (reading health-related subjects) and volunteers in non-governmental organizations were trained as SC ambassadors. They attended a half-day workshop (4 hours) covering knowledge in tobacco control and SC, and brief SC and reduction advice skills, which help in preparing them to deliver brief SC advice and active referral. Experienced SC counsellors (research staff) monitored the process of each recruitment activity and quality of intervention (e.g. onsite observation, debriefing, reviewing records of telephone interventions at follow-ups).

3. Details of the “foot-in-the-door” approach in recruiting smokers

Participants who smoked near the recruitment sites were invited by the trained SC ambassadors using a “foot-in-the-door” approach. These smokers were asked a few simple questions, such as daily cigarette consumption, history of smoking, general health status to arouse their interest in joining the study. Smokers who were willing to talk were invited to have exhaled carbon monoxide (CO) tests using a Bedfont Smokerlyzer.

4. Details of AWARD model

The AWARD model consists of the following components: Ask about smoking history; Warn about the high risk of smoking with the use of a health warning leaflet; Advice to quit as soon as possible and comply with the decided quit date; Refers smokers to SC services; and Do it again. Participants also received an A4 color-printed leaflet containing the following highlights of the risk of smoking, a list of diseases caused by active and secondhand smoking, 10 frightening pictures featuring smoking-induced diseases, information on the benefits of quitting, and messages encouraging participants to quit and call the integrated SC hotline managed by the Department of Health (DH). Participants received follow-up boosters of brief telephone advice (message of absolute risk of death due to smoking), quitting reinforcement, and re-booking SC services if needed after 1 month and 2 months.

5. Details of the exhaled CO test and saliva cotinine test

For exhaled CO test, participants were instructed to hold breath for 15 seconds and to blow slowly into the mouthpiece of the Smokerlyzer afterwards. Saliva cotinine was measured using NicAlert test kit.¹ Participants deposited enough saliva to fill at least ½ of the tube container and their saliva was squeezed onto the test strip in the presence of a research staff.

6. Details of the multiple imputation method to handle missing data

Multiple imputation (MI) methods were adopted to manipulate the missing data of past 7-day PPA and validated abstinence using imputation regression methods and pooled AORs based on the missing data were in a missing-at-random (MAR) mechanism and used fully conditional specification MI methods.²⁻⁴ The imputation produced 10 imputed datasets with the Markov Chain Monte Carlo method.⁵ The imputed datasets were pooled and the corresponding standard errors were used to generate a single data set of estimates.⁶

eReferences

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