Public Attitudes Toward Toxic Constituent Labelling on Cigarette Packages

-Qualitative Research Report-

PN3964

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1.0 Overview of Research

Environics Research Group was commissioned by the Office of Tobacco Control to conduct research into public reaction to toxic constituent labelling. This research study was undertaken in two phases; a qualitative phase involving a series of 18 focus group sessions, and a quantitative phase involving a national in-home survey.

This report summarizes the findings from the qualitative phase of the research. Results from the quantitative phase are available under separate cover.

A detailed description of the methodology used can be found in the next section.

The objectives of the qualitative research were as follows:

- to understand interest and attitudes among smokers, including teenagers who are smokers or may be receptive to smoking, toward information about toxic constituents in tobacco.

- To assess reaction among smokers to various methods of providing information on toxic constituents.

- To assess reaction among smokers to messages and formats to present information about toxic constituents.

2.0 Research Methodology

The research into public reaction to toxic constituent labelling on cigarette packages was conducted in two phases: a qualitative and a quantitative phase. This research report summarizes findings from the qualitative phase.

The qualitative phase of the research involved a series of 18 focus group sessions, conducted in six centres across Canada - Halifax, Montreal, Trois Rivieres, Toronto, Saskatoon, and Vancouver. In each centre, one session was conducted with adult heavy smokers (age 20+, smoking 10 or more cigarettes per day, on average), one with adult light smokers (age 20+, smoking less than 10 cigarettes per day, on average), and one with potential teenage smokers - that is teens who either smoke or have not ruled out smoking as something they might do (see Appendix A for screening requirements). Of the six teen groups conducted, three were conducted with teens age 14 to 16 (Toronto, Trois Rivieres, and Vancouver), and three were conducted with teens age 17 to 19 (Halifax, Montreal, and Saskatoon).

Within each session, equal numbers of males and females were recruited. Among the adult groups, efforts were made to ensure that there were participants were from a wide variety of age groups. Sessions held in Montreal and Trois Rivieres were conducted in French. Other sessions were conducted in English.

The schedule for the focus group sessions was as follows:

Toronto	February 21
Montreal	February 21
Saskatoon	February 23
Halifax	February 24
Trois Rivieres	February 26
Vancouver	February 26

A copy of the discussion agenda used in the focus groups is appended to this report.

3.0 Summary of Research Findings

The following represents a summary of the findings from the focus groups:

- More than half of the focus group participants said that they were interested in and read labels on a wide variety of products. They were most likely to be looking for information on nutrition, chemicals and additives, and environmental-friendliness. Interest was higher among adults than teens, and higher among females than males. Few participants in any subgroup spontaneously reported having an interest in the labels on cigarette packages.

- Virtually all participants were aware that cigarette packages currently list the concentration of tar, nicotine and carbon monoxide. They were also very aware of the warning labels that appear on cigarette packages and had no difficulty recalling all of the phrases that do appear. The general feeling was that people are unaffected by these labels.

- Participants felt well informed of the health risks associated with smoking and in almost all cases accepted that smoking is an activity that could endanger their health. However, they justified taking this risk by either ignoring this information or by downplaying the severity of the risk.

- There was also widespread awareness and acceptance of reports that second-hand smoke can be dangerous to non-smokers. In many cases, people had altered or curtailed their smoking habits willingly out of concern for those around them or unwillingly as a result of restrictions placed on them through regulation.

- Although participants believed that there are real health risks associated with smoking, they tended to reject the idea that smoking has an impact on the environment. They believed that once cigarette smoke dissipates into the atmosphere, it has an insignificant effect of air quality. The only point most were willing to concede with regard to the environment is that some smokers may contribute to the litter problem by carelessly disposing of cigarette butts and packaging.

- Participants reported getting information about the effects of smoking from a variety of sources including: television and print commercials, schools, from non-smokers, and from the people around them (parents, children, friends, etc.). They believed that information about the health risks of smoking is abundant and that no smokers could possibly be unaware that smoking can be hazardous. The one area where they felt a lack of information is the area of addiction: there was a feeling that people who pick up the smoking habit for the first time do not fully appreciate how difficult it is to stop smoking after one has started.

- Beyond tar, nicotine, and carbon monoxide, few participants were aware of any other toxic constituents in cigarettes. When presented with a list of 15 toxins, most participants reacted with surprise. However, once they have absorbed the information, only a very few said it would affect their smoking habit.

- Participants initially criticized the list of toxic constituents presented to them because they felt it did not provide enough information. They wanted more information about what amounts of each chemical were truly dangerous, what the effects were, and how cigarettes compared to other products currently on the market.

- Despite the fact that most participants said they would be not be influenced in their smoking behaviour by a list of toxic constituents, most felt that the list provided valuable information and that people should be made aware of this information. For this reason, most supported the idea of listing these toxins on cigarette packages. They also tended to support ideas such as requiring vendors who sell cigarettes to post this list, or to have it posted in schools and other public places.

- As part of the research, participants were presented with a series of possible label designs. Generally, participants preferred to see the label in black and white and to have the ingredients listed in capital letters. There was no consensus about whether ingredients should be listed in milligrams or micrograms, how ingredients should be ordered (alphabetically, or by weight), or the use of a black on white or white on black design scheme.

- The idea of including a warning statement with the list of toxic constituents received wide support because it was seen to be useful in explaining the effects of these chemicals, many of which are unknown to participants. Generally, participants liked statements that gave specific information about what the chemical does, rather than what it could do; that were written in simple, easy-to-understand language; and that gave them new information.

4.0 Research Observations

4.1 General Attitudes to Package Labelling

Before the topic of labelling on cigarette packages was introduced to participants in the focus group sessions, the topic of product labelling was discussed in general. Respondents were asked about the importance of product labels to themselves, and about the type of information they look for on labels.

Among the adult participants, about six in ten indicated that they read many product labels and made purchase decisions based on these labels. Generally, participants in Vancouver and Toronto were the most likely to read product labels followed by participants in Saskatoon, Montreal, and Halifax. In Trois Rivieres, less than half said they read or were interested in product labels.

The information that adults look for in product labels falls into four categories:

* nutritional value of food (e.g. fat, protein, quantity of sugar, calories, vitamins);
* chemicals and additives in food; and
* environmental-friendliness of products (e.g. cleaning supplies, paper products).

Of note is that light smokers were more interested in the nutritional value of and chemicals in food, than were heavy smokers.

Teenagers in all centres were less concerned about product labelling and were less inclined to read labels than adults, showing less of a concern between the connection between the way they treat themselves and effect this may have. There was a small minority of mainly female teens who said they were affected by labelling about environmental-friendliness. Another small minority, who in this case were exclusively girls, mentioned reading labels to find out about the fat and calorie content of food - no other nutritional information was important to them.

When asked if product labels were adequate and if enough products carry adequate labels, most said that they were satisfied and could not think of any products that presently should be labelled that isn't or that required better labelling. Some of the more nutrition-conscious expressed a concern that not enough food products carry labelling about the nutritional content. Another complaint made by a few participants was that product labels do not carry enough information about the effects of the ingredients in a package. They argued that a product may list several ingredients that they have never heard of, and they would be unsure whether the presence of these ingredients, or the quantity of these ingredients, should be a concern to them.

Whether a participant regularly read labels or felt they were important, that vast majority are aware that most packaged goods products carry labels listing the ingredients contained in descending order by weight.

Tobacco labels were not spontaneously mentioned by participants as something they either read, or would like to see changed or improved.

4.2 Attitudes Toward Cigarette Package Labelling

When the topic of cigarette package labelling was introduced, most participants took the view that the current labelling on cigarette packages is excessive.

> *"Look at this label. It's over kill. 'Smoking can kill you' - no kidding. You don't have to cover up half of the package for me to get the message."*

Participants also tended to believe they are getting all the information they need about the toxins in cigarettes through the listing that gives the amount of tar, nicotine, and carbon monoxide.

> *"I think it's adequate. They tell you about the tar, nicotine, and CO. What more needs to be on there?"*

4.3 Awareness of Current Cigarette Package Labelling

Participants had no difficulty naming the three toxic ingredients that are currently listed on cigarette packages - tar, nicotine, and carbon monoxide. For the most part, they mention reading the information once and overlooking it after that. A small number of smokers mentioned that they had compared the levels of these ingredients in their brand of cigarettes with other brands. However, most just did this out of curiosity. Only a handful of light smokers mentioned that they actually made a conscious decision to switch to a brand with lower levels of these chemicals. Two teenage boys actually mentioned switching to a *stronger* brand of cigarettes when they found out the levels of these chemicals where higher in another brand.

There was also very high awareness among participants of the warning statements that appear on the front of cigarette packages. Again, participants claim that they read the labels when they first appeared on the packages, but once they became used to them, they were ignored. Within each focus group session, participants were able to recite several of the eight health warning statements that currently appear on cigarette packages. However, the following are most top-of-mind:

> *"Smoking can kill you"*
> *"Smoking causes cancer"*
> *"Smoking during pregnancy can harm your baby"*

For the most part, participants said they were unaffected by both the health warning labels and the list of chemicals. They argue that smokers are very well aware of the danger of smoking, but choose to smoke anyway. For some, they feel the addiction to smoking is a stronger force than concern about the health risks.

> *"It's an addiction plain and simple. If it were easy to stop, I'd stop. But it's not that easy. They keep telling you you're going to die, but they don't tell you how to get over the addiction."*

Others take a fatalistic view of smoking, equating smoking with many of the other risks that people face in their everyday lives, such as being hit by a car, or air pollution. There is also a widely held belief among some smokers that smoking alone will not cause health problems - that you need to be *predisposed* to the condition.

> *"My father smoked from the time he was 13 years old. Did it have an effect on him? Who knows. I'd ask him, but at 92 years old he can't hear me."*

> *"I had one uncle that was a real straight arrow. Never drank, smoked, or anything. Then he dropped dead of a heart attack at age 40. I had another uncle who smoked, drank, caroused, and he lived into his 80s."*

> *"Look at that skater who dropped dead not too long ago. He was probably too healthy."*

Another group of smokers rectified the health risks of smoking and their smoking habit by simply ignoring information about the health risks.

> *"I just don't think about it. It just goes in one ear and out the other."*

> *"Yes, I hear this stuff. But I never think of it in terms of how it will affect me. It's always happening to someone else."*

Only a very few light smokers said that this information did bother them and does affect them in a way that makes them want to quit. For the most part, this group can be described as "reluctant smokers" and represent the group that is most likely to try to quit.

Smokers acknowledge that there is a certain risk associated with smoking. However, several also cite perceived positive benefits of smoking such as preventing weight gain and fighting stress. The belief that these positive benefits are real is particularly strong among teens, particularly females.

> *"My mother quit smoking and she gained forty pounds. So you can smoke and be unhealthy or you can be fat and unhealthy."*

> *"I find smoking helps to calm me down. I started because my friends said it would help with stress ... and it does."*

4.4 Effects of Second-Hand Smoke

Most smokers say they are aware of the effects of second-hand smoke on non-smokers. However, the extent to which they have altered their behaviour or accept the seriousness of this problem varies.

Although they acknowledge that second-hand smoke can have an affect on non-smokers, heavy smokers tend to show less concern. They tend to rationalize that as long as they "*aren't blowing smoke in a non-smoker's face*", the risks are negligible. Many heavy smokers also explain their lack of guilt or concern by their belief that non-smokers face many risks, and that second-hand smoke is just one of the risks, and not even the worst of these risks.

> *"Look, if you're going to drive around in your car all day and pollute the environment, then you have no right to complain about my smoking."*

> *"There is so much crap (toxic constituents) out there. You're putting yourself at risk having a glass of water."*

It is interesting to note, that a disproportionately high number of heavy smokers live alone, do not have children living in the house, or live with other smokers. As such, they are a group that may not have been as likely to examine their smoking behaviour in terms of how it affects others. Many light smokers, on the other hand, indicated that they consciously cut back on the amount they smoke because of the complaints or concerns of others. In other words, what often separates a light smoker from a heavy smoker is the presence of non-smokers whom they are concerned about.

> *"I stopped smoking when I was pregnant. When I had my son I started having the occasional one. But I'd never smoke in the same room as him. I usually go outside."*

> *"The kids learn about the health risks of smoking at school and then they come home and nag you. My kids bugged me so much, it was just easier to cut down. At home I'll have a cigarette after dinner, but I won't smoke if everyone is around watching television."*

> *"My husband smokes too. I keep saying I'm going to quit. But every time he lights a cigarette I want one too. I could only stop if he stopped. But if we both stopped smoking we'd probably get a divorce because we couldn't live with each other."*

Teenagers, too, are aware of the effects of second-hand smoke on non-smokers. However, most of them smoke in situations where they are surrounded by other smokers. Teens who smoke tend to have friends who smoke and most of their smoking activity takes place when they are with this group of friends. Few teens said they would smoke in a situation where they were with a group of non-smokers or in their home.

"I smoke when I'm hanging around with my other friends that smoke, so we aren't hurting anyone."

"If I'm out with a bunch of people that don't smoke, then I don't smoke. If I'm with people who do smoke, then I'll smoke."

On certain occasions where smokers and non-smokers might mix, such as at a party or a dance club, teens feel that these are situations where it is normal to smoke and that non-smokers should know this. It then becomes the responsibility of the non-smoker to choose to expose themselves to second-hand smoke by being present, rather than the other way around.

"If you go to a party or a club, you have to know that people there will be smoking. If you don't like second-hand smoke then don't go."

"Most places have non-smoking sections for the people who don't want to be around smoke."

It should also be noted that teens identify having friends who smoke as the strongest determinant of whether a young person will take up smoking.

"When all your friends smoke, you'll do it just because everyone else is."

"If I hung around people who don't smoke, I probably wouldn't smoke. It just happens my friends all smoke, so I ended up trying it."

"If everyone else is standing around smoking, it gives you something to do, rather than just standing around doing nothing."

For the most part, smokers accept the restrictions that are placed on them in order to protect non-smokers from second-hand smoke (such as non-smoking sections in public places, etc.) However, a certain proportion feel that smoking regulations have gone too far. This view is particularly strong among heavy smokers and among smokers in Trois Rivieres, Halifax, and Saskatoon.

"It's getting so you can't smoke anywhere."

"I think they've gone too far. You go into a restaurant and you can't get a seat in the smoking section, but the non-smoking section is empty."

"I think it is ridiculous to make every public building smoke-free. There should be one place you can go. It's so stupid all of the people huddled outside in the middle of winter."

"You go to the hospital and you see all of these poor souls standing outside with their IV bottles smoking away. Come on, if they aren't going to stop when they are hooked up to an IV, they aren't going to stop! So give them a break."

"I pay more than my fair share of taxes because I'm a smoker (through tobacco taxes). So I think I should have some rights."

4.5 Impact of Smoking On the Environment

Although smokers see a clear connection between second-hand smoke and health risks for non-smokers, they do not see smoking in the context of an "environmental issue". The point at which a smoker is inhaling a cigarette or immediately after exhaling is seen as the point at which smoking can have an adverse effect. Once the smoke has dissipated into the atmosphere, smokers believe that the effect on the environment is negligible at most. They see cars and industry as having a much more serious effect on the environment. The only environmental effect that smokers were willing to concede related to litter that smokers may cause when they carelessly toss away cigarette butts or packaging.

"Oh come on, smoke from cigarettes is just a drop in the bucket. Cars give off far more pollution."

"Once the smoke disappears it becomes ... diluted to the point it doesn't pose a threat. You have to get the tar and nicotine in heavy concentration for it to be a problem."

"Well I guess there is a certain amount of litter produced by people who smoke....They throw their butts at the side of the road, that kind of thing."

4.6 Sources of Information

Participants feel they have been inundated with information about the effect of smoking all of their lives. Only the oldest participants (age 60 plus) say that they took up smoking without knowing about the health risks. They have received information about the risks of smoking from their parents, from their friends, from their children, from school, and from the media through medical reports and commercials. However, as mentioned previously, smokers maintain that information about the health risks does not affect them. Participants, particularly heavy smokers, also express frustration that they continue to be deluged by this information.

"It's not that I don't know smoking is bad for me - I do. But I'm addicted. If you have a way to break the addiction fine. But it is point less to keep telling me about the hazards."

"I wish they would quit wasting their time and money getting me to stop smoking. Focus on the person who hasn't started."

Participants do mention a few specific pieces of information that did have an effect over the years.

"I remember in high school they showed us this lung from a guy who never smoked and one from a guy who did."

"There are so many medical studies out there, you can't knock them. Years ago, there wasn't the mass of information."

"There's that commercial where the girls goes to dive into that vat full of chemicals."

"Isn't there a commercial where they mix up this drink of all the stuff that are in cigarettes?"

4.7 General Awareness of Toxic Ingredients in Cigarettes

Virtually all participants mention tar, nicotine, and carbon monoxide as toxins that are in cigarettes. However, beyond that, few are able to name any other chemicals. In some cases, participants actually believe that there are only these three hazardous ingredients in tobacco, although in most cases, participants believe there are other hazards, but do not know exactly what they are.

"Tar, nicotine, carbon monoxide - that's it. I assume that's it because that's all that is on the package."

"I know they put stuff in the paper so it burns longer and evenly. But what they put in I don't know."

"Isn't there about 50 chemicals or something in cigarettes. I know there's a long list, but I couldn't tell you what."

A very small number of participants were able to name cyanide and arsenic as two of the toxins in cigarettes, but no one could go beyond that.

Once the list of 15 toxic ingredients were presented to smokers their initial reaction was surprise.

"You're kidding."

"That's quite a list."

Chemicals that are familiar to participants and for which the hazards are well known seemed to have the greatest effect on participants.

> *"When you see stuff like ammonia, arsenic, formaldehyde - that makes you wonder."*

> *"You don't have to be a rocket scientist to know that lead and cyanide aren't good for you."*

After the initial shock of the list wore off, participants slowly began to explain away, or rationalize their surprise against their decision to smoke. Upon reflection they started to ask whether it was appropriate to be concerned about the intensity of the toxins in cigarettes, or whether they should be concerned about things they have not heard about.

> *"It's fine to give a list. But how much of this stuff is in there. If it's a trace amount, than there is probably no reason to be concerned. I mean there is probably trace amounts of all this stuff in everything. Can you find arsenic in drinking water? Probably in very small amounts."*

> *"I haven't heard of half of this stuff. Maybe it just has a big name, but there is nothing wrong with it. If these things are so dangerous, how come we haven't heard of them before?"*

Some discussion also developed around the issue of whether these toxins were added to cigarettes by the tobacco manufacturers or whether they naturally occurred in tobacco; the latter being of much less concern.

> *"Now is this stuff that the tobacco companies put it?... If they are, we should know and they should stop. If it's just coming through the air or through the soil, than why should I be any more concerned about what is in tobacco than what is in an apple?"*

> *"If this is stuff that is in everything, then this list is nothing more than a scare tactic."*

For the most part, participants indicate that knowledge of the toxins in cigarettes will not affect their smoking behaviour. They explain this by asserting that they already are convinced that smoking is bad for them, but do it anyway or by choosing to ignore it.

> *"I know smoking is bad. I don't need any more proof. If this stuff had an effect on me, I would have stopped long ago."*

> *"Well I'm shocked now. But all I can think of is having a cigarette."*

"I'll leave here light up a cigarette and all I'll think about is how great that cigarette is - not what is in it."

Despite their mixed reaction to the list of toxins, most expressed the belief that it should be on cigarette packages. Although they felt it would have virtually no effect on current smokers, they felt that the list contained important and new information that people should have. They also felt it could have an effect on young people who have not yet started to smoke. Interestingly, this view was shared by both adults and teens.

"Well, I don't think it will have any effect. But if that is what is in cigarettes, then that should be on the label."

"It may be new information for someone and it may have an effect on someone who is thinking about smoking for the first time."

"I guess you give people all the information you have and they do what they want with it. But it's information so people should have it."

In addition to including this information on tobacco labels, many participants also express the view that it is important to communicate this information in other ways, for example, through television commercials, posters displayed at stores, schools, and billboards.

"I think they should blow this up and post it wherever cigarettes are sold. You've got to get to kids before they start. By the time they buy the pack of smokes, it's too late."

"This kind of information should be distributed in the schools, and taught to children during health class."

4.8 Reaction to Specific Exhibits

Four possible label formats were presented to focus group participants (see Appendix C). The labels varied according to the following dimensions:

	Exhibit A	Exhibit B	Exhibit C	Exhibit D
Font colour	Black and white	Black and white	Red	Black and white
Lay-out	Alternating black and white background	All white background	All white background	All white background, dot leaders
Upper/lower case	Upper case	Upper case	Upper case	Lower case
Milligrams versus micrograms	Mixed	All milligrams	All milligrams	All micrograms
Order	Random order	Alphabetical	Alphabetical	By weight

The following section summarizes reaction to the individual dimensions in each exhibit.

Font colour: A clear majority of participant preferred black and white lettering because they felt it was easy to read and had an impact. A few thought the red letters had more of an impact and projected a sense of danger and preferred red for this reason.

Lay-out: A slim majority liked the presentation that showed the chemical names on an alternating black and white background. They described it as very "eye-catching" and "attention-grabbing". However, a minority criticized this lay-out for appearing "dizzying" and for being "hard on the eyes", preferring a simple white background. They were concerned that people would be drawn to the striped list at first, but would not read it because the presentation made it difficult to read. Virtually no one liked the dot leaders running between the chemicals and the amount; the only positive remarks made about this style was that it was "scientific-looking".

Upper Case Versus Lower Case Letters: Participants were almost unanimous in their preference for upper case letters over lower case letters because they thought this style had more of an impact, and because it was easier to read. The lower case lettering gave the impression that the information was not very important. A small number of participants suggested capitalizing the first letter and leaving the rest lower case.

Milligrams Versus Micrograms: There was no clear consensus on this point. On the positive side, milligrams were favoured by some because they are a measure that people are familiar with, and micrograms were favoured by some because the measurements appears larger and "scarier". On the negative side, certain toxins would be expressed with several decimal places (e.g. arsenic .00004 mg) if milligrams are used, making it confusing and giving it the appearance of being insignificant. The one point that most agreed with was that the presentation should be consistent.

Order: Again this is an area where there was no clear consensus of opinion. Some preferred alphabetical order because this seemed to be the most unbiased and logical presentation. Others preferred ordering by weight because it drew attention to the components that are presented in the highest concentration and should, therefore, be of greatest concern. Another group expressed a desire that items should be listed in order to "*danger*", as weight alone is not adequate for helping people understand what should be of greatest concern. However, this last group conceded that it was unlikely that the scientific community could agree of a measure of "*danger*".

4.9 Warning Labels Accompanying List of Toxins

As stated previously, one of the criticisms of the list of toxic chemicals presented to respondents was that it does not give them enough information about what effect these chemicals can have and in what quantities. The idea of having a warnings related to these chemicals received a favourable reaction from most participants.

> *"Like I said, these (list of toxins) are just words on a page unless I know what they will do to me."*

"I think that is a great idea if you had a line at the bottom that would explain what a certain chemical can do."

"They could rotate these statements like they do with the warning labels on the packs now."

Participants were given a list of 13 statements designed to be an explanation of several of the chemicals presented on the list of toxins (see Appendix D), and were asked to indicate on a piece of paper whether the information presented was new, and whether they believed the information, whether the information was useful. They were also asked to select their top five preferences.

Results of this questionnaire are presented below in aggregate. Results are broken down further in Appendix E (teens, light smokers, heavy smokers, by city, by individual group).

	This is new information for me	I believe this statement	This is useful information	Mark 5 statements you most prefer
CARBON MONOXIDE IS A COLOURLESS, ODOURLESS, POISONOUS GAS. AVOID INHALING.	12	95	55	41
TAR IS A STICKY, BLACK RESIDUE THAT CONTAINS HUNDREDS OF CHEMICALS AND IS ALSO KNOWN AS "CANCER CAUSING TAR".	23	89	57	48
EXPOSURE TO HYDROGEN CYANIDE CAN LEAD TO HEADACHES, DIZZINESS, NAUSEA, VOMITING AND DEATH.	63	64	70	52
EXPOSURE TO LEAD, A HEAVY METAL, CAN LEAD TO LEAD POISONING. SMOKERS HAVE HIGHER AMOUNTS OF LEAD IN THEIR BLOOD THAN NON-SMOKERS.	57	67	49	30
4-AMINOBIPHENYL IS A BLADDER CARCINOGEN AND IS BANNED FROM COMMERCIAL USE.	112	35	45	32
NITROSAMINES ARE THE MOST POTENT CARCINOGENS FOUND IN TOBACCO SMOKE.	89	42	40	21
BENZENE IS A CARCINOGEN. CIGARETTES ARE A MAJOR SOURCES OF BENZENE.	79	32	96	14
BENZO[A]PYRENE (BAP) IS A POLYNUCLEAR AROMATIC HYDROCARBON (PAH) AND IS A SUSPECTED HUMAN CARCINOGEN. CIGARETTE SMOKERS CAN INHALE BETWEEN ONE AND TEN TIMES "NO SIGNIFICANT RISK LEVELS" OF BAP.	86	41	33	15
CADMIUM IS A HEAVY METAL AND IS A PROBABLE HUMAN CARCINOGEN. CIGARETTES ARE A MAJOR SOURCE OF CADMIUM.	84	46	34	12
FORMALDEHYDE IS A COLOURLESS GAS WITH A PUNGENT ODOUR. IT MAY CAUSE HEALTH PROBLEMS AND DISCOMFORT WHEN PRESENT IN HIGH CONCENTRATIONS IN INDOOR AIR.	58	73	57	22
CHRONIC POISONING FROM ARSENIC CAN CAUSE LOSS OF APPETITE AND WEIGHT, STOMACH AND INTESTINAL PROBLEMS.	52	77	72	53
NITROGEN OXIDES AFFECT LUNG FUNCTION AND CAUSE IRRITATION OF THE RESPIRATORY SYSTEM.	36	86	52	42
NICOTINE IS THE ACTIVE DRUG IN TOBACCO SMOKE AND IS ADDICTIVE.	13	102	69	64

Generally, participants liked statements that:

* gave specific information;

  "I don't like when they say this may do this or it may do that. I like when they say it is something - it is a poisonous gas."

  "When you say cadmium is a probable carcinogen. Either it is or it isn't."

* was easy-to-understand;

  "This BAP one is just way too long and too hard to follow."

  "They shouldn't use words like carcinogen. People don't understand them."

* provided new information.

"Well this one says that benzene causes cancer. That's good because I didn't know what benzene did."

Appendix A
Screener

PN 3964 Health Canada -
Focus groups on listing of toxic ingredients on cigarette packaging
Adolescent Screener

NB: Each group with adolescents should be half smokers (heavy or light) and half "potential smokers"

SCREENING FOR potential smokers among adolescents:

1. Have you ever tried cigarette smoking even just a few puffs?

IF "YES", include in group as Potential. If "NO", GO TO NEXT QUESTIONS

2. Have you ever seriously thought about trying smoking?

3. Do you think you might try smoking within the next month?

IF, "YES" to Qst. 2 or 3, include in group, IF "NO" to all questions thank and terminate.

Appendix B
Discussion Agenda

February 25, 1996

Draft Discussion Outline
Health Canada
Toxic Constituent Focus Groups
PN3964

Introduction (10 minutes)

Introduction to Focus Group procedures
We want your opinion
Feel free to agree or disagree
You are being taped and observed
There will be a 10 minute break
You will be paid by the hostess at the end

Let's go around the table so that each of you can tell us your name and a little bit about yourself, such as where you work and if you have a family?

Attitudes to Package Labeling/Smoking Behaviour (15 minutes)

I want to begin the discussion by talking about package labeling and specifically ingredient lists on packages. Do you read package labels? Why or why not? What kind of package labels do you read? Do you read ingredient lists on food, beauty products (i.e. shampoo hairspray)?

Are you looking for information about how healthy a product is? Whether it is good for the environment? Anything else?

IF NOT MENTIONED ... What about the labels on cigarette packages? Do you ever read these labels? Without looking can you tell me what they say? What about ingredients? What ingredients are listed**? IF NECESSARY TELL THEM THAT TAR, NICOTINE, AND CARBON MONOXIDE ARE LISTED.**

I want to talk more about ingredients but first, let's talk about smoking. How much do you smoke? When do you smoke? Why do you smoke?

What are your opinions on the health risks of smoking? What are you at greater risk of getting because you smoke?

What about the effects of smoking on non-smokers? Does this concern you?

What about the effect of smoking on the environment? Does this concern you?

What in cigarettes cause this?

Where do you find out about the health risks associated with smoking? Are there any other sources where you get information?

To what extent is your smoking behaviour affected by information on smoking risk, or information about contents of cigarettes?

What about new smokers? What affects them? What affected you when you were first starting to smoke?

Do you know about the chemicals (ingredients?) in cigarettes? On this piece of paper write down the names of the chemicals that you know or think are in cigarettes. **(HAVE PARTICIPANTS WRITE DOWN CHEMICALS THEY KNOW)**

Would you like more information on the chemicals in cigarettes?

How would you like to receive this information?

Information on Toxic Constituents (15 minutes)

Here is a list of 15 chemicals that are in cigarettes.

Are you surprised by this information? What affect does this information have on you?

What information here is new to you? What do you think this information means?

Which of these chemicals, if any, have you heard of before?

Do you know what affect any of these chemicals could have on you? Which ones strike you as being the most harmful?

Is this useful information? Do you think other smokers should see this information?

What would be the best way to communicate this information?

What about on cigarette packages? Why is this or is this not a good idea? What about putting this information on the slide?

Let's say these labels would go on a large package of cigarettes (the kind that slide out). How big should the label be? What if it took up the entire back of the package and the front was left for the tobacco company to put its brand name and logo? What if it took up half of the front of the package?

APPROPRIATE PLACE TO TAKE A SHORT BREAK IF NECESSARY

Examples of Toxic Constituent Labels (45 minutes)

NOTE: You may want to mix up the order you show the exhibits

I now have some examples of how information about chemical constituents could be displayed.

LOOKING AT EXHIBIT A. What is your impression of this example? Do you like it, dislike it? What do you like what don't you like? Does this provide useful information? New information? Believable information?

How would you make this exhibit better?

Will or could this information influence your behaviour? Will it or could it influence the behaviour of people choosing if they will start smoking?

LOOKING AT EXHIBIT B. What is your impression of this example? Do you like it, dislike it? What do you like what don't you like? Is it effective?

How is it different from Exhibit A? **If necessary point out differences.**

Do you prefer the stripes on Exhibit A or the plain presentation of Exhibit B?

Do you prefer having everything in milligrams or do you like milligrams and micrograms displayed?

Do you prefer random order or alphabetical order of chemicals?

Do you prefer bold or un-bold type face?

How would you make this exhibit better?

LOOKING AT EXHIBIT C. What is your impression of this example? Do you like it, dislike it? What do you like what don't you like? Is it effective?

How is it different from Exhibit A and Exhibit B? **If necessary point out differences.**

Do you prefer it with black letters or red letters?

How would you make this exhibit better?

LOOKING AT EXHIBIT D. What is your impression of this example? Do you like it, dislike it? What do you like what don't you like? Is it effective?

How is it different from Exhibit A, B and C? **If necessary point out differences.**

Do you prefer having everything in micrograms, milligrams or do you like milligrams and micrograms mixed up?

Do you prefer random order of chemicals, alphabetical order or ranked by volume?

Do you prefer capital letters or lower case letters?

How would you make this exhibit better?

Based on all the examples we have discussed, which one do you prefer? If you could combine the best elements from each, what would you preferred label look like?

Summarize on a flip chart. Should the lettering be bold or not-bold? Should the lettering be black and white or coloured? Should the list have a box around it? Should the list have stripes or be plain? Should the lettering be in all capitals or in upper and lower case? Should the chemicals be in random order, in order of amount, or in alphabetical order? Should the amounts be listed in milligrams, micrograms or be mixed up? Should there be dot-leaders between chemicals and amounts?

Warning Statements (15 minutes)

In addition to a list of chemicals like the ones we just looked at, what do you think of the idea of having a warning statement about these chemicals at the bottom of the list? Do you like the idea? Do you dislike the idea? What do you like or dislike about the idea?

I have a series of these statements. **HAND OUT STATEMENT PAGE.** Please take a minute and read through these statements. Mark whether this is new information, whether you believe it, and whether it is useful. Also mark the five statements you prefer.

Now take a minute and complete the questionnaire about each of the statements. Put an X under each statement you agree with. Write any comments you have about each statement in the space provided beneath.

That concludes this focus group session.
Thank you very much for your participation!

Appendix C
Exhibits

EXHIBIT A

NICOTINE	1.2 mg
CARBON MONOXIDE	15 mg
TAR	15 mg
BENZENE	60 micrograms
LEAD	.01 micrograms
CADMIUM	.1 micrograms
ARSENIC	.04 micrograms
HYDROGEN CYANIDE	180 micrograms
AMMONIA	10 micrograms
FORMALDEHYDE	1 mg
NITROGEN OXIDES	0.1 mg
NITROSAMINES	1 micrograms
4-AMINOBIPHENYL	.5 mg
PHENOLS	24 micrograms
BENZO[A]PYRENE	.02 micrograms

EXHIBIT B

4-AMINOBIPHENYL	0.5 mg
AMMONIA	0.01 mg
ARSENIC	0.00004 mg
BENZENE	0.06 mg
BENZO[A]PYRENE	0.00002 mg
CADMIUM	0.0001 mg
CARBON MONOXIDE	15 mg
FORMALDEHYDE	0.18 mg
HYDROGEN CYANIDE	0.18 mg
LEAD	0.0001 mg
NICOTINE	1.2 mg
NITROGEN OXIDES	0.10 mg
NITROSAMINES	0.001 mg
PHENOLS	0.024 mg
TAR	15 mg

EXHIBIT C

4-AMINOBIPHENYL	0.5 mg
AMMONIA	0.01 mg
ARSENIC	0.00004 mg
BENZENE	0.06 mg
BENZO[A]PYRENE	0.00002 mg
CADMIUM	0.0001 mg
CARBON MONOXIDE	15 mg
FORMALDEHYDE	0.18 mg
HYDROGEN CYANIDE	0.18 mg
LEAD	0.0001 mg
NICOTINE	1.2 mg
NITROGEN OXIDES	0.10 mg
NITROSAMINES	0.001 mg
PHENOLS	0.024 mg
TAR	15 mg

EXHIBIT D

carbon monoxide	15,000 micrograms
tar	15,000 micrograms
nicotine	1,200 micrograms
formaldehyde	1,000 micrograms
4-aminobiphenyl	500 micrograms
hydrogen cyanide	180 micrograms
nitrogen oxides	100 micrograms
benzene	60 micrograms
phenols	24 micrograms
ammonia	10 micrograms
nitrosamines	1 micrograms
benzo[a]pyrene	0.2 micrograms
lead	0.1 micrograms
cadmium	0.1 micrograms
arsenic	0.04 micrograms

Appendix D
Warning Statements

CARBON MONOXIDE IS A COLOURLESS, ODOURLESS, POISONOUS GAS. AVOID INHALING.

TAR IS A STICKY, BLACK RESIDUE THAT CONTAINS HUNDREDS OF CHEMICALS AND IS ALSO KNOWN AS "CANCER CAUSING TAR".

EXPOSURE TO HYDROGEN CYANIDE CAN LEAD TO HEADACHES, DIZZINESS, NAUSEA, VOMITING AND DEATH.

EXPOSURE TO LEAD, A HEAVY METAL, CAN LEAD TO LEAD POISONING. SMOKERS HAVE HIGHER AMOUNTS OF LEAD IN THEIR BLOOD THAN NON-SMOKERS.

4-AMINOBIPHENYL IS A BLADDER CARCINOGEN AND IS BANNED FROM COMMERCIAL USE.

NITROSAMINES ARE THE MOST POTENT CARCINOGENS FOUND IN TOBACCO SMOKE.

BENZENE IS A CARCINOGEN. CIGARETTES ARE A MAJOR SOURCES OF BENZENE.

BENZO[A]PYRENE (BAP) IS A POLYNUCLEAR AROMATIC HYDROCARBON (PAH) AND IS A SUSPECTED HUMAN CARCINOGEN. CIGARETTE SMOKERS CAN INHALE BETWEEN ONE AND TEN TIMES "NO SIGNIFICANT RISK LEVELS" OF BAP.

CADMIUM IS A HEAVY METAL AND IS A PROBABLE HUMAN CARCINOGEN. CIGARETTES ARE A MAJOR SOURCE OF CADMIUM.

FORMALDEHYDE IS A COLOURLESS GAS WITH A PUNGENT ODOUR. IT MAY CAUSE HEALTH PROBLEMS AND DISCOMFORT WHEN PRESENT IN HIGH CONCENTRATIONS IN INDOOR AIR.

CHRONIC POISONING FROM ARSENIC CAN CAUSE LOSS OF APPETITE AND WEIGHT, STOMACH AND INTESTINAL PROBLEMS.

NITROGEN OXIDES AFFECT LUNG FUNCTION AND CAUSE IRRITATION OF THE RESPIRATORY SYSTEM.

NICOTINE IS THE ACTIVE DRUG IN TOBACCO SMOKE AND IS ADDICTIVE.

Appendix E
Questionnaire Results

Toronto - Teens (Age 14 to 16)

	This is new information for me	I believe this statement	This is useful information	Mark 5 statements you most prefer
CARBON MONOXIDE IS A COLOURLESS, ODOURLESS, POISONOUS GAS. AVOID INHALING.	2	8	7	4
TAR IS A STICKY, BLACK RESIDUE THAT CONTAINS HUNDREDS OF CHEMICALS AND IS ALSO KNOWN AS “CANCER CAUSING TAR”.	1	6	6	4
EXPOSURE TO HYDROGEN CYANIDE CAN LEAD TO HEADACHES, DIZZINESS, NAUSEA, VOMITING AND DEATH.	5	4	6	5
EXPOSURE TO LEAD, A HEAVY METAL, CAN LEAD TO LEAD POISONING. SMOKERS HAVE HIGHER AMOUNTS OF LEAD IN THEIR BLOOD THAN NON-SMOKERS.	6	6	6	1
4-AMINOBIPHENYL IS A BLADDER CARCINOGEN AND IS BANNED FROM COMMERCIAL USE.	9	1	4	2
NITROSAMINES ARE THE MOST POTENT CARCINOGENS FOUND IN TOBACCO SMOKE.	8	0	4	2
BENZENE IS A CARCINOGEN. CIGARETTES ARE A MAJOR SOURCES OF BENZENE.	7	1	4	0
BENZO[A]PYRENE (BAP) IS A POLYNUCLEAR AROMATIC HYDROCARBON (PAH) AND IS A SUSPECTED HUMAN CARCINOGEN. CIGARETTE SMOKERS CAN INHALE BETWEEN ONE AND TEN TIMES “NO SIGNIFICANT RISK LEVELS” OF BAP.	7	0	2	0
CADMIUM IS A HEAVY METAL AND IS A PROBABLE HUMAN CARCINOGEN. CIGARETTES ARE A MAJOR SOURCE OF CADMIUM.	8	1	5	1
FORMALDEHYDE IS A COLOURLESS GAS WITH A PUNGENT ODOUR. IT MAY CAUSE HEALTH PROBLEMS AND DISCOMFORT WHEN PRESENT IN HIGH CONCENTRATIONS IN INDOOR AIR.	6	5	5	3
CHRONIC POISONING FROM ARSENIC CAN CAUSE LOSS OF APPETITE AND WEIGHT, STOMACH AND INTESTINAL PROBLEMS.	5	6	9	6
NITROGEN OXIDES AFFECT LUNG FUNCTION AND CAUSE IRRITATION OF THE RESPIRATORY SYSTEM.	3	7	7	4
NICOTINE IS THE ACTIVE DRUG IN TOBACCO SMOKE AND IS ADDICTIVE.	2	9	8	5

Toronto - Adult Light Smokers

	This is new information for me	I believe this statement	This is useful information	Mark 5 statements you most prefer
CARBON MONOXIDE IS A COLOURLESS, ODOURLESS, POISONOUS GAS. AVOID INHALING.	2	7	7	7
TAR IS A STICKY, BLACK RESIDUE THAT CONTAINS HUNDREDS OF CHEMICALS AND IS ALSO KNOWN AS “CANCER CAUSING TAR”.	4	6	7	8
EXPOSURE TO HYDROGEN CYANIDE CAN LEAD TO HEADACHES, DIZZINESS, NAUSEA, VOMITING AND DEATH.	6	8	7	7
EXPOSURE TO LEAD, A HEAVY METAL, CAN LEAD TO LEAD POISONING. SMOKERS HAVE HIGHER AMOUNTS OF LEAD IN THEIR BLOOD THAN NON-SMOKERS.	7	5	4	3
4-AMINOBIPHENYL IS A BLADDER CARCINOGEN AND IS BANNED FROM COMMERCIAL USE.	9	3	6	2
NITROSAMINES ARE THE MOST POTENT CARCINOGENS FOUND IN TOBACCO SMOKE.	10	2	4	2
BENZENE IS A CARCINOGEN. CIGARETTES ARE A MAJOR SOURCES OF BENZENE.	9	4	3	0
BENZO[A]PYRENE (BAP) IS A POLYNUCLEAR AROMATIC HYDROCARBON (PAH) AND IS A SUSPECTED HUMAN CARCINOGEN. CIGARETTE SMOKERS CAN INHALE BETWEEN ONE AND TEN TIMES “NO SIGNIFICANT RISK LEVELS” OF BAP.	7	3	5	2
CADMIUM IS A HEAVY METAL AND IS A PROBABLE HUMAN CARCINOGEN. CIGARETTES ARE A MAJOR SOURCE OF CADMIUM.	10	4	5	0
FORMALDEHYDE IS A COLOURLESS GAS WITH A PUNGENT ODOUR. IT MAY CAUSE HEALTH PROBLEMS AND DISCOMFORT WHEN PRESENT IN HIGH CONCENTRATIONS IN INDOOR AIR.	5	8	5	1
CHRONIC POISONING FROM ARSENIC CAN CAUSE LOSS OF APPETITE AND WEIGHT, STOMACH AND INTESTINAL PROBLEMS.	5	5	6	4
NITROGEN OXIDES AFFECT LUNG FUNCTION AND CAUSE IRRITATION OF THE RESPIRATORY SYSTEM.	2	8	7	4
NICOTINE IS THE ACTIVE DRUG IN TOBACCO SMOKE AND IS ADDICTIVE.	0	9	9	7

Toronto - Adult Heavy Smokers

	This is new information for me	I believe this statement	This is useful information	Mark 5 statements you most prefer
CARBON MONOXIDE IS A COLOURLESS, ODOURLESS, POISONOUS GAS. AVOID INHALING.	1	9	6	5
TAR IS A STICKY, BLACK RESIDUE THAT CONTAINS HUNDREDS OF CHEMICALS AND IS ALSO KNOWN AS “CANCER CAUSING TAR”.	1	9	6	6
EXPOSURE TO HYDROGEN CYANIDE CAN LEAD TO HEADACHES, DIZZINESS, NAUSEA, VOMITING AND DEATH.	6	5	6	1
EXPOSURE TO LEAD, A HEAVY METAL, CAN LEAD TO LEAD POISONING. SMOKERS HAVE HIGHER AMOUNTS OF LEAD IN THEIR BLOOD THAN NON-SMOKERS.	5	5	3	2
4-AMINOBIPHENYL IS A BLADDER CARCINOGEN AND IS BANNED FROM COMMERCIAL USE.	9	2	2	1
NITROSAMINES ARE THE MOST POTENT CARCINOGENS FOUND IN TOBACCO SMOKE.	9	2	2	1
BENZENE IS A CARCINOGEN. CIGARETTES ARE A MAJOR SOURCES OF BENZENE.	9	3	2	0
BENZO[A]PYRENE (BAP) IS A POLYNUCLEAR AROMATIC HYDROCARBON (PAH) AND IS A SUSPECTED HUMAN CARCINOGEN. CIGARETTE SMOKERS CAN INHALE BETWEEN ONE AND TEN TIMES “NO SIGNIFICANT RISK LEVELS” OF BAP.	8	2	2	0
CADMIUM IS A HEAVY METAL AND IS A PROBABLE HUMAN CARCINOGEN. CIGARETTES ARE A MAJOR SOURCE OF CADMIUM.	8	2	2	1
FORMALDEHYDE IS A COLOURLESS GAS WITH A PUNGENT ODOUR. IT MAY CAUSE HEALTH PROBLEMS AND DISCOMFORT WHEN PRESENT IN HIGH CONCENTRATIONS IN INDOOR AIR.	4	6	5	0
CHRONIC POISONING FROM ARSENIC CAN CAUSE LOSS OF APPETITE AND WEIGHT, STOMACH AND INTESTINAL PROBLEMS.	4	7	6	2
NITROGEN OXIDES AFFECT LUNG FUNCTION AND CAUSE IRRITATION OF THE RESPIRATORY SYSTEM.	3	7	4	3
NICOTINE IS THE ACTIVE DRUG IN TOBACCO SMOKE AND IS ADDICTIVE.	0	10	5	6

Montreal - Teens (Age 17 to 19)

	This is new information for me	I believe this statement	This is useful information	Mark 5 statements you most prefer
CARBON MONOXIDE IS A COLOURLESS, ODOURLESS, POISONOUS GAS. AVOID INHALING.	0	8	1	2
TAR IS A STICKY, BLACK RESIDUE THAT CONTAINS HUNDREDS OF CHEMICALS AND IS ALSO KNOWN AS “CANCER CAUSING TAR”.	1	9	1	1
EXPOSURE TO HYDROGEN CYANIDE CAN LEAD TO HEADACHES, DIZZINESS, NAUSEA, VOMITING AND DEATH.	5	2	4	5
EXPOSURE TO LEAD, A HEAVY METAL, CAN LEAD TO LEAD POISONING. SMOKERS HAVE HIGHER AMOUNTS OF LEAD IN THEIR BLOOD THAN NON-SMOKERS.	1	5	3	2
4-AMINOBIPHENYL IS A BLADDER CARCINOGEN AND IS BANNED FROM COMMERCIAL USE.	7	2	2	4
NITROSAMINES ARE THE MOST POTENT CARCINOGENS FOUND IN TOBACCO SMOKE.	3	6	0	0
BENZENE IS A CARCINOGEN. CIGARETTES ARE A MAJOR SOURCES OF BENZENE.	4	6	1	3
BENZO[A]PYRENE (BAP) IS A POLYNUCLEAR AROMATIC HYDROCARBON (PAH) AND IS A SUSPECTED HUMAN CARCINOGEN. CIGARETTE SMOKERS CAN INHALE BETWEEN ONE AND TEN TIMES “NO SIGNIFICANT RISK LEVELS” OF BAP.	6	5	2	2
CADMIUM IS A HEAVY METAL AND IS A PROBABLE HUMAN CARCINOGEN. CIGARETTES ARE A MAJOR SOURCE OF CADMIUM.	5	5	0	0
FORMALDEHYDE IS A COLOURLESS GAS WITH A PUNGENT ODOUR. IT MAY CAUSE HEALTH PROBLEMS AND DISCOMFORT WHEN PRESENT IN HIGH CONCENTRATIONS IN INDOOR AIR.	5	5	5	4
CHRONIC POISONING FROM ARSENIC CAN CAUSE LOSS OF APPETITE AND WEIGHT, STOMACH AND INTESTINAL PROBLEMS.	3	6	5	4
NITROGEN OXIDES AFFECT LUNG FUNCTION AND CAUSE IRRITATION OF THE RESPIRATORY SYSTEM.	0	7	3	3
NICOTINE IS THE ACTIVE DRUG IN TOBACCO SMOKE AND IS ADDICTIVE.	0	8	4	3

Montreal - Adult Light Smokers

	This is new information for me	I believe this statement	This is useful information	Mark 5 statements you most prefer
CARBON MONOXIDE IS A COLOURLESS, ODOURLESS, POISONOUS GAS. AVOID INHALING.	1	9	5	0
TAR IS A STICKY, BLACK RESIDUE THAT CONTAINS HUNDREDS OF CHEMICALS AND IS ALSO KNOWN AS “CANCER CAUSING TAR”.	0	8	6	2
EXPOSURE TO HYDROGEN CYANIDE CAN LEAD TO HEADACHES, DIZZINESS, NAUSEA, VOMITING AND DEATH.	3	5	6	1
EXPOSURE TO LEAD, A HEAVY METAL, CAN LEAD TO LEAD POISONING. SMOKERS HAVE HIGHER AMOUNTS OF LEAD IN THEIR BLOOD THAN NON-SMOKERS.	3	7	5	2
4-AMINOBIPHENYL IS A BLADDER CARCINOGEN AND IS BANNED FROM COMMERCIAL USE.	7	2	3	3
NITROSAMINES ARE THE MOST POTENT CARCINOGENS FOUND IN TOBACCO SMOKE.	7	4	4	3
BENZENE IS A CARCINOGEN. CIGARETTES ARE A MAJOR SOURCES OF BENZENE.	6	1	5	2
BENZO[A]PYRENE (BAP) IS A POLYNUCLEAR AROMATIC HYDROCARBON (PAH) AND IS A SUSPECTED HUMAN CARCINOGEN. CIGARETTE SMOKERS CAN INHALE BETWEEN ONE AND TEN TIMES “NO SIGNIFICANT RISK LEVELS” OF BAP.	5	1	4	1
CADMIUM IS A HEAVY METAL AND IS A PROBABLE HUMAN CARCINOGEN. CIGARETTES ARE A MAJOR SOURCE OF CADMIUM.	6	3	4	3
FORMALDEHYDE IS A COLOURLESS GAS WITH A PUNGENT ODOUR. IT MAY CAUSE HEALTH PROBLEMS AND DISCOMFORT WHEN PRESENT IN HIGH CONCENTRATIONS IN INDOOR AIR.	5	4	6	0
CHRONIC POISONING FROM ARSENIC CAN CAUSE LOSS OF APPETITE AND WEIGHT, STOMACH AND INTESTINAL PROBLEMS.	5	6	6	3
NITROGEN OXIDES AFFECT LUNG FUNCTION AND CAUSE IRRITATION OF THE RESPIRATORY SYSTEM.	3	7	5	2
NICOTINE IS THE ACTIVE DRUG IN TOBACCO SMOKE AND IS ADDICTIVE.	2	8	4	5

Montreal - Adult Heavy Smokers

	This is new information for me	I believe this statement	This is useful information	Mark 5 statements you most prefer
CARBON MONOXIDE IS A COLOURLESS, ODOURLESS, POISONOUS GAS. AVOID INHALING.	1	7	3	1
TAR IS A STICKY, BLACK RESIDUE THAT CONTAINS HUNDREDS OF CHEMICALS AND IS ALSO KNOWN AS “CANCER CAUSING TAR”.	4	6	3	1
EXPOSURE TO HYDROGEN CYANIDE CAN LEAD TO HEADACHES, DIZZINESS, NAUSEA, VOMITING AND DEATH.	5	5	3	4
EXPOSURE TO LEAD, A HEAVY METAL, CAN LEAD TO LEAD POISONING. SMOKERS HAVE HIGHER AMOUNTS OF LEAD IN THEIR BLOOD THAN NON-SMOKERS.	4	6	3	3
4-AMINOBIPHENYL IS A BLADDER CARCINOGEN AND IS BANNED FROM COMMERCIAL USE.	9	1	2	4
NITROSAMINES ARE THE MOST POTENT CARCINOGENS FOUND IN TOBACCO SMOKE.	9	3	2	3
BENZENE IS A CARCINOGEN. CIGARETTES ARE A MAJOR SOURCES OF BENZENE.	8	3	2	3
BENZO[A]PYRENE (BAP) IS A POLYNUCLEAR AROMATIC HYDROCARBON (PAH) AND IS A SUSPECTED HUMAN CARCINOGEN. CIGARETTE SMOKERS CAN INHALE BETWEEN ONE AND TEN TIMES “NO SIGNIFICANT RISK LEVELS” OF BAP.	9	3	2	2
CADMIUM IS A HEAVY METAL AND IS A PROBABLE HUMAN CARCINOGEN. CIGARETTES ARE A MAJOR SOURCE OF CADMIUM.	7	4	2	2
FORMALDEHYDE IS A COLOURLESS GAS WITH A PUNGENT ODOUR. IT MAY CAUSE HEALTH PROBLEMS AND DISCOMFORT WHEN PRESENT IN HIGH CONCENTRATIONS IN INDOOR AIR.	4	4	3	2
CHRONIC POISONING FROM ARSENIC CAN CAUSE LOSS OF APPETITE AND WEIGHT, STOMACH AND INTESTINAL PROBLEMS.	5	6	2	5
NITROGEN OXIDES AFFECT LUNG FUNCTION AND CAUSE IRRITATION OF THE RESPIRATORY SYSTEM.	4	6	3	6
NICOTINE IS THE ACTIVE DRUG IN TOBACCO SMOKE AND IS ADDICTIVE.	2	6	4	6

Trois Rivieres - Teens (Age 14 to 16)

	This is new information for me	I believe this statement	This is useful information	Mark 5 statements you most prefer
CARBON MONOXIDE IS A COLOURLESS, ODOURLESS, POISONOUS GAS. AVOID INHALING.	0	8	2	2
TAR IS A STICKY, BLACK RESIDUE THAT CONTAINS HUNDREDS OF CHEMICALS AND IS ALSO KNOWN AS “CANCER CAUSING TAR”.	5	6	7	3
EXPOSURE TO HYDROGEN CYANIDE CAN LEAD TO HEADACHES, DIZZINESS, NAUSEA, VOMITING AND DEATH.	8	3	9	8
EXPOSURE TO LEAD, A HEAVY METAL, CAN LEAD TO LEAD POISONING. SMOKERS HAVE HIGHER AMOUNTS OF LEAD IN THEIR BLOOD THAN NON-SMOKERS.	6	4	3	5
4-AMINOBIPHENYL IS A BLADDER CARCINOGEN AND IS BANNED FROM COMMERCIAL USE.	10	4	8	9
NITROSAMINES ARE THE MOST POTENT CARCINOGENS FOUND IN TOBACCO SMOKE.	9	3	7	3
BENZENE IS A CARCINOGEN. CIGARETTES ARE A MAJOR SOURCES OF BENZENE.	5	8	3	3
BENZO[A]PYRENE (BAP) IS A POLYNUCLEAR AROMATIC HYDROCARBON (PAH) AND IS A SUSPECTED HUMAN CARCINOGEN. CIGARETTE SMOKERS CAN INHALE BETWEEN ONE AND TEN TIMES “NO SIGNIFICANT RISK LEVELS” OF BAP.	8	3	5	5
CADMIUM IS A HEAVY METAL AND IS A PROBABLE HUMAN CARCINOGEN. CIGARETTES ARE A MAJOR SOURCE OF CADMIUM.	6	4	5	1
FORMALDEHYDE IS A COLOURLESS GAS WITH A PUNGENT ODOUR. IT MAY CAUSE HEALTH PROBLEMS AND DISCOMFORT WHEN PRESENT IN HIGH CONCENTRATIONS IN INDOOR AIR.	7	6	6	1
CHRONIC POISONING FROM ARSENIC CAN CAUSE LOSS OF APPETITE AND WEIGHT, STOMACH AND INTESTINAL PROBLEMS.	6	5	9	5
NITROGEN OXIDES AFFECT LUNG FUNCTION AND CAUSE IRRITATION OF THE RESPIRATORY SYSTEM.	5	6	7	5
NICOTINE IS THE ACTIVE DRUG IN TOBACCO SMOKE AND IS ADDICTIVE.	1	8	7	3

Trois Rivieres - Adult Light Smokers

	This is new information for me	I believe this statement	This is useful information	Mark 5 statements you most prefer
CARBON MONOXIDE IS A COLOURLESS, ODOURLESS, POISONOUS GAS. AVOID INHALING.	1	8	4	1
TAR IS A STICKY, BLACK RESIDUE THAT CONTAINS HUNDREDS OF CHEMICALS AND IS ALSO KNOWN AS “CANCER CAUSING TAR”.	1	7	3	3
EXPOSURE TO HYDROGEN CYANIDE CAN LEAD TO HEADACHES, DIZZINESS, NAUSEA, VOMITING AND DEATH.	5	5	5	3
EXPOSURE TO LEAD, A HEAVY METAL, CAN LEAD TO LEAD POISONING. SMOKERS HAVE HIGHER AMOUNTS OF LEAD IN THEIR BLOOD THAN NON-SMOKERS.	6	7	4	3
4-AMINOBIPHENYL IS A BLADDER CARCINOGEN AND IS BANNED FROM COMMERCIAL USE.	7	5	2	2
NITROSAMINES ARE THE MOST POTENT CARCINOGENS FOUND IN TOBACCO SMOKE.	7	5	2	0
BENZENE IS A CARCINOGEN. CIGARETTES ARE A MAJOR SOURCES OF BENZENE.	5	4	5	0
BENZO[A]PYRENE (BAP) IS A POLYNUCLEAR AROMATIC HYDROCARBON (PAH) AND IS A SUSPECTED HUMAN CARCINOGEN. CIGARETTE SMOKERS CAN INHALE BETWEEN ONE AND TEN TIMES “NO SIGNIFICANT RISK LEVELS” OF BAP.	5	7	4	1
CADMIUM IS A HEAVY METAL AND IS A PROBABLE HUMAN CARCINOGEN. CIGARETTES ARE A MAJOR SOURCE OF CADMIUM.	7	6	3	1
FORMALDEHYDE IS A COLOURLESS GAS WITH A PUNGENT ODOUR. IT MAY CAUSE HEALTH PROBLEMS AND DISCOMFORT WHEN PRESENT IN HIGH CONCENTRATIONS IN INDOOR AIR.	6	7	4	1
CHRONIC POISONING FROM ARSENIC CAN CAUSE LOSS OF APPETITE AND WEIGHT, STOMACH AND INTESTINAL PROBLEMS.	3	7	6	4
NITROGEN OXIDES AFFECT LUNG FUNCTION AND CAUSE IRRITATION OF THE RESPIRATORY SYSTEM.	3	7	3	2
NICOTINE IS THE ACTIVE DRUG IN TOBACCO SMOKE AND IS ADDICTIVE.	1	8	5	2

Trois Rivieres - Adult Heavy Smokers

	This is new information for me	I believe this statement	This is useful information	Mark 5 statements you most prefer
CARBON MONOXIDE IS A COLOURLESS, ODOURLESS, POISONOUS GAS. AVOID INHALING.	2	5	6	5
TAR IS A STICKY, BLACK RESIDUE THAT CONTAINS HUNDREDS OF CHEMICALS AND IS ALSO KNOWN AS “CANCER CAUSING TAR”.	3	7	4	5
EXPOSURE TO HYDROGEN CYANIDE CAN LEAD TO HEADACHES, DIZZINESS, NAUSEA, VOMITING AND DEATH.	5	7	4	3
EXPOSURE TO LEAD, A HEAVY METAL, CAN LEAD TO LEAD POISONING. SMOKERS HAVE HIGHER AMOUNTS OF LEAD IN THEIR BLOOD THAN NON-SMOKERS.	6	5	4	2
4-AMINOBIPHENYL IS A BLADDER CARCINOGEN AND IS BANNED FROM COMMERCIAL USE.	8	3	3	0
NITROSAMINES ARE THE MOST POTENT CARCINOGENS FOUND IN TOBACCO SMOKE.	6	3	4	1
BENZENE IS A CARCINOGEN. CIGARETTES ARE A MAJOR SOURCES OF BENZENE.	7	2	3	0
BENZO[A]PYRENE (BAP) IS A POLYNUCLEAR AROMATIC HYDROCARBON (PAH) AND IS A SUSPECTED HUMAN CARCINOGEN. CIGARETTE SMOKERS CAN INHALE BETWEEN ONE AND TEN TIMES “NO SIGNIFICANT RISK LEVELS” OF BAP.	8	2	1	0
CADMIUM IS A HEAVY METAL AND IS A PROBABLE HUMAN CARCINOGEN. CIGARETTES ARE A MAJOR SOURCE OF CADMIUM.	8	3	1	0
FORMALDEHYDE IS A COLOURLESS GAS WITH A PUNGENT ODOUR. IT MAY CAUSE HEALTH PROBLEMS AND DISCOMFORT WHEN PRESENT IN HIGH CONCENTRATIONS IN INDOOR AIR.	5	4	5	3
CHRONIC POISONING FROM ARSENIC CAN CAUSE LOSS OF APPETITE AND WEIGHT, STOMACH AND INTESTINAL PROBLEMS.	4	5	6	3
NITROGEN OXIDES AFFECT LUNG FUNCTION AND CAUSE IRRITATION OF THE RESPIRATORY SYSTEM.	3	5	2	2
NICOTINE IS THE ACTIVE DRUG IN TOBACCO SMOKE AND IS ADDICTIVE.	0	10	6	9

Saskatoon - Teens (Age 17 to 19)

	This is new information for me	I believe this statement	This is useful information	Mark 5 statements you most prefer
CARBON MONOXIDE IS A COLOURLESS, ODOURLESS, POISONOUS GAS. AVOID INHALING.	1	9	5	5
TAR IS A STICKY, BLACK RESIDUE THAT CONTAINS HUNDREDS OF CHEMICALS AND IS ALSO KNOWN AS “CANCER CAUSING TAR”.	0	9	6	7
EXPOSURE TO HYDROGEN CYANIDE CAN LEAD TO HEADACHES, DIZZINESS, NAUSEA, VOMITING AND DEATH.	6	6	7	6
EXPOSURE TO LEAD, A HEAVY METAL, CAN LEAD TO LEAD POISONING. SMOKERS HAVE HIGHER AMOUNTS OF LEAD IN THEIR BLOOD THAN NON-SMOKERS.	4	8	3	2
4-AMINOBIPHENYL IS A BLADDER CARCINOGEN AND IS BANNED FROM COMMERCIAL USE.	10	4	3	2
NITROSAMINES ARE THE MOST POTENT CARCINOGENS FOUND IN TOBACCO SMOKE.	9	4	2	1
BENZENE IS A CARCINOGEN. CIGARETTES ARE A MAJOR SOURCES OF BENZENE.	5	8	0	0
BENZO[A]PYRENE (BAP) IS A POLYNUCLEAR AROMATIC HYDROCARBON (PAH) AND IS A SUSPECTED HUMAN CARCINOGEN. CIGARETTE SMOKERS CAN INHALE BETWEEN ONE AND TEN TIMES “NO SIGNIFICANT RISK LEVELS” OF BAP.	7	6	1	1
CADMIUM IS A HEAVY METAL AND IS A PROBABLE HUMAN CARCINOGEN. CIGARETTES ARE A MAJOR SOURCE OF CADMIUM.	8	5	0	0
FORMALDEHYDE IS A COLOURLESS GAS WITH A PUNGENT ODOUR. IT MAY CAUSE HEALTH PROBLEMS AND DISCOMFORT WHEN PRESENT IN HIGH CONCENTRATIONS IN INDOOR AIR.	4	8	3	2
CHRONIC POISONING FROM ARSENIC CAN CAUSE LOSS OF APPETITE AND WEIGHT, STOMACH AND INTESTINAL PROBLEMS.	4	8	6	7
NITROGEN OXIDES AFFECT LUNG FUNCTION AND CAUSE IRRITATION OF THE RESPIRATORY SYSTEM.	3	10	3	6
NICOTINE IS THE ACTIVE DRUG IN TOBACCO SMOKE AND IS ADDICTIVE.	2	10	5	4

Saskatoon - Adult Light Smokers

	This is new information for me	I believe this statement	This is useful information	Mark 5 statements you most prefer
CARBON MONOXIDE IS A COLOURLESS, ODOURLESS, POISONOUS GAS. AVOID INHALING.	0	8	4	5
TAR IS A STICKY, BLACK RESIDUE THAT CONTAINS HUNDREDS OF CHEMICALS AND IS ALSO KNOWN AS “CANCER CAUSING TAR”.	1	8	2	1
EXPOSURE TO HYDROGEN CYANIDE CAN LEAD TO HEADACHES, DIZZINESS, NAUSEA, VOMITING AND DEATH.	3	8	6	3
EXPOSURE TO LEAD, A HEAVY METAL, CAN LEAD TO LEAD POISONING. SMOKERS HAVE HIGHER AMOUNTS OF LEAD IN THEIR BLOOD THAN NON-SMOKERS.	4	5	3	1
4-AMINOBIPHENYL IS A BLADDER CARCINOGEN AND IS BANNED FROM COMMERCIAL USE.	9	2	5	1
NITROSAMINES ARE THE MOST POTENT CARCINOGENS FOUND IN TOBACCO SMOKE.	6	3	2	3
BENZENE IS A CARCINOGEN. CIGARETTES ARE A MAJOR SOURCES OF BENZENE.	7	3	3	2
BENZO[A]PYRENE (BAP) IS A POLYNUCLEAR AROMATIC HYDROCARBON (PAH) AND IS A SUSPECTED HUMAN CARCINOGEN. CIGARETTE SMOKERS CAN INHALE BETWEEN ONE AND TEN TIMES “NO SIGNIFICANT RISK LEVELS” OF BAP.	7	5	1	0
CADMIUM IS A HEAVY METAL AND IS A PROBABLE HUMAN CARCINOGEN. CIGARETTES ARE A MAJOR SOURCE OF CADMIUM.	4	5	1	2
FORMALDEHYDE IS A COLOURLESS GAS WITH A PUNGENT ODOUR. IT MAY CAUSE HEALTH PROBLEMS AND DISCOMFORT WHEN PRESENT IN HIGH CONCENTRATIONS IN INDOOR AIR.	1	9	4	3
CHRONIC POISONING FROM ARSENIC CAN CAUSE LOSS OF APPETITE AND WEIGHT, STOMACH AND INTESTINAL PROBLEMS.	2	8	5	5
NITROGEN OXIDES AFFECT LUNG FUNCTION AND CAUSE IRRITATION OF THE RESPIRATORY SYSTEM.	2	8	3	4
NICOTINE IS THE ACTIVE DRUG IN TOBACCO SMOKE AND IS ADDICTIVE.	0	8	5	5

Saskatoon - Adult Heavy Smokers

	This is new information for me	I believe this statement	This is useful information	Mark 5 statements you most prefer
CARBON MONOXIDE IS A COLOURLESS, ODOURLESS, POISONOUS GAS. AVOID INHALING.	1	9	6	4
TAR IS A STICKY, BLACK RESIDUE THAT CONTAINS HUNDREDS OF CHEMICALS AND IS ALSO KNOWN AS “CANCER CAUSING TAR”.	2	8	6	7
EXPOSURE TO HYDROGEN CYANIDE CAN LEAD TO HEADACHES, DIZZINESS, NAUSEA, VOMITING AND DEATH.	6	6	7	6
EXPOSURE TO LEAD, A HEAVY METAL, CAN LEAD TO LEAD POISONING. SMOKERS HAVE HIGHER AMOUNTS OF LEAD IN THEIR BLOOD THAN NON-SMOKERS.	5	4	8	4
4-AMINOBIPHENYL IS A BLADDER CARCINOGEN AND IS BANNED FROM COMMERCIAL USE.	8	6	6	2
NITROSAMINES ARE THE MOST POTENT CARCINOGENS FOUND IN TOBACCO SMOKE.	6	7	7	2
BENZENE IS A CARCINOGEN. CIGARETTES ARE A MAJOR SOURCES OF BENZENE.	7	7	5	1
BENZO[A]PYRENE (BAP) IS A POLYNUCLEAR AROMATIC HYDROCARBON (PAH) AND IS A SUSPECTED HUMAN CARCINOGEN. CIGARETTE SMOKERS CAN INHALE BETWEEN ONE AND TEN TIMES “NO SIGNIFICANT RISK LEVELS” OF BAP.	9	4	4	1
CADMIUM IS A HEAVY METAL AND IS A PROBABLE HUMAN CARCINOGEN. CIGARETTES ARE A MAJOR SOURCE OF CADMIUM.	7	4	6	1
FORMALDEHYDE IS A COLOURLESS GAS WITH A PUNGENT ODOUR. IT MAY CAUSE HEALTH PROBLEMS AND DISCOMFORT WHEN PRESENT IN HIGH CONCENTRATIONS IN INDOOR AIR.	6	7	6	2
CHRONIC POISONING FROM ARSENIC CAN CAUSE LOSS OF APPETITE AND WEIGHT, STOMACH AND INTESTINAL PROBLEMS.	6	8	6	5
NITROGEN OXIDES AFFECT LUNG FUNCTION AND CAUSE IRRITATION OF THE RESPIRATORY SYSTEM.	5	8	5	1
NICOTINE IS THE ACTIVE DRUG IN TOBACCO SMOKE AND IS ADDICTIVE.	3	8	7	9

Halifax - Teens (Age 17 to 19)

	This is new information for me	I believe this statement	This is useful information	Mark 5 statements you most prefer
CARBON MONOXIDE IS A COLOURLESS, ODOURLESS, POISONOUS GAS. AVOID INHALING.	3	9	9	7
TAR IS A STICKY, BLACK RESIDUE THAT CONTAINS HUNDREDS OF CHEMICALS AND IS ALSO KNOWN AS “CANCER CAUSING TAR”.	0	9	9	7
EXPOSURE TO HYDROGEN CYANIDE CAN LEAD TO HEADACHES, DIZZINESS, NAUSEA, VOMITING AND DEATH.	9	5	8	6
EXPOSURE TO LEAD, A HEAVY METAL, CAN LEAD TO LEAD POISONING. SMOKERS HAVE HIGHER AMOUNTS OF LEAD IN THEIR BLOOD THAN NON-SMOKERS.	3	7	10	6
4-AMINOBIPHENYL IS A BLADDER CARCINOGEN AND IS BANNED FROM COMMERCIAL USE.	9	4	6	2
NITROSAMINES ARE THE MOST POTENT CARCINOGENS FOUND IN TOBACCO SMOKE.	10	5	6	3
BENZENE IS A CARCINOGEN. CIGARETTES ARE A MAJOR SOURCES OF BENZENE.	7	5	8	2
BENZO[A]PYRENE (BAP) IS A POLYNUCLEAR AROMATIC HYDROCARBON (PAH) AND IS A SUSPECTED HUMAN CARCINOGEN. CIGARETTE SMOKERS CAN INHALE BETWEEN ONE AND TEN TIMES “NO SIGNIFICANT RISK LEVELS” OF BAP.	9	3	3	0
CADMIUM IS A HEAVY METAL AND IS A PROBABLE HUMAN CARCINOGEN. CIGARETTES ARE A MAJOR SOURCE OF CADMIUM.	7	5	7	2
FORMALDEHYDE IS A COLOURLESS GAS WITH A PUNGENT ODOUR. IT MAY CAUSE HEALTH PROBLEMS AND DISCOMFORT WHEN PRESENT IN HIGH CONCENTRATIONS IN INDOOR AIR.	9	4	6	1
CHRONIC POISONING FROM ARSENIC CAN CAUSE LOSS OF APPETITE AND WEIGHT, STOMACH AND INTESTINAL PROBLEMS.	7	6	8	3
NITROGEN OXIDES AFFECT LUNG FUNCTION AND CAUSE IRRITATION OF THE RESPIRATORY SYSTEM.	6	6	7	3
NICOTINE IS THE ACTIVE DRUG IN TOBACCO SMOKE AND IS ADDICTIVE.	1	9	9	7

Halifax - Adult Light Smokers

	This is new information for me	I believe this statement	This is useful information	Mark 5 statements you most prefer
CARBON MONOXIDE IS A COLOURLESS, ODOURLESS, POISONOUS GAS. AVOID INHALING.	0	11	5	5
TAR IS A STICKY, BLACK RESIDUE THAT CONTAINS HUNDREDS OF CHEMICALS AND IS ALSO KNOWN AS “CANCER CAUSING TAR”.	0	10	4	4
EXPOSURE TO HYDROGEN CYANIDE CAN LEAD TO HEADACHES, DIZZINESS, NAUSEA, VOMITING AND DEATH.	4	6	5	8
EXPOSURE TO LEAD, A HEAVY METAL, CAN LEAD TO LEAD POISONING. SMOKERS HAVE HIGHER AMOUNTS OF LEAD IN THEIR BLOOD THAN NON-SMOKERS.	0	10	5	4
4-AMINOBIPHENYL IS A BLADDER CARCINOGEN AND IS BANNED FROM COMMERCIAL USE.	9	2	4	2
NITROSAMINES ARE THE MOST POTENT CARCINOGENS FOUND IN TOBACCO SMOKE.	11	1	3	3
BENZENE IS A CARCINOGEN. CIGARETTES ARE A MAJOR SOURCES OF BENZENE.	5	5	5	1
BENZO[A]PYRENE (BAP) IS A POLYNUCLEAR AROMATIC HYDROCARBON (PAH) AND IS A SUSPECTED HUMAN CARCINOGEN. CIGARETTE SMOKERS CAN INHALE BETWEEN ONE AND TEN TIMES “NO SIGNIFICANT RISK LEVELS” OF BAP.	10	2	5	2
CADMIUM IS A HEAVY METAL AND IS A PROBABLE HUMAN CARCINOGEN. CIGARETTES ARE A MAJOR SOURCE OF CADMIUM.	3	6	3	2
FORMALDEHYDE IS A COLOURLESS GAS WITH A PUNGENT ODOUR. IT MAY CAUSE HEALTH PROBLEMS AND DISCOMFORT WHEN PRESENT IN HIGH CONCENTRATIONS IN INDOOR AIR.	2	5	6	6
CHRONIC POISONING FROM ARSENIC CAN CAUSE LOSS OF APPETITE AND WEIGHT, STOMACH AND INTESTINAL PROBLEMS.	1	7	6	5
NITROGEN OXIDES AFFECT LUNG FUNCTION AND CAUSE IRRITATION OF THE RESPIRATORY SYSTEM.	4	6	4	5
NICOTINE IS THE ACTIVE DRUG IN TOBACCO SMOKE AND IS ADDICTIVE.	0	11	3	5

Halifax - Adult Heavy Smokers

	This is new information for me	I believe this statement	This is useful information	Mark 5 statements you most prefer
CARBON MONOXIDE IS A COLOURLESS, ODOURLESS, POISONOUS GAS. AVOID INHALING.	1	8	3	5
TAR IS A STICKY, BLACK RESIDUE THAT CONTAINS HUNDREDS OF CHEMICALS AND IS ALSO KNOWN AS “CANCER CAUSING TAR”.	0	8	5	5
EXPOSURE TO HYDROGEN CYANIDE CAN LEAD TO HEADACHES, DIZZINESS, NAUSEA, VOMITING AND DEATH.	3	5	6	5
EXPOSURE TO LEAD, A HEAVY METAL, CAN LEAD TO LEAD POISONING. SMOKERS HAVE HIGHER AMOUNTS OF LEAD IN THEIR BLOOD THAN NON-SMOKERS.	5	6	3	4
4-AMINOBIPHENYL IS A BLADDER CARCINOGEN AND IS BANNED FROM COMMERCIAL USE.	8	2	2	0
NITROSAMINES ARE THE MOST POTENT CARCINOGENS FOUND IN TOBACCO SMOKE.	7	2	2	2
BENZENE IS A CARCINOGEN. CIGARETTES ARE A MAJOR SOURCES OF BENZENE.	8	3	3	0
BENZO[A]PYRENE (BAP) IS A POLYNUCLEAR AROMATIC HYDROCARBON (PAH) AND IS A SUSPECTED HUMAN CARCINOGEN. CIGARETTE SMOKERS CAN INHALE BETWEEN ONE AND TEN TIMES “NO SIGNIFICANT RISK LEVELS” OF BAP.	8	1	1	0
CADMIUM IS A HEAVY METAL AND IS A PROBABLE HUMAN CARCINOGEN. CIGARETTES ARE A MAJOR SOURCE OF CADMIUM.	8	3	0	1
FORMALDEHYDE IS A COLOURLESS GAS WITH A PUNGENT ODOUR. IT MAY CAUSE HEALTH PROBLEMS AND DISCOMFORT WHEN PRESENT IN HIGH CONCENTRATIONS IN INDOOR AIR.	5	6	3	0
CHRONIC POISONING FROM ARSENIC CAN CAUSE LOSS OF APPETITE AND WEIGHT, STOMACH AND INTESTINAL PROBLEMS.	3	6	3	3
NITROGEN OXIDES AFFECT LUNG FUNCTION AND CAUSE IRRITATION OF THE RESPIRATORY SYSTEM.	2	7	2	2
NICOTINE IS THE ACTIVE DRUG IN TOBACCO SMOKE AND IS ADDICTIVE.	0	8	4	4

Vancouver - Teens (Age 14 to 16)

	This is new information for me	I believe this statement	This is useful information	Mark 5 statements you most prefer
CARBON MONOXIDE IS A COLOURLESS, ODOURLESS, POISONOUS GAS. AVOID INHALING.	3	9	3	5
TAR IS A STICKY, BLACK RESIDUE THAT CONTAINS HUNDREDS OF CHEMICALS AND IS ALSO KNOWN AS “CANCER CAUSING TAR”.	2	10	3	6
EXPOSURE TO HYDROGEN CYANIDE CAN LEAD TO HEADACHES, DIZZINESS, NAUSEA, VOMITING AND DEATH.	7	11	7	9
EXPOSURE TO LEAD, A HEAVY METAL, CAN LEAD TO LEAD POISONING. SMOKERS HAVE HIGHER AMOUNTS OF LEAD IN THEIR BLOOD THAN NON-SMOKERS.	3	11	3	4
4-AMINOBIPHENYL IS A BLADDER CARCINOGEN AND IS BANNED FROM COMMERCIAL USE.	11	7	2	2
NITROSAMINES ARE THE MOST POTENT CARCINOGENS FOUND IN TOBACCO SMOKE.	10	7	1	1
BENZENE IS A CARCINOGEN. CIGARETTES ARE A MAJOR SOURCES OF BENZENE.	8	9	1	1
BENZO[A]PYRENE (BAP) IS A POLYNUCLEAR AROMATIC HYDROCARBON (PAH) AND IS A SUSPECTED HUMAN CARCINOGEN. CIGARETTE SMOKERS CAN INHALE BETWEEN ONE AND TEN TIMES “NO SIGNIFICANT RISK LEVELS” OF BAP.	10	7	1	1
CADMIUM IS A HEAVY METAL AND IS A PROBABLE HUMAN CARCINOGEN. CIGARETTES ARE A MAJOR SOURCE OF CADMIUM.	7	7	1	1
FORMALDEHYDE IS A COLOURLESS GAS WITH A PUNGENT ODOUR. IT MAY CAUSE HEALTH PROBLEMS AND DISCOMFORT WHEN PRESENT IN HIGH CONCENTRATIONS IN INDOOR AIR.	5	9	5	7
CHRONIC POISONING FROM ARSENIC CAN CAUSE LOSS OF APPETITE AND WEIGHT, STOMACH AND INTESTINAL PROBLEMS.	7	7	3	3
NITROGEN OXIDES AFFECT LUNG FUNCTION AND CAUSE IRRITATION OF THE RESPIRATORY SYSTEM.	5	9	4	4
NICOTINE IS THE ACTIVE DRUG IN TOBACCO SMOKE AND IS ADDICTIVE.	2	11	5	6

Vancouver - Adult Light Smokers

	This is new information for me	I believe this statement	This is useful information	Mark 5 statements you most prefer
CARBON MONOXIDE IS A COLOURLESS, ODOURLESS, POISONOUS GAS. AVOID INHALING.	1	11	10	8
TAR IS A STICKY, BLACK RESIDUE THAT CONTAINS HUNDREDS OF CHEMICALS AND IS ALSO KNOWN AS “CANCER CAUSING TAR”.	0	10	8	3
EXPOSURE TO HYDROGEN CYANIDE CAN LEAD TO HEADACHES, DIZZINESS, NAUSEA, VOMITING AND DEATH.	8	8	11	10
EXPOSURE TO LEAD, A HEAVY METAL, CAN LEAD TO LEAD POISONING. SMOKERS HAVE HIGHER AMOUNTS OF LEAD IN THEIR BLOOD THAN NON-SMOKERS.	4	10	11	9
4-AMINOBIPHENYL IS A BLADDER CARCINOGEN AND IS BANNED FROM COMMERCIAL USE.	12	4	8	3
NITROSAMINES ARE THE MOST POTENT CARCINOGENS FOUND IN TOBACCO SMOKE.	12	4	5	2
BENZENE IS A CARCINOGEN. CIGARETTES ARE A MAJOR SOURCES OF BENZENE.	8	8	5	2
BENZO[A]PYRENE (BAP) IS A POLYNUCLEAR AROMATIC HYDROCARBON (PAH) AND IS A SUSPECTED HUMAN CARCINOGEN. CIGARETTE SMOKERS CAN INHALE BETWEEN ONE AND TEN TIMES “NO SIGNIFICANT RISK LEVELS” OF BAP.	10	5	4	1
CADMIUM IS A HEAVY METAL AND IS A PROBABLE HUMAN CARCINOGEN. CIGARETTES ARE A MAJOR SOURCE OF CADMIUM.	8	8	8	4
FORMALDEHYDE IS A COLOURLESS GAS WITH A PUNGENT ODOUR. IT MAY CAUSE HEALTH PROBLEMS AND DISCOMFORT WHEN PRESENT IN HIGH CONCENTRATIONS IN INDOOR AIR.	3	12	8	3
CHRONIC POISONING FROM ARSENIC CAN CAUSE LOSS OF APPETITE AND WEIGHT, STOMACH AND INTESTINAL PROBLEMS.	8	10	8	7
NITROGEN OXIDES AFFECT LUNG FUNCTION AND CAUSE IRRITATION OF THE RESPIRATORY SYSTEM.	4	11	8	8
NICOTINE IS THE ACTIVE DRUG IN TOBACCO SMOKE AND IS ADDICTIVE.	1	12	7	2

Vancouver - Adult Heavy Smokers

	This is new information for me	I believe this statement	This is useful information	Mark 5 statements you most prefer
CARBON MONOXIDE IS A COLOURLESS, ODOURLESS, POISONOUS GAS. AVOID INHALING.	0	10	10	5
TAR IS A STICKY, BLACK RESIDUE THAT CONTAINS HUNDREDS OF CHEMICALS AND IS ALSO KNOWN AS “CANCER CAUSING TAR”.	2	10	8	5
EXPOSURE TO HYDROGEN CYANIDE CAN LEAD TO HEADACHES, DIZZINESS, NAUSEA, VOMITING AND DEATH.	7	5	7	4
EXPOSURE TO LEAD, A HEAVY METAL, CAN LEAD TO LEAD POISONING. SMOKERS HAVE HIGHER AMOUNTS OF LEAD IN THEIR BLOOD THAN NON-SMOKERS.	4	7	8	7
4-AMINOBIPHENYL IS A BLADDER CARCINOGEN AND IS BANNED FROM COMMERCIAL USE.	11	5	6	2
NITROSAMINES ARE THE MOST POTENT CARCINOGENS FOUND IN TOBACCO SMOKE.	11	4	5	3
BENZENE IS A CARCINOGEN. CIGARETTES ARE A MAJOR SOURCES OF BENZENE.	10	6	5	1
BENZO[A]PYRENE (BAP) IS A POLYNUCLEAR AROMATIC HYDROCARBON (PAH) AND IS A SUSPECTED HUMAN CARCINOGEN. CIGARETTE SMOKERS CAN INHALE BETWEEN ONE AND TEN TIMES “NO SIGNIFICANT RISK LEVELS” OF BAP.	10	3	3	2
CADMIUM IS A HEAVY METAL AND IS A PROBABLE HUMAN CARCINOGEN. CIGARETTES ARE A MAJOR SOURCE OF CADMIUM.	9	7	4	1
FORMALDEHYDE IS A COLOURLESS GAS WITH A PUNGENT ODOUR. IT MAY CAUSE HEALTH PROBLEMS AND DISCOMFORT WHEN PRESENT IN HIGH CONCENTRATIONS IN INDOOR AIR.	5	9	6	2
CHRONIC POISONING FROM ARSENIC CAN CAUSE LOSS OF APPETITE AND WEIGHT, STOMACH AND INTESTINAL PROBLEMS.	2	11	9	5
NITROGEN OXIDES AFFECT LUNG FUNCTION AND CAUSE IRRITATION OF THE RESPIRATORY SYSTEM.	5	9	7	7
NICOTINE IS THE ACTIVE DRUG IN TOBACCO SMOKE AND IS ADDICTIVE.	1	11	8	8

Total Toronto

	This is new information for me	I believe this statement	This is useful information	Mark 5 statements you most prefer
CARBON MONOXIDE IS A COLOURLESS, ODOURLESS, POISONOUS GAS. AVOID INHALING.	5	24	20	16
TAR IS A STICKY, BLACK RESIDUE THAT CONTAINS HUNDREDS OF CHEMICALS AND IS ALSO KNOWN AS “CANCER CAUSING TAR”.	6	21	19	18
EXPOSURE TO HYDROGEN CYANIDE CAN LEAD TO HEADACHES, DIZZINESS, NAUSEA, VOMITING AND DEATH.	17	17	19	13
EXPOSURE TO LEAD, A HEAVY METAL, CAN LEAD TO LEAD POISONING. SMOKERS HAVE HIGHER AMOUNTS OF LEAD IN THEIR BLOOD THAN NON-SMOKERS.	18	16	13	6
4-AMINOBIPHENYL IS A BLADDER CARCINOGEN AND IS BANNED FROM COMMERCIAL USE.	27	6	12	5
NITROSAMINES ARE THE MOST POTENT CARCINOGENS FOUND IN TOBACCO SMOKE.	27	4	12	5
BENZENE IS A CARCINOGEN. CIGARETTES ARE A MAJOR SOURCES OF BENZENE.	25	8	9	0
BENZO[A]PYRENE (BAP) IS A POLYNUCLEAR AROMATIC HYDROCARBON (PAH) AND IS A SUSPECTED HUMAN CARCINOGEN. CIGARETTE SMOKERS CAN INHALE BETWEEN ONE AND TEN TIMES “NO SIGNIFICANT RISK LEVELS” OF BAP.	22	5	9	2
CADMIUM IS A HEAVY METAL AND IS A PROBABLE HUMAN CARCINOGEN. CIGARETTES ARE A MAJOR SOURCE OF CADMIUM.	26	7	12	2
FORMALDEHYDE IS A COLOURLESS GAS WITH A PUNGENT ODOUR. IT MAY CAUSE HEALTH PROBLEMS AND DISCOMFORT WHEN PRESENT IN HIGH CONCENTRATIONS IN INDOOR AIR.	15	19	15	4
CHRONIC POISONING FROM ARSENIC CAN CAUSE LOSS OF APPETITE AND WEIGHT, STOMACH AND INTESTINAL PROBLEMS.	14	18	21	12
NITROGEN OXIDES AFFECT LUNG FUNCTION AND CAUSE IRRITATION OF THE RESPIRATORY SYSTEM.	8	22	18	11
NICOTINE IS THE ACTIVE DRUG IN TOBACCO SMOKE AND IS ADDICTIVE.	2	28	22	18

Total Montreal

	This is new information for me	I believe this statement	This is useful information	Mark 5 statements you most prefer
CARBON MONOXIDE IS A COLOURLESS, ODOURLESS, POISONOUS GAS. AVOID INHALING.	2	24	9	3
TAR IS A STICKY, BLACK RESIDUE THAT CONTAINS HUNDREDS OF CHEMICALS AND IS ALSO KNOWN AS “CANCER CAUSING TAR”.	5	23	10	4
EXPOSURE TO HYDROGEN CYANIDE CAN LEAD TO HEADACHES, DIZZINESS, NAUSEA, VOMITING AND DEATH.	13	12	13	10
EXPOSURE TO LEAD, A HEAVY METAL, CAN LEAD TO LEAD POISONING. SMOKERS HAVE HIGHER AMOUNTS OF LEAD IN THEIR BLOOD THAN NON-SMOKERS.	8	18	11	7
4-AMINOBIPHENYL IS A BLADDER CARCINOGEN AND IS BANNED FROM COMMERCIAL USE.	23	5	7	11
NITROSAMINES ARE THE MOST POTENT CARCINOGENS FOUND IN TOBACCO SMOKE.	19	13	6	6
BENZENE IS A CARCINOGEN. CIGARETTES ARE A MAJOR SOURCES OF BENZENE.	18	10	8	8
BENZO[A]PYRENE (BAP) IS A POLYNUCLEAR AROMATIC HYDROCARBON (PAH) AND IS A SUSPECTED HUMAN CARCINOGEN. CIGARETTE SMOKERS CAN INHALE BETWEEN ONE AND TEN TIMES “NO SIGNIFICANT RISK LEVELS” OF BAP.	20	9	8	5
CADMIUM IS A HEAVY METAL AND IS A PROBABLE HUMAN CARCINOGEN. CIGARETTES ARE A MAJOR SOURCE OF CADMIUM.	18	12	6	5
FORMALDEHYDE IS A COLOURLESS GAS WITH A PUNGENT ODOUR. IT MAY CAUSE HEALTH PROBLEMS AND DISCOMFORT WHEN PRESENT IN HIGH CONCENTRATIONS IN INDOOR AIR.	14	13	14	6
CHRONIC POISONING FROM ARSENIC CAN CAUSE LOSS OF APPETITE AND WEIGHT, STOMACH AND INTESTINAL PROBLEMS.	13	18	13	12
NITROGEN OXIDES AFFECT LUNG FUNCTION AND CAUSE IRRITATION OF THE RESPIRATORY SYSTEM.	7	20	11	11
NICOTINE IS THE ACTIVE DRUG IN TOBACCO SMOKE AND IS ADDICTIVE.	4	22	12	14

Total Trois Rivieres

	This is new information for me	I believe this statement	This is useful information	Mark 5 statements you most prefer
CARBON MONOXIDE IS A COLOURLESS, ODOURLESS, POISONOUS GAS. AVOID INHALING.	3	21	12	8
TAR IS A STICKY, BLACK RESIDUE THAT CONTAINS HUNDREDS OF CHEMICALS AND IS ALSO KNOWN AS “CANCER CAUSING TAR”.	9	20	14	11
EXPOSURE TO HYDROGEN CYANIDE CAN LEAD TO HEADACHES, DIZZINESS, NAUSEA, VOMITING AND DEATH.	18	15	18	14
EXPOSURE TO LEAD, A HEAVY METAL, CAN LEAD TO LEAD POISONING. SMOKERS HAVE HIGHER AMOUNTS OF LEAD IN THEIR BLOOD THAN NON-SMOKERS.	18	14	11	10
4-AMINOBIPHENYL IS A BLADDER CARCINOGEN AND IS BANNED FROM COMMERCIAL USE.	25	12	13	11
NITROSAMINES ARE THE MOST POTENT CARCINOGENS FOUND IN TOBACCO SMOKE.	22	11	13	4
BENZENE IS A CARCINOGEN. CIGARETTES ARE A MAJOR SOURCES OF BENZENE.	17	14	11	3
BENZO[A]PYRENE (BAP) IS A POLYNUCLEAR AROMATIC HYDROCARBON (PAH) AND IS A SUSPECTED HUMAN CARCINOGEN. CIGARETTE SMOKERS CAN INHALE BETWEEN ONE AND TEN TIMES “NO SIGNIFICANT RISK LEVELS” OF BAP.	21	12	10	6
CADMIUM IS A HEAVY METAL AND IS A PROBABLE HUMAN CARCINOGEN. CIGARETTES ARE A MAJOR SOURCE OF CADMIUM.	21	13	9	2
FORMALDEHYDE IS A COLOURLESS GAS WITH A PUNGENT ODOUR. IT MAY CAUSE HEALTH PROBLEMS AND DISCOMFORT WHEN PRESENT IN HIGH CONCENTRATIONS IN INDOOR AIR.	18	17	15	5
CHRONIC POISONING FROM ARSENIC CAN CAUSE LOSS OF APPETITE AND WEIGHT, STOMACH AND INTESTINAL PROBLEMS.	13	17	21	12
NITROGEN OXIDES AFFECT LUNG FUNCTION AND CAUSE IRRITATION OF THE RESPIRATORY SYSTEM.	11	18	12	9
NICOTINE IS THE ACTIVE DRUG IN TOBACCO SMOKE AND IS ADDICTIVE.	2	26	18	14

Total Saskatoon

	This is new information for me	I believe this statement	This is useful information	Mark 5 statements you most prefer
CARBON MONOXIDE IS A COLOURLESS, ODOURLESS, POISONOUS GAS. AVOID INHALING.	2	26	15	14
TAR IS A STICKY, BLACK RESIDUE THAT CONTAINS HUNDREDS OF CHEMICALS AND IS ALSO KNOWN AS “CANCER CAUSING TAR”.	3	25	14	15
EXPOSURE TO HYDROGEN CYANIDE CAN LEAD TO HEADACHES, DIZZINESS, NAUSEA, VOMITING AND DEATH.	15	20	20	15
EXPOSURE TO LEAD, A HEAVY METAL, CAN LEAD TO LEAD POISONING. SMOKERS HAVE HIGHER AMOUNTS OF LEAD IN THEIR BLOOD THAN NON-SMOKERS.	13	17	14	7
4-AMINOBIPHENYL IS A BLADDER CARCINOGEN AND IS BANNED FROM COMMERCIAL USE.	27	12	14	5
NITROSAMINES ARE THE MOST POTENT CARCINOGENS FOUND IN TOBACCO SMOKE.	21	14	11	6
BENZENE IS A CARCINOGEN. CIGARETTES ARE A MAJOR SOURCES OF BENZENE.	19	18	8	3
BENZO[A]PYRENE (BAP) IS A POLYNUCLEAR AROMATIC HYDROCARBON (PAH) AND IS A SUSPECTED HUMAN CARCINOGEN. CIGARETTE SMOKERS CAN INHALE BETWEEN ONE AND TEN TIMES “NO SIGNIFICANT RISK LEVELS” OF BAP.	23	15	6	2
CADMIUM IS A HEAVY METAL AND IS A PROBABLE HUMAN CARCINOGEN. CIGARETTES ARE A MAJOR SOURCE OF CADMIUM.	19	14	7	3
FORMALDEHYDE IS A COLOURLESS GAS WITH A PUNGENT ODOUR. IT MAY CAUSE HEALTH PROBLEMS AND DISCOMFORT WHEN PRESENT IN HIGH CONCENTRATIONS IN INDOOR AIR.	11	24	13	7
CHRONIC POISONING FROM ARSENIC CAN CAUSE LOSS OF APPETITE AND WEIGHT, STOMACH AND INTESTINAL PROBLEMS.	12	24	17	17
NITROGEN OXIDES AFFECT LUNG FUNCTION AND CAUSE IRRITATION OF THE RESPIRATORY SYSTEM.	10	26	11	11
NICOTINE IS THE ACTIVE DRUG IN TOBACCO SMOKE AND IS ADDICTIVE.	5	26	12	18

Total Halifax

	This is new information for me	I believe this statement	This is useful information	Mark 5 statements you most prefer
CARBON MONOXIDE IS A COLOURLESS, ODOURLESS, POISONOUS GAS. AVOID INHALING.	4	28	17	17
TAR IS A STICKY, BLACK RESIDUE THAT CONTAINS HUNDREDS OF CHEMICALS AND IS ALSO KNOWN AS “CANCER CAUSING TAR”.	0	27	18	16
EXPOSURE TO HYDROGEN CYANIDE CAN LEAD TO HEADACHES, DIZZINESS, NAUSEA, VOMITING AND DEATH.	16	16	19	19
EXPOSURE TO LEAD, A HEAVY METAL, CAN LEAD TO LEAD POISONING. SMOKERS HAVE HIGHER AMOUNTS OF LEAD IN THEIR BLOOD THAN NON-SMOKERS.	8	23	18	14
4-AMINOBIPHENYL IS A BLADDER CARCINOGEN AND IS BANNED FROM COMMERCIAL USE.	27	8	12	4
NITROSAMINES ARE THE MOST POTENT CARCINOGENS FOUND IN TOBACCO SMOKE.	28	8	11	8
BENZENE IS A CARCINOGEN. CIGARETTES ARE A MAJOR SOURCES OF BENZENE.	20	13	16	3
BENZO[A]PYRENE (BAP) IS A POLYNUCLEAR AROMATIC HYDROCARBON (PAH) AND IS A SUSPECTED HUMAN CARCINOGEN. CIGARETTE SMOKERS CAN INHALE BETWEEN ONE AND TEN TIMES “NO SIGNIFICANT RISK LEVELS” OF BAP.	27	6	9	2
CADMIUM IS A HEAVY METAL AND IS A PROBABLE HUMAN CARCINOGEN. CIGARETTES ARE A MAJOR SOURCE OF CADMIUM.	18	14	10	5
FORMALDEHYDE IS A COLOURLESS GAS WITH A PUNGENT ODOUR. IT MAY CAUSE HEALTH PROBLEMS AND DISCOMFORT WHEN PRESENT IN HIGH CONCENTRATIONS IN INDOOR AIR.	16	15	15	7
CHRONIC POISONING FROM ARSENIC CAN CAUSE LOSS OF APPETITE AND WEIGHT, STOMACH AND INTESTINAL PROBLEMS.	11	19	17	11
NITROGEN OXIDES AFFECT LUNG FUNCTION AND CAUSE IRRITATION OF THE RESPIRATORY SYSTEM.	12	19	2	10
NICOTINE IS THE ACTIVE DRUG IN TOBACCO SMOKE AND IS ADDICTIVE.	1	28	16	16

Total Vancouver

	This is new information for me	I believe this statement	This is useful information	Mark 5 statements you most prefer
CARBON MONOXIDE IS A COLOURLESS, ODOURLESS, POISONOUS GAS. AVOID INHALING.	4	30	23	18
TAR IS A STICKY, BLACK RESIDUE THAT CONTAINS HUNDREDS OF CHEMICALS AND IS ALSO KNOWN AS “CANCER CAUSING TAR”.	4	30	19	11
EXPOSURE TO HYDROGEN CYANIDE CAN LEAD TO HEADACHES, DIZZINESS, NAUSEA, VOMITING AND DEATH.	22	24	25	23
EXPOSURE TO LEAD, A HEAVY METAL, CAN LEAD TO LEAD POISONING. SMOKERS HAVE HIGHER AMOUNTS OF LEAD IN THEIR BLOOD THAN NON-SMOKERS.	11	28	22	20
4-AMINOBIPHENYL IS A BLADDER CARCINOGEN AND IS BANNED FROM COMMERCIAL USE.	34	16	16	7
NITROSAMINES ARE THE MOST POTENT CARCINOGENS FOUND IN TOBACCO SMOKE.	33	15	11	6
BENZENE IS A CARCINOGEN. CIGARETTES ARE A MAJOR SOURCES OF BENZENE.	26	23	11	4
BENZO[A]PYRENE (BAP) IS A POLYNUCLEAR AROMATIC HYDROCARBON (PAH) AND IS A SUSPECTED HUMAN CARCINOGEN. CIGARETTE SMOKERS CAN INHALE BETWEEN ONE AND TEN TIMES “NO SIGNIFICANT RISK LEVELS” OF BAP.	30	15	8	4
CADMIUM IS A HEAVY METAL AND IS A PROBABLE HUMAN CARCINOGEN. CIGARETTES ARE A MAJOR SOURCE OF CADMIUM.	24	22	13	6
FORMALDEHYDE IS A COLOURLESS GAS WITH A PUNGENT ODOUR. IT MAY CAUSE HEALTH PROBLEMS AND DISCOMFORT WHEN PRESENT IN HIGH CONCENTRATIONS IN INDOOR AIR.	13	30	19	12
CHRONIC POISONING FROM ARSENIC CAN CAUSE LOSS OF APPETITE AND WEIGHT, STOMACH AND INTESTINAL PROBLEMS.	17	28	20	15
NITROGEN OXIDES AFFECT LUNG FUNCTION AND CAUSE IRRITATION OF THE RESPIRATORY SYSTEM.	14	29	19	19
NICOTINE IS THE ACTIVE DRUG IN TOBACCO SMOKE AND IS ADDICTIVE.	4	34	20	16

Total Teens

	This is new information for me	I believe this statement	This is useful information	Mark 5 statements you most prefer
CARBON MONOXIDE IS A COLOURLESS, ODOURLESS, POISONOUS GAS. AVOID INHALING.	9	51	27	25
TAR IS A STICKY, BLACK RESIDUE THAT CONTAINS HUNDREDS OF CHEMICALS AND IS ALSO KNOWN AS “CANCER CAUSING TAR”.	9	49	32	28
EXPOSURE TO HYDROGEN CYANIDE CAN LEAD TO HEADACHES, DIZZINESS, NAUSEA, VOMITING AND DEATH.	40	31	41	39
EXPOSURE TO LEAD, A HEAVY METAL, CAN LEAD TO LEAD POISONING. SMOKERS HAVE HIGHER AMOUNTS OF LEAD IN THEIR BLOOD THAN NON-SMOKERS.	23	42	28	18
4-AMINOBIPHENYL IS A BLADDER CARCINOGEN AND IS BANNED FROM COMMERCIAL USE.	56	22	25	21
NITROSAMINES ARE THE MOST POTENT CARCINOGENS FOUND IN TOBACCO SMOKE.	49	25	20	10
BENZENE IS A CARCINOGEN. CIGARETTES ARE A MAJOR SOURCES OF BENZENE.	36	37	17	9
BENZO[A]PYRENE (BAP) IS A POLYNUCLEAR AROMATIC HYDROCARBON (PAH) AND IS A SUSPECTED HUMAN CARCINOGEN. CIGARETTE SMOKERS CAN INHALE BETWEEN ONE AND TEN TIMES “NO SIGNIFICANT RISK LEVELS” OF BAP.	47	24	14	9
CADMIUM IS A HEAVY METAL AND IS A PROBABLE HUMAN CARCINOGEN. CIGARETTES ARE A MAJOR SOURCE OF CADMIUM.	41	27	18	5
FORMALDEHYDE IS A COLOURLESS GAS WITH A PUNGENT ODOUR. IT MAY CAUSE HEALTH PROBLEMS AND DISCOMFORT WHEN PRESENT IN HIGH CONCENTRATIONS IN INDOOR AIR.	36	37	30	18
CHRONIC POISONING FROM ARSENIC CAN CAUSE LOSS OF APPETITE AND WEIGHT, STOMACH AND INTESTINAL PROBLEMS.	32	38	40	28
NITROGEN OXIDES AFFECT LUNG FUNCTION AND CAUSE IRRITATION OF THE RESPIRATORY SYSTEM.	22	46	31	25
NICOTINE IS THE ACTIVE DRUG IN TOBACCO SMOKE AND IS ADDICTIVE.	8	55	38	28

Total Teens (Ages 14 to 16)

	This is new information for me	I believe this statement	This is useful information	Mark 5 statements you most prefer
CARBON MONOXIDE IS A COLOURLESS, ODOURLESS, POISONOUS GAS. AVOID INHALING.	5	25	12	11
TAR IS A STICKY, BLACK RESIDUE THAT CONTAINS HUNDREDS OF CHEMICALS AND IS ALSO KNOWN AS “CANCER CAUSING TAR”.	8	22	16	13
EXPOSURE TO HYDROGEN CYANIDE CAN LEAD TO HEADACHES, DIZZINESS, NAUSEA, VOMITING AND DEATH.	20	18	22	22
EXPOSURE TO LEAD, A HEAVY METAL, CAN LEAD TO LEAD POISONING. SMOKERS HAVE HIGHER AMOUNTS OF LEAD IN THEIR BLOOD THAN NON-SMOKERS.	15	21	12	10
4-AMINOBIPHENYL IS A BLADDER CARCINOGEN AND IS BANNED FROM COMMERCIAL USE.	30	12	14	13
NITROSAMINES ARE THE MOST POTENT CARCINOGENS FOUND IN TOBACCO SMOKE.	27	10	12	6
BENZENE IS A CARCINOGEN. CIGARETTES ARE A MAJOR SOURCES OF BENZENE.	20	18	8	4
BENZO[A]PYRENE (BAP) IS A POLYNUCLEAR AROMATIC HYDROCARBON (PAH) AND IS A SUSPECTED HUMAN CARCINOGEN. CIGARETTE SMOKERS CAN INHALE BETWEEN ONE AND TEN TIMES “NO SIGNIFICANT RISK LEVELS” OF BAP.	25	10	8	6
CADMIUM IS A HEAVY METAL AND IS A PROBABLE HUMAN CARCINOGEN. CIGARETTES ARE A MAJOR SOURCE OF CADMIUM.	21	12	11	3
FORMALDEHYDE IS A COLOURLESS GAS WITH A PUNGENT ODOUR. IT MAY CAUSE HEALTH PROBLEMS AND DISCOMFORT WHEN PRESENT IN HIGH CONCENTRATIONS IN INDOOR AIR.	18	20	16	11
CHRONIC POISONING FROM ARSENIC CAN CAUSE LOSS OF APPETITE AND WEIGHT, STOMACH AND INTESTINAL PROBLEMS.	18	18	21	14
NITROGEN OXIDES AFFECT LUNG FUNCTION AND CAUSE IRRITATION OF THE RESPIRATORY SYSTEM.	13	22	18	13
NICOTINE IS THE ACTIVE DRUG IN TOBACCO SMOKE AND IS ADDICTIVE.	5	28	20	17

Total Teens (Ages 17 to 19)

	This is new information for me	I believe this statement	This is useful information	Mark 5 statements you most prefer
CARBON MONOXIDE IS A COLOURLESS, ODOURLESS, POISONOUS GAS. AVOID INHALING.	4	26	15	14
TAR IS A STICKY, BLACK RESIDUE THAT CONTAINS HUNDREDS OF CHEMICALS AND IS ALSO KNOWN AS “CANCER CAUSING TAR”.	1	27	16	15
EXPOSURE TO HYDROGEN CYANIDE CAN LEAD TO HEADACHES, DIZZINESS, NAUSEA, VOMITING AND DEATH.	20	13	19	17
EXPOSURE TO LEAD, A HEAVY METAL, CAN LEAD TO LEAD POISONING. SMOKERS HAVE HIGHER AMOUNTS OF LEAD IN THEIR BLOOD THAN NON-SMOKERS.	8	21	16	8
4-AMINOBIPHENYL IS A BLADDER CARCINOGEN AND IS BANNED FROM COMMERCIAL USE.	26	10	11	8
NITROSAMINES ARE THE MOST POTENT CARCINOGENS FOUND IN TOBACCO SMOKE.	22	15	8	4
BENZENE IS A CARCINOGEN. CIGARETTES ARE A MAJOR SOURCES OF BENZENE.	16	19	9	5
BENZO[A]PYRENE (BAP) IS A POLYNUCLEAR AROMATIC HYDROCARBON (PAH) AND IS A SUSPECTED HUMAN CARCINOGEN. CIGARETTE SMOKERS CAN INHALE BETWEEN ONE AND TEN TIMES “NO SIGNIFICANT RISK LEVELS” OF BAP.	22	14	6	3
CADMIUM IS A HEAVY METAL AND IS A PROBABLE HUMAN CARCINOGEN. CIGARETTES ARE A MAJOR SOURCE OF CADMIUM.	20	15	7	2
FORMALDEHYDE IS A COLOURLESS GAS WITH A PUNGENT ODOUR. IT MAY CAUSE HEALTH PROBLEMS AND DISCOMFORT WHEN PRESENT IN HIGH CONCENTRATIONS IN INDOOR AIR.	18	17	14	7
CHRONIC POISONING FROM ARSENIC CAN CAUSE LOSS OF APPETITE AND WEIGHT, STOMACH AND INTESTINAL PROBLEMS.	14	20	19	14
NITROGEN OXIDES AFFECT LUNG FUNCTION AND CAUSE IRRITATION OF THE RESPIRATORY SYSTEM.	9	23	13	12
NICOTINE IS THE ACTIVE DRUG IN TOBACCO SMOKE AND IS ADDICTIVE.	3	27	18	14

Total Adult Smokers

	This is new information for me	I believe this statement	This is useful information	Mark 5 statements you most prefer
CARBON MONOXIDE IS A COLOURLESS, ODOURLESS, POISONOUS GAS. AVOID INHALING.	11	102	69	51
TAR IS A STICKY, BLACK RESIDUE THAT CONTAINS HUNDREDS OF CHEMICALS AND IS ALSO KNOWN AS “CANCER CAUSING TAR”.	18	97	62	50
EXPOSURE TO HYDROGEN CYANIDE CAN LEAD TO HEADACHES, DIZZINESS, NAUSEA, VOMITING AND DEATH.	61	73	73	55
EXPOSURE TO LEAD, A HEAVY METAL, CAN LEAD TO LEAD POISONING. SMOKERS HAVE HIGHER AMOUNTS OF LEAD IN THEIR BLOOD THAN NON-SMOKERS.	53	77	61	44
4-AMINOBIPHENYL IS A BLADDER CARCINOGEN AND IS BANNED FROM COMMERCIAL USE.	106	37	49	22
NITROSAMINES ARE THE MOST POTENT CARCINOGENS FOUND IN TOBACCO SMOKE.	101	40	42	27
BENZENE IS A CARCINOGEN. CIGARETTES ARE A MAJOR SOURCES OF BENZENE.	89	49	46	12
BENZO[A]PYRENE (BAP) IS A POLYNUCLEAR AROMATIC HYDROCARBON (PAH) AND IS A SUSPECTED HUMAN CARCINOGEN. CIGARETTE SMOKERS CAN INHALE BETWEEN ONE AND TEN TIMES “NO SIGNIFICANT RISK LEVELS” OF BAP.	96	36	36	12
CADMIUM IS A HEAVY METAL AND IS A PROBABLE HUMAN CARCINOGEN. CIGARETTES ARE A MAJOR SOURCE OF CADMIUM.	85	55	35	18
FORMALDEHYDE IS A COLOURLESS GAS WITH A PUNGENT ODOUR. IT MAY CAUSE HEALTH PROBLEMS AND DISCOMFORT WHEN PRESENT IN HIGH CONCENTRATIONS IN INDOOR AIR.	51	81	61	23
CHRONIC POISONING FROM ARSENIC CAN CAUSE LOSS OF APPETITE AND WEIGHT, STOMACH AND INTESTINAL PROBLEMS.	48	86	69	51
NITROGEN OXIDES AFFECT LUNG FUNCTION AND CAUSE IRRITATION OF THE RESPIRATORY SYSTEM.	40	89	53	46
NICOTINE IS THE ACTIVE DRUG IN TOBACCO SMOKE AND IS ADDICTIVE.	10	108	87	68

Total Adult Light Smokers

	This is new information for me	I believe this statement	This is useful information	Mark 5 statements you most prefer
CARBON MONOXIDE IS A COLOURLESS, ODOURLESS, POISONOUS GAS. AVOID INHALING.	5	54	35	26
TAR IS A STICKY, BLACK RESIDUE THAT CONTAINS HUNDREDS OF CHEMICALS AND IS ALSO KNOWN AS “CANCER CAUSING TAR”.	6	49	30	21
EXPOSURE TO HYDROGEN CYANIDE CAN LEAD TO HEADACHES, DIZZINESS, NAUSEA, VOMITING AND DEATH.	29	40	40	32
EXPOSURE TO LEAD, A HEAVY METAL, CAN LEAD TO LEAD POISONING. SMOKERS HAVE HIGHER AMOUNTS OF LEAD IN THEIR BLOOD THAN NON-SMOKERS.	24	44	32	22
4-AMINOBIPHENYL IS A BLADDER CARCINOGEN AND IS BANNED FROM COMMERCIAL USE.	53	18	28	13
NITROSAMINES ARE THE MOST POTENT CARCINOGENS FOUND IN TOBACCO SMOKE.	53	19	20	13
BENZENE IS A CARCINOGEN. CIGARETTES ARE A MAJOR SOURCES OF BENZENE.	40	25	26	7
BENZO[A]PYRENE (BAP) IS A POLYNUCLEAR AROMATIC HYDROCARBON (PAH) AND IS A SUSPECTED HUMAN CARCINOGEN. CIGARETTE SMOKERS CAN INHALE BETWEEN ONE AND TEN TIMES “NO SIGNIFICANT RISK LEVELS” OF BAP.	44	23	23	7
CADMIUM IS A HEAVY METAL AND IS A PROBABLE HUMAN CARCINOGEN. CIGARETTES ARE A MAJOR SOURCE OF CADMIUM.	38	32	24	12
FORMALDEHYDE IS A COLOURLESS GAS WITH A PUNGENT ODOUR. IT MAY CAUSE HEALTH PROBLEMS AND DISCOMFORT WHEN PRESENT IN HIGH CONCENTRATIONS IN INDOOR AIR.	22	45	33	14
CHRONIC POISONING FROM ARSENIC CAN CAUSE LOSS OF APPETITE AND WEIGHT, STOMACH AND INTESTINAL PROBLEMS.	24	43	37	28
NITROGEN OXIDES AFFECT LUNG FUNCTION AND CAUSE IRRITATION OF THE RESPIRATORY SYSTEM.	18	47	30	25
NICOTINE IS THE ACTIVE DRUG IN TOBACCO SMOKE AND IS ADDICTIVE.	4	55	33	26

Total Adult Heavy Smokers

	This is new information for me	I believe this statement	This is useful information	Mark 5 statements you most prefer
CARBON MONOXIDE IS A COLOURLESS, ODOURLESS, POISONOUS GAS. AVOID INHALING.	6	48	34	25
TAR IS A STICKY, BLACK RESIDUE THAT CONTAINS HUNDREDS OF CHEMICALS AND IS ALSO KNOWN AS “CANCER CAUSING TAR”.	12	48	32	29
EXPOSURE TO HYDROGEN CYANIDE CAN LEAD TO HEADACHES, DIZZINESS, NAUSEA, VOMITING AND DEATH.	32	33	33	23
EXPOSURE TO LEAD, A HEAVY METAL, CAN LEAD TO LEAD POISONING. SMOKERS HAVE HIGHER AMOUNTS OF LEAD IN THEIR BLOOD THAN NON-SMOKERS.	29	33	29	22
4-AMINOBIPHENYL IS A BLADDER CARCINOGEN AND IS BANNED FROM COMMERCIAL USE.	53	19	21	9
NITROSAMINES ARE THE MOST POTENT CARCINOGENS FOUND IN TOBACCO SMOKE.	48	21	22	14
BENZENE IS A CARCINOGEN. CIGARETTES ARE A MAJOR SOURCES OF BENZENE.	49	24	20	5
BENZO[A]PYRENE (BAP) IS A POLYNUCLEAR AROMATIC HYDROCARBON (PAH) AND IS A SUSPECTED HUMAN CARCINOGEN. CIGARETTE SMOKERS CAN INHALE BETWEEN ONE AND TEN TIMES “NO SIGNIFICANT RISK LEVELS” OF BAP.	52	13	13	5
CADMIUM IS A HEAVY METAL AND IS A PROBABLE HUMAN CARCINOGEN. CIGARETTES ARE A MAJOR SOURCE OF CADMIUM.	47	23	11	6
FORMALDEHYDE IS A COLOURLESS GAS WITH A PUNGENT ODOUR. IT MAY CAUSE HEALTH PROBLEMS AND DISCOMFORT WHEN PRESENT IN HIGH CONCENTRATIONS IN INDOOR AIR.	29	36	28	9
CHRONIC POISONING FROM ARSENIC CAN CAUSE LOSS OF APPETITE AND WEIGHT, STOMACH AND INTESTINAL PROBLEMS.	24	43	32	23
NITROGEN OXIDES AFFECT LUNG FUNCTION AND CAUSE IRRITATION OF THE RESPIRATORY SYSTEM.	22	42	23	21
NICOTINE IS THE ACTIVE DRUG IN TOBACCO SMOKE AND IS ADDICTIVE.	6	53	54	42