

**Supplementary file 3. Survey**

Please note, text in square brackets were not included in the survey, but are technical details about the question type. First line starting with slash indicates question logic. MC=multiple choice.

1.0	DEMOGRAPHIC INFORMATION
1.1	<p>/ASK ALL/</p> <p>Have you been diagnosed with multiple sclerosis (MS) by a neurologist? [Single answer multiple choice (MC), force response]</p> <ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No but I have had a consultation with a neurologist and been given a probable diagnosis of MS (also known as a first demyelinating event or clinically isolated syndrome (CIS))</li> <li>c. No</li> </ul>
1.2	<p>/ASK ALL/</p> <p>What is your age? [Text entry, force response] ____ years</p>
1.3	<p>/ASK ALL/</p> <p>What is your gender? [Single answer MC]</p> <ul style="list-style-type: none"> <li>a. Female</li> <li>b. Male</li> <li>c. Non-binary</li> <li>d. Prefer not to say</li> </ul>
1.4	<p>/ASK ALL/</p> <p>What is the highest level of education you have completed? [Single answer MC]</p> <ul style="list-style-type: none"> <li>a. Year 11 or less</li> <li>b. Year 12 or equivalent</li> <li>c. College, associate diploma or TAFE</li> <li>d. Undergraduate, bachelor's</li> <li>e. Postgraduate, master's or doctorate</li> </ul>
1.5	<p>/ASK ALL/</p> <p>Please enter your postcode. [Text entry]</p>
1.6	<p>/ASK ALL/</p> <p>Which best describes how you spend most of your time?</p> <p>① Employment includes paid work as an employee or self-employed person, and paid leave such as parental leave. This excludes unpaid domestic work and volunteer work. [Single answer MC]</p>

	<ul style="list-style-type: none"> <li>a. Full time employment (usually working 35 or more hours per week)</li> <li>b. Part time employment ( usually working less than 35 hours per week)</li> <li>c. Study</li> <li>d. Home or carer duties</li> <li>e. Currently looking for work</li> <li>f. Retirement</li> <li>g. Other_____</li> </ul>
2.0	CLINICAL INFORMATION
2.1	<p>/ASK if Q1.1 a or b is selected: DIAGNOSED MS or PROBABLE MS/</p> <p>What date were you first diagnosed with MS or probable MS?          ⓘ If you can't remember or estimate the month of diagnosis, leave the month blank and fill in the year.          [Dropdown list]          Month: ___ Year: ____</p>
2.2	<p>/ASK if Q1.1 a is selected: DIAGNOSED WITH MS/</p> <p>What MS subtype are you now diagnosed with?          [Single answer MC]</p> <ul style="list-style-type: none"> <li>a. Relapsing-remitting MS</li> <li>b. Secondary progressive MS</li> <li>c. Primary progressive MS</li> <li>d. Progressive relapsing MS</li> <li>e. Other (please state your subtype) _____</li> <li>f. Unknown</li> </ul>
2.3	<p>/ASK if Q1.1 a is selected: DIAGNOSED WITH MS/ Patient Determined Disease Steps</p> <p>Please note that the following scale may not reflect your experience with MS and you may never experience these symptoms. Select the description that BEST describes your MS.</p> <p>[Single answer MC]</p> <p><b>No Disability:</b> I may have some mild symptoms, mostly sensory due to MS but they do not limit my activity. If I do have an attack, I return to normal when the attack has passed.</p> <p><b>Mild Disability:</b> I have some noticeable symptoms from MS, but they are minor and have only a small effect on my lifestyle.</p> <p><b>Moderate Disability:</b> I don't have any limitations in my walking ability. However, I do have significant problems due to MS that limit daily activities in other ways.</p> <p><b>Gait Disability:</b> MS does interfere with my activities, especially my walking. I can work a full day, but athletic or physically demanding activities are more difficult than they used to be. I usually don't need a cane or other assistance to walk, but I might need some assistance during an attack.</p> <p><b>Early Cane / Walking stick:</b> I use a cane, walking stick or a single crutch or some other form of support (such as touching a wall or leaning on someone's arm) for walking all the time or part of the time,</p>

	<p>especially when walking outside. I think I can walk 7.6 metres / 25 feet in 20 seconds without a cane or crutch. I always need some assistance (cane or crutch) if I want to walk as far as 3 blocks.</p> <p><b>Late Cane / Walking stick:</b> To be able to walk 7.6 metres / 25 feet, I have to have a cane, crutch or someone to hold onto. I can get around the house or other buildings by holding onto furniture or touching the walls for support. I may use a scooter or wheelchair if I want to go greater distances.</p> <p><b>Bilateral Support:</b> To be able to walk as far as 7.6 metres / 25 feet I must have 2 canes or crutches or a walker. I may use a scooter or wheelchair for longer distances.</p> <p><b>Wheelchair / Scooter:</b> My main form of mobility is a wheelchair. I may be able to stand and/or take one or two steps, but I can't walk 7.6 metres / 25 feet, even with crutches or a walker</p> <p><b>Bedridden:</b> Unable to sit in a wheelchair for more than one hour.</p>
3.0	SMOKING INFORMATION
3.1	<p>/ASK ALL/</p> <p>How often do you currently smoke cigarettes, cigars, pipes, or any other tobacco products? [Single answer MC, force response]</p> <ol style="list-style-type: none"> <li>Daily or nearly every day</li> <li>At least weekly but not every day</li> <li>Less often than weekly</li> <li>Not at all</li> </ol> <p>/a or b = current smoker; c or d = go to Q3.2/</p>
3.2	<p>/ASK if Q3.1 c or d is selected/</p> <p>In the past, have you ever been a daily or weekly smoker of cigarettes, cigars, pipes, or any other tobacco products? [Single answer MC, force response]</p> <ol style="list-style-type: none"> <li>Daily</li> <li>Never daily, only weekly</li> <li>Never smoked regularly</li> <li>Never smoked at all</li> </ol> <p>/a or b = former smoker; c and d = never smoker/</p>
3.3	<p>/ASK if Q3.1 a or b is selected: CURRENT SMOKERS/ /ASK if Q3.2 a or b is selected: FORMER SMOKERS/</p> <p>How old were you when you first started smoking cigarettes regularly? ① Regularly = at least weekly. [Text entry, force response] ____ years</p>

3.4	<p>/ASK if Q3.1 a or b is selected: CURRENT SMOKERS/</p> <p>What do you smoke?</p> <p>① 'Other smoked tobacco' includes cigars, cigarillos, filtered little cigars, pipes, water pipes, and hookahs</p> <p>[Single answer MC]</p> <ul style="list-style-type: none"> <li>a. Cigarettes only</li> <li>b. Cigarettes and other smoked tobacco</li> <li>c. Only other forms of smoked tobacco</li> </ul>
3.5	<p>/ASK if Q3.1 a or b is selected: CURRENT SMOKERS/</p> <p>On the days that you smoke, how many cigarettes do you smoke on average per day?</p> <p>[Dropdown list]</p> <ul style="list-style-type: none"> <li>a. 1-5</li> <li>b. 6-10</li> <li>c. 11-20</li> <li>d. 21-30</li> <li>e. 31-40</li> <li>f. More than 40</li> </ul>
3.6	<p>/ASK if Q3.1 a or b is selected: CURRENT SMOKERS/</p> <p>On the days that you smoke, how soon after waking do you usually smoke your first cigarette?</p> <p>[Single answer MC]</p> <ul style="list-style-type: none"> <li>a. Within 5 minutes</li> <li>b. 5-30 minutes</li> <li>c. 31-60 minutes</li> <li>d. After 60 minutes</li> </ul>
3.7	<p>/ASK if Q3.1 a or b is selected: CURRENT SMOKERS/</p> <p>Why do you smoke? Select all that apply.</p> <p>[Multiple answer MC]</p> <ul style="list-style-type: none"> <li>a. For enjoyment</li> <li>b. As a way of having time out</li> <li>c. As a distraction</li> <li>d. To cope with stress</li> <li>e. To cope with MS symptoms</li> <li>f. To prevent nicotine withdrawal symptoms</li> <li>g. Because my partner or other person in my household smokes</li> <li>h. Something to do when I am isolated</li> <li>i. Something to do when I am unable to work</li> <li>j. Something to do when my mood is low</li> <li>k. Other _____</li> </ul>
3.8	<p>/ASK ALL/</p> <p>Do you currently use any other nicotine products daily or close to daily? Select all that apply.</p> <p>[Multiple answer MC]</p> <ul style="list-style-type: none"> <li>a. None</li> </ul>

	<ul style="list-style-type: none"> <li>b. Nicotine vaping products such as e-cigarettes</li> <li>c. Oral tobacco such as chewing tobacco or snuff (l.e. powdered tobacco)</li> <li>d. Nicotine gum</li> <li>e. Nicotine lozenges/tablets</li> <li>f. Nicotine inhaler</li> <li>g. Nicotine nasal spray</li> <li>h. Nicotine patch</li> <li>i. Nicotine mouth spray</li> <li>j. Other _____</li> </ul>
3.9	<p>/ASK ALL/</p> <p>During the past 7 days, on how many days did you breathe second-hand smoke at home, at your workplace, or in a vehicle from someone other than you who was smoking tobacco?</p> <p>① Second-hand smoke is considered smoke that is passively inhaled from cigarettes smoked by other people.</p> <p>[Dropdown list]</p> <p>0 days, 1 day, 2 days, 3 days, 4 days, 5 days, 6 days, 7 days</p>
3.1 0	<p>/ASK ALL/</p> <p>Do you live with a smoker?</p> <p>[Single answer MC]</p> <ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> </ul>
4.0	<b>EXPERIENCES WITH QUITTING</b>
4.1	<p>/ASK if Q3.1 a or b is selected: CURRENT SMOKERS/</p> <p>Which best describes your readiness to quit smoking?</p> <p>[Single answer MC, force response]</p> <ul style="list-style-type: none"> <li>a. Not at all interested in quitting</li> <li>b. Not seriously thinking of quitting in the next 6 months</li> <li>c. Considering quitting in the next 6 months</li> <li>d. Planning to quit in the next 30 days</li> </ul> <p>/a and b = not ready (precontemplation); c = unsure (contemplation); d = ready (preparation)/</p>
4.2	<p>/ASK if Q4.1 c or d is selected: CURRENT SMOKERS WHO ARE UNSURE OR READY TO QUIT/</p> <p>Why are you thinking of quitting? Select all that apply.</p> <p>[Multiple answer MC]</p> <ul style="list-style-type: none"> <li>a. To improve my general health</li> <li>b. To improve my MS or MS symptoms</li> <li>c. For my partner</li> <li>d. For my family or friends</li> <li>e. For the environment</li> <li>f. Financial reasons</li> <li>g. Social pressure</li> <li>h. Other _____</li> </ul>

4.3	<p>/ASK if Q3.1 a or b is selected: CURRENT SMOKERS/</p> <p>In the past, have you attempted to quit smoking?</p> <p>① Please note that this does not include 'cutting down' on smoking. Quit attempts may involve the use of other nicotine products such as nicotine patches.</p> <p>[Single answer MC, force response]</p> <ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> <li>c. Can't remember</li> </ul>
4.4	<p>/ASK if Q4.3 a is selected: CURRENT SMOKERS WHO HAVE ATTEMPTED TO QUIT/</p> <p>Approximately how many times have you attempted to quit smoking in your life?</p> <p>[Single answer MC]</p> <ul style="list-style-type: none"> <li>a. 1-5 times</li> <li>b. 6-15 times</li> <li>c. 16-30 times</li> <li>d. More than 30 times</li> </ul>
4.5	<p>/ASK if Q4.3 a is selected: CURRENT SMOKERS WHO HAVE ATTEMPTED TO QUIT/</p> <p>How long ago did your last quit attempt end?</p> <p>[Dropdown list, force response]</p> <ul style="list-style-type: none"> <li>a. 1 to 6 days ago</li> <li>b. 1 week to less than 2 weeks ago</li> <li>c. 2 weeks to less than 4 weeks ago</li> <li>d. 1 month to less than 3 months ago</li> <li>e. 3 months to less than 6 months ago</li> <li>f. 6 months to less than 9 months ago</li> <li>g. 9 months to less than 12 months ago</li> <li>h. 1 year to less than 2 years ago</li> <li>i. 2 to 5 years ago</li> <li>j. More than 5 years ago</li> </ul>
4.6	<p>/ASK if Q4.3 a is selected: CURRENT SMOKERS WHO HAVE ATTEMPTED TO QUIT/</p> <p>How long did you stop smoking for the last time you attempted to quit?</p> <p>[Dropdown list]</p> <ul style="list-style-type: none"> <li>a. Less than 1 day</li> <li>b. 1 day to less than 2 weeks</li> <li>c. 2 weeks to less than 4 weeks</li> <li>d. 1 month to less than 3 months</li> <li>e. 3 months to less than 6 months</li> <li>f. 6 months to less than 9 months</li> <li>g. 9 months to less than 12 months</li> <li>h. 1 to 5 years</li> <li>i. More than 5 years</li> </ul>
4.7	<p>/ASK if Q3.1 a or b is selected: CURRENT SMOKERS/</p> <p>What concerns do you have when you think about quitting? Select all that apply.</p>

	<p>[Multiple answer MC]</p> <ol style="list-style-type: none"> <li>Scared I can't do it/ Too hard</li> <li>Too stressful</li> <li>My partner or another family member smokes too, and they are not supportive of me quitting</li> <li>Negative effects on my relationships</li> <li>Negative effects on my mood (for example, anxiety or depression)</li> <li>Increase in boredom</li> <li>Worsening of my symptoms (for example, pain or brain fog)</li> <li>An MS relapse due to the stress of quitting</li> <li>Side effects of nicotine replacement therapy (e.g. nicotine patches and chewing gum)</li> <li>Side effects of quitting medications (e.g. Champix)</li> <li>If I use medication to help me quit it might interfere with my MS medication</li> <li>Other _____</li> </ol>
4.8	<p>/ASK if Q3.2 a or b is selected: FORMER SMOKERS/</p> <p>Did you quit smoking before or after you were diagnosed?</p> <p>[Single answer MC]</p> <ol style="list-style-type: none"> <li>Before</li> <li>Around the time of diagnosis</li> <li>Within 1 year of diagnosis</li> <li>1 year or longer after diagnosis</li> <li>Can't remember</li> </ol> <p>/a = quit before diagnosis; b = quit at time of diagnosis; c-d = quit after diagnosis; e = can't remember/</p>
4.9	<p>/ASK if Q3.2 a or b is selected: FORMER SMOKERS/</p> <p>How long ago did you quit smoking?</p> <p>[Single answer MC, force response]</p> <ol style="list-style-type: none"> <li>Less than 6 months ago</li> <li>6 months to less than 1 year ago</li> <li>1 year to less than 2 years ago</li> <li>2 to 5 years ago</li> <li>More than 5 years ago</li> </ol> <p>/readiness to change: a = action; b-e= maintenance/</p>
4.1 0	<p>/ASK if Q4.5 a-h is selected: CURRENT SMOKERS WHO'S MOST RECENT QUIT ATTEMPT ENDED LESS THAN 2 YEARS AGO/ /ASK if Q4.9 a-c is selected: FORMER SMOKERS WHO QUIT LESS THAN 2 YEARS AGO/</p> <p>Please indicate which supports for quitting you have used in the past 2 years. Select all that apply.</p> <p>[Multiple answer MC]</p> <ol style="list-style-type: none"> <li>Nicotine replacement therapy products (e.g. nicotine patches, chewing gum). Please list which products_____</li> <li>Stop-smoking medications such as varenicline (also known as Champix) or bupropion (also known as Zyban)</li> <li>Advice from a doctor or healthcare provider</li> <li>Face-to-face advice from a smoking cessation expert, including counselling</li> <li>Telephone Quitline service</li> <li>Hospital-based service</li> <li>Mobile-based programs such as phone apps</li> </ol>

	<ul style="list-style-type: none"> <li>h. Web-based program</li> <li>i. Internet sites for quitting advice and support</li> <li>j. Online support group</li> <li>k. Self-help materials such as brochures and books</li> <li>l. Other _____</li> <li>m. I did it without any help</li> </ul>
5.0	KNOWLEDGE ABOUT THE LINK BETWEEN SMOKING AND MS
5.1	<p>/ASK ALL/</p> <p>Do you think people who smoke are more or less likely to get MS? [Single answer MC]</p> <ul style="list-style-type: none"> <li>a. Don't know</li> <li>b. More likely</li> <li>c. Less likely</li> <li>d. Neither, smoking makes no difference</li> </ul>
5.2	<p>/ASK ALL/</p> <p>Do you think people who are often breathe in second-hand smoke are more or less likely to get MS? [Single answer MC]</p> <ul style="list-style-type: none"> <li>a. Don't know</li> <li>b. More likely</li> <li>c. Less likely</li> <li>d. Neither, smoking makes no difference</li> </ul>
5.3	<p>/ASK ALL/</p> <p>Do you think that smoking has an impact on MS relapses? [Single answer MC]</p> <p>① A relapse is also known as an attack or flare-up. It is the occurrence of new symptoms or the worsening of old symptoms.</p> <ul style="list-style-type: none"> <li>a. Don't know</li> <li>b. Yes, smoking increases your chance of relapses</li> <li>c. Yes, smoking decreases your chance of relapses</li> <li>d. No, smoking does NOT impact relapse</li> </ul>
5.4	<p>/ASK ALL/</p> <p>Do you think that smoking has a long term impact on the progression of MS? [Single answer MC]</p> <ul style="list-style-type: none"> <li>a. Don't know</li> <li>b. Yes, smoking speeds up MS progression</li> <li>c. Yes, smoking slows down MS progression</li> <li>d. No, smoking does NOT impact MS progression</li> </ul>
5.5	<p>/ASK ALL/</p> <p>Do you think that smoking has an impact on MS medications? ① MS medications refer to disease modifying therapies (DMTs). These may include Avonex®, Rebif®, Betaferon®, Plegridy® (beta interferons), Copaxone® (glatiramer acetate), Gilenya® (fingolimod),</p>



	<p>Aubagio® (teriflunomide), Tecfidera® (dimethyl fumarate), Mavenclad® (cladribine), Lemtrada® (alemtuzumab), Tysabri® (natalizumab), and Ocrevus® (ocrelizumab).</p> <p>[Single answer MC]</p> <ol style="list-style-type: none"> <li>Don't know</li> <li>Yes, smoking makes MS medications less effective</li> <li>Yes, smoking makes MS medications more effective</li> <li>No, smoking does NOT impact MS medications</li> </ol>
5.6	<p>/ASK if any Q5.1-Q5.5 b is selected: THOSE WHO KNOW SMOKING IS HARMFUL/</p> <p>Approximately when did you find out that smoking is harmful for MS?</p> <p>[Single answer MC]</p> <ol style="list-style-type: none"> <li>Before I was diagnosed</li> <li>Within 1 year of diagnosis</li> <li>1 to 5 years after diagnosis</li> <li>More than 5 years after diagnosis</li> <li>Can't remember</li> </ol>
5.8	<p>/ASK if any Q5.1-Q5.5 b is selected: THOSE WHO KNOW SMOKING IS HARMFUL/</p> <p>How did you find out that smoking is harmful for MS? Select all that apply.</p> <p>[Multiple answer MC]</p> <ol style="list-style-type: none"> <li>I'm just guessing</li> <li>I found information online</li> <li>I was told by my general practitioner</li> <li>I was told by my MS healthcare provider (e.g. neurologist, MS nurse)</li> <li>Information from my MS society</li> <li>I was told by a friend or family member</li> <li>Other _____</li> </ol>
6.0	PERCEIVED EFFECT OF SMOKING AND SMOKING CESSATION
6.1	<p>/ASK if Q3.1 a or b is selected: CURRENT SMOKERS/</p> <p>Please indicate any short-term changes in symptoms or health issues that you experience immediately after having a cigarette.</p> <p>① Select 'not applicable' for symptoms you do NOT experience.</p> <p>[Matrix table]</p> <p>[gets better, no change, gets worse, not applicable]</p> <ol style="list-style-type: none"> <li>Pain</li> <li>Stress</li> <li>Anxiety</li> <li>Depression</li> <li>Fatigue/tiredness</li> <li>Brain fog or alertness</li> <li>Bowel and/or bladder problems</li> <li>Muscle spasms/spasticity</li> <li>Sense of wellbeing</li> <li>Other _____</li> </ol>
	/ASK if Q3.2 a or b is selected: FORMER SMOKERS/

	<p>Please indicate any short-term changes in symptoms or health issues that you used to experience immediately after having a cigarette.</p> <p>① Select 'not applicable' for symptoms you did NOT used to experience.</p> <p>[Matrix table]</p> <p style="text-align: center;">[got better, no change, got worse, not applicable, can't remember]</p> <ul style="list-style-type: none"> <li>a. Pain</li> <li>b. Stress</li> <li>c. Anxiety</li> <li>d. Depression</li> <li>e. Fatigue/tiredness</li> <li>f. Brain fog or alertness</li> <li>g. Bowel and/or bladder problems</li> <li>h. Muscle spasms/spasticity</li> <li>i. Sense of wellbeing</li> <li>j. Other ____</li> </ul>
6.2	<p>/ASK if Q4.3 a is selected: CURRENT SMOKERS WHO HAVE ATTEMPTED TO QUIT/ /ASK if Q3.2 a or b is selected: FORMER SMOKERS/</p> <p>We are interested in your experiences of the LONG-TERM effects of quitting smoking. If you have ever quit smoking for longer than a 4 week period, did you notice any changes in symptoms or health issues?</p> <p>[Single answer MC]</p> <ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> <li>c. Can't remember</li> <li>d. Have never quit smoking for longer than 4 weeks</li> </ul>
6.3	<p>/ASK if Q6.2 a is selected: EVER SMOKERS WITH CHANGES IN SYMPTOMS AFTER QUITTING/</p> <p>Please indicate any long-term changes in symptoms or health issues that you experienced after quitting longer than 4 weeks.</p> <p>Select 'not applicable' for symptoms you did NOT experience.</p> <p>[Matrix table]</p> <p style="text-align: center;">[got better, no change, got worse, not applicable, can't remember]</p> <ul style="list-style-type: none"> <li>a. Pain</li> <li>b. Stress</li> <li>c. Anxiety</li> <li>d. Depression</li> <li>e. Fatigue/tiredness</li> <li>f. Brain fog or alertness</li> <li>g. Bowel and/or bladder problems</li> <li>h. Muscle spasms/spasticity</li> <li>i. Sense of wellbeing</li> <li>j. Other ____</li> </ul>
7.0	<p>QUESTIONS RELATED TO HEALTHCARE PROVIDERS</p>
7.1	<p>/ASK ALL/</p> <p>Do you see a neurologist for management of MS?</p> <p>[Single answer MC]</p>

	<ul style="list-style-type: none"> <li>a. Yes, a private neurologist</li> <li>b. Yes, a public neurologist</li> <li>c. No, I don't see a neurologist</li> </ul>
7.2	<p>/ASK if Q7.1 a or b is selected: THOSE WHO SEE A NEUROLOGIST/</p> <p>Has your current neurologist ever asked you about smoking? [Single answer MC]</p> <ul style="list-style-type: none"> <li>a) Never asked</li> <li>b) Asked once, nothing more</li> <li>c) Asked several times, nothing more</li> <li>d) Asked and recommended quitting, but not strongly</li> <li>e) Asked and advised strongly to quit</li> <li>f) Asked, advised and provided help to quit (e.g. provision of a script or referral to a quit smoking service)</li> <li>g) Can't remember</li> </ul>
7.3	<p>/ASK ALL/</p> <p>Have you seen an MS nurse for management of MS in the past two years? [Single answer MC]</p> <ul style="list-style-type: none"> <li>a. Yes, a private MS nurse</li> <li>b. Yes, a public MS nurse</li> <li>c. No, I haven't seen an MS nurse</li> </ul>
7.4	<p>/ASK if Q7.3 a or b is selected: THOSE WHO HAVE SEEN AN MS NURSE/</p> <p>Has an MS nurse ever asked you about smoking? [Single answer MC]</p> <ul style="list-style-type: none"> <li>a) Never asked</li> <li>b) Asked once, nothing more</li> <li>c) Asked several times, nothing more</li> <li>d) Asked and recommended quitting, but not strongly</li> <li>e) Asked and advised strongly to quit</li> <li>f) Asked, advised and provided help to quit (e.g. provision of a script or referral to a quit smoking service)</li> <li>g) Can't remember</li> </ul>
7.5	<p>/ASK ALL/</p> <p>Have any of your other healthcare providers asked you about your smoking status? [Single answer MC]</p> <ul style="list-style-type: none"> <li>a. Yes. Please list all (e.g. general practitioner, physiotherapist, etc.): _____</li> <li>b. No, never</li> <li>c. Can't remember</li> <li>d. I don't see any other healthcare providers</li> </ul>
7.6	<p>/ASK if Q7.5 a is selected: THOSE WHO HAVE BEEN ASKED ABOUT SMOKING BY ANY OTHER HEALTHCARE PROVIDER/</p> <p>Have they also advised you to quit smoking? [Single answer MC]</p>

	<ul style="list-style-type: none"> <li>a. One or more of them have asked once, nothing more</li> <li>b. One or more of them have asked several times, nothing more</li> <li>c. One or more of them have asked and recommended quitting, but not strongly</li> <li>d. One or more of them have asked and advised strongly to quit</li> <li>e. One or more of them have asked, advised and provided help to quit (e.g. provision of a script or referral to a quit smoking service)</li> <li>f. Can't remember</li> </ul>
7.7	<p>/ASK if Q3.1 a or b is selected AND Q7.1 c, Q7.3 c or Q7.5 d is not selected: CURRENT SMOKERS WHO SEE AT LEAST ONE HEALTHCARE PROVIDER/  /* Display if Q7.1 c is not selected/  /** Display if Q7.3 c is not selected/  /***/ Display if Q7.5 d is not selected/</p> <p>Which of your healthcare providers know that you currently smoke? Select all that apply.  [Multiple answer MC]</p> <ul style="list-style-type: none"> <li>a. Neurologist *</li> <li>b. MS nurse **</li> <li>c. General practitioner***</li> <li>d. Other _____***</li> <li>e. None</li> </ul>
7.8	<p>/ASK if Q3.2 a or b is selected: FORMER SMOKERS/</p> <p>Have any of your healthcare providers congratulated you on quitting?  [Single answer MC]</p> <ul style="list-style-type: none"> <li>A. No</li> <li>B. Yes, only one</li> <li>C. Yes, more than one</li> <li>D. I have not told any of my healthcare providers that I quit</li> <li>E. I am/was not seeing any healthcare providers</li> <li>F. Can't remember</li> </ul>
7.9	<p>/ASK if Q3.1 a or b is selected: CURRENT SMOKERS/  /ASK if Q3.2 a or b is selected: FORMER SMOKERS/</p> <p>How satisfied are you with the support you have received regarding smoking from your healthcare providers? Please indicate why you were or were not satisfied.  ① Support can include information on smoking and/or quitting, including referrals to other services such as counselling and Quitline.  [Single answer MC]</p> <ul style="list-style-type: none"> <li>a. Extremely dissatisfied _____</li> <li>b. Somewhat dissatisfied _____</li> <li>c. Neither satisfied nor dissatisfied _____</li> <li>d. Somewhat satisfied _____</li> <li>e. Extremely satisfied _____</li> </ul>
7.1 0	<p>/ASK if Q3.1 a or b is selected: CURRENT SMOKERS/</p> <p>How would you feel if none of your healthcare providers ever discussed smoking with you?  [Single answer MC]</p>

	<ul style="list-style-type: none"> <li>a. Relieved</li> <li>b. Nothing much</li> <li>c. Disappointed</li> <li>d. Other _____</li> </ul>
7.1 1	<p>/ASK if Q3.1 a or b is selected: CURRENT SMOKERS/</p> <p>Which healthcare providers would you prefer to speak with regarding smoking and MS? Select all that apply. [Multiple answer MC]</p> <ul style="list-style-type: none"> <li>a. General practitioner</li> <li>b. Neurologist</li> <li>c. MS nurse</li> <li>d. Pharmacist</li> <li>e. Other _____</li> <li>f. None</li> </ul>
7.1 2	<p>/ASK if Q3.1 a or b is selected: CURRENT SMOKERS/ /ASK if Q3.2 a or b is selected: FORMER SMOKERS/</p> <p>Do you need additional information on smoking and quitting that is specific to MS? [Single answer MC]</p> <ul style="list-style-type: none"> <li>a. Yes, definitely</li> <li>b. Yes, somewhat</li> <li>c. No</li> <li>d. Not sure</li> </ul>
7.1 3	<p>/ASK if Q3.1 a or b is selected: CURRENT SMOKERS/</p> <p>Which BEST describes how you (would) feel receiving information on the benefits of quitting on MS? [Single answer MC]</p> <ul style="list-style-type: none"> <li>a. This would motivate me to quit smoking</li> <li>b. This would motivate me to cut down on smoking</li> <li>c. It would make no difference</li> <li>d. This would cause guilt and stress, and prompt me to smoke more</li> <li>e. Other _____</li> </ul>
8.0	<b>PREFERENCE FOR SMOKING CESSATION SUPPORT</b>
8.1	<p>/ASK if Q3.1 a or b is selected: CURRENT SMOKERS/</p> <p>Which of the following would you be interested in to help you quit smoking? Select all that apply. [Multiple answer MC]</p> <ul style="list-style-type: none"> <li>a. Nicotine replacement therapy products (e.g. nicotine patches, chewing gum)</li> <li>b. Stop-smoking medications such as varenicline (also known as Champix) or bupropion (also known as Zyban)</li> <li>c. Advice from my neurologist or MS nurse</li> <li>d. Advice from another doctor or healthcare provider</li> <li>e. Face-to-face advice from a smoking cessation expert, including counselling</li> <li>f. Telephone Quitline service</li> <li>g. Hospital-based service</li> <li>h. A special program for smokers who have MS</li> </ul>

	<ul style="list-style-type: none"> <li>i. Mobile-based programs such as phone apps</li> <li>j. Web-based program</li> <li>k. Internet sites for quitting advice and support</li> <li>l. Online support group</li> <li>m. Information brochures and booklets</li> <li>n. A workbook with tips and exercises to help me quit</li> <li>o. I don't want support for quitting</li> </ul>
8.2	<p>/ASK CURRENT AND FORMER SMOKERS/</p> <p>How important is it that you receive quitting support from people with knowledge about MS, such as symptoms and medications? [Single answer MC]</p> <ul style="list-style-type: none"> <li>a. Extremely important</li> <li>b. Very important</li> <li>c. Somewhat important</li> <li>d. Not at all important</li> <li>e. I don't want quitting support</li> </ul>
8.3	<p>/ASK if Q3.1 a or b is selected: CURRENT SMOKERS/ /ASK if Q3.2 a or b is selected: FORMER SMOKERS/</p> <p>How important is it that quit services address the following topics? [Matrix table: Extremely important, Very important, Somewhat important, Not important at all]</p> <ul style="list-style-type: none"> <li>a. Benefits of quitting on general health</li> <li>b. Benefits of quitting on MS</li> <li>c. Challenges that people with MS might face</li> <li>d. Withdrawal symptoms of quitting smoking</li> <li>e. Side effects of anti-smoking medication</li> <li>f. Interactions of anti-smoking medication with MS medication</li> <li>g. Effect of stress due to quitting on MS relapses</li> <li>h. Temporary worsening of symptoms due to quitting</li> <li>i. Weight gain</li> <li>j. Effect on mood</li> <li>k. Effect on relationships</li> <li>l. Other ____</li> </ul>
8.4	<p>/ASK if Q3.1 a or b is selected: CURRENT SMOKERS/</p> <p>When do you think people with MS should be offered information about the benefits of quitting specific to MS? [Single answer MC]</p> <ul style="list-style-type: none"> <li>a. At time of MS diagnosis</li> <li>b. Within 1 month of diagnosis</li> <li>c. Within 6 months of diagnosis</li> <li>d. After 6 months of diagnosis</li> <li>e. Other ____</li> <li>f. Never</li> </ul>
8.5	<p>/ASK if Q3.2 a or b is selected: FORMER SMOKERS/</p>

Please share your experience of what or who helped you quit and how quitting impacted on your health (optional).  
[Text entry]

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