
Creative Concept Testing for Health Warning Messages

Final Report

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Background

Health Canada's Tobacco Control Programme (TCP) has awarded a contract to M5 Marketing Communications to undertake the development and design of new health warnings and health-related messages for possible display on tobacco product packaging, and new health-related notices to accompany tobacco product advertisements.

The purpose of the health warnings, health-related messages and health-related notices is to:

- Inform users and non-users about tobacco products and their emissions and the health hazards and health effects arising from tobacco use;
- Encourage cessation; and
- Encourage avoidance of the use of tobacco products where they can harm others.

Health Canada plans on using the new health warnings, health-related messages and health-related notices when developing future labelling and promotion regulations for tobacco products.

New warnings and messages are expected to be developed on seven themes: (1) Addiction, (2) Health impacts from (a) smoking tobacco (b) from second hand smoke (c) from pre- and post-natal smoking (d) from smokeless tobacco use, (3) Toxic constituents/emissions (including environmental tobacco smoke), (4) Smoking attributable mortality, (5) Cessation, (6) Youth access and (7) Youth tobacco use prevention.

Study Objectives

Health Canada was interested in testing new concepts for health warnings compared to warnings currently found on tobacco product packaging. To this end, it commissioned Corporate Research Associates, Inc. (CRA) to conduct qualitative research with two segments of people: youth smokers aged 18 to 24 and older adults 25 years of age and older. The purpose of the research was to explore some proposed creative ideas to determine if the concepts:

- Are credible and relevant with the segmented audiences;
- Appeal and are sensitive to the cultural and emotional sensitivities of the above audiences;
- Have memorable impact in the minds of the above audiences.

This report presents detailed findings of the study, conclusions and recommendations drawn from the findings, an executive summary, and details with respect to the selected methodology. Working documents are appended to this report and include the recruitment screener (Appendix A), the moderator's guide (Appendix B), exercise sheets used during the focus groups (Appendix C), and creative concepts (Appendix D).



Research Methodology

To meet research objectives, a total of 4 focus groups were conducted with smokers across two locations – Halifax (English) and Montreal (French). In each location one group was held with each of the following:

- Youth: Smokers 18-24 years of age
- Adults: Smokers 25 years of age and older.

Otherwise participants reflected a mixture of demographics including gender, income and education levels.

Ten participants were recruited for each group, with 27 participants actually attending. Group discussion lasted approximately two hours on average and participants were provided with a monetary incentive (\$50 in Halifax and \$60 in Montreal) in appreciation for their time.

Context of Qualitative Research

Focus group discussions are intended as moderator-directed, informal, non-threatening discussions with participants whose characteristics, habits and attitudes are considered relevant to the topic of discussion. The primary benefits of focus group discussions are that they allow for in-depth probing with qualifying participants on behavioural habits, usage patterns, perceptions and attitudes related to the subject matter. The group discussion allows for flexibility in exploring other areas that may be pertinent to the investigation. Focus groups allow for a more complete understanding of the segment in that the thoughts or feelings are expressed in the participants' "own language" and at their "own levels of passion."

The focus group technique is used in marketing research as a means of developing insight and direction, rather than collecting quantitatively precise data or absolute measures. Due to the inherent biases in the technique, the data should not be projected to any universe of individuals.



Executive Summary

The findings from this **Creative Concept Testing for Health Warning Messages** suggest that there are several important considerations for the final creative development.

Reactions to the creatives presented demonstrate that many have notable merit in further development, and the insights generated can be applied in strengthening the entire set of health warning messages.

The findings suggest the ideas should be sufficiently **differentiated** from past creative ideas to generate attention. This includes being distinct not only from past health warning messages on cigarette packaging, but also television and media campaigns. Participants sometimes made comments about having seen similar ideas before and indicated this would make them less likely to notice packaging based on the same idea.

It also appears that messages have to be **credible** and **supported** by facts and visual depictions wherever possible. Lack of credibility was often a reason for participants disliking a particular concept. Participants were sometimes quick to discount health effects that could be attributable to some cause other than smoking or they believed the health effects seemed relatively unlikely. In other words, anything too extreme might not be seen as credible. Comments suggest some tweaking could make certain concepts more credible.

Relevancy is also a key consideration, with participants often reacting most strongly to concepts that had some personal relevance to them. Parents, for example, were more disturbed than others by concepts that brought home the suggestion of their children having to be without them if they were to die from smoking. For others, images of children were less impactful as they did not have young children. For younger participants, the portrayal of older people in different concepts held little appeal for them. Younger participants also have less consideration at this point in time for the longer-term health effects (and more so for costs and appearance), especially since they often planned to quit before they became much older. This could suggest that concepts aimed at reaching younger people need to reflect not only youthful images, but also their viewpoint.

From a message perspective, different approaches were successful in reaching participants. Approaches that had strong **emotional appeal** (such as showing impact on families and children) often garnered notice and generated thoughts about the effects of smoking. Other **graphic approaches** showing dramatic negative health effects, although not necessarily liked, were effective in garnering notice among a number of participants. That said, some participants chose to ignore concepts that were too disturbing to them. This seems to indicate this approach will perhaps stay with participants, but be avoided by others.

Concepts with an **informational approach** that relays information also gained notice. However, key to this approach was presenting information in a new and concrete way. In addition, some participants felt this type of approach was less judgemental and, therefore, the message less at risk of being tuned out by some that ignore disturbing messages.



Messages that conveyed a **sense of hope** received positive reactions, especially from those Montreal participants who felt criticized for their behaviour. On the other hand, they were not as successful in having a memorable impact on other participants or in making participants think about the health consequences of smoking. Of note, one concept that was more successful in this regard was ‘your lungs can be pink again’, which was graphic enough to generate thought, but also gave a sense of hope regarding repairing damage. This suggests that this approach can be used, but needs to be sufficiently strong to generate consideration of smoking behaviour.

Finally, it should be noted that command-type messages were disliked by a number of Montreal participants. This perhaps suggests that such wording should be avoided in messages.



Sommaire

Les conclusions tirées de cette évaluation du **Concept créatif pour les messages de mise en garde relatifs à la santé** donnent à penser qu'il faut tenir compte de plusieurs facteurs importants pour mener à terme le développement de la création. Les réactions aux concepts créatifs présentés montrent que nombre d'entre eux offrent un potentiel de développement et que l'information recueillie permettra de consolider l'ensemble des messages de mise en garde relatifs à la santé.

Les conclusions portent à croire que les idées créatives devraient être suffisamment **différenciées** d'anciennes idées dans le but d'attirer l'attention. Cela indique qu'il ne suffit pas d'être simplement distinct des approches antérieures en ce qui a trait aux mises en garde contre les dangers pour la santé apparaissant sur les paquets de cigarettes, mais de l'être aussi des campagnes médias et télévisuelles à cet égard. Les participants ont parfois observé qu'ils avaient déjà eu vent d'idées du même ordre et qu'il était peu probable qu'ils remarquent l'emballage des paquets de cigarettes porteur de la même idée.

En outre, il semble que les messages doivent être **crédibles** et **corroborés** par des faits et des représentations graphiques, le cas échéant. Le manque de crédibilité était souvent l'une des raisons évoquées par les participants qui n'aimaient pas un concept en particulier. Il est arrivé parfois que les participants écartent rapidement les effets sur la santé pouvant être attribuables à des causes autres que le tabagisme ou bien s'ils croyaient que ces effets étaient relativement peu probables. Autrement dit, toute tentative trop drastique ne serait pas crédible. Les commentaires reçus permettent toutefois de croire qu'une modification mineure de certains concepts pourrait les rendre crédibles.

Par ailleurs, la **pertinence** est également un facteur important dont tiennent compte les participants qui réagissent souvent le plus fortement aux concepts qui leur semblent plus pertinents. Les parents, par exemple, étaient plus ébranlés que d'autres par des concepts qui leur donnaient à penser que leurs enfants devraient se débrouiller sans eux s'ils devaient mourir d'une maladie attribuable au tabagisme. Ces images avaient un effet moindre chez d'autres participants qui n'ont pas de jeunes enfants. L'image de personnes âgées selon plusieurs concepts présentait très peu d'intérêt auprès des participants moins âgés. Ces derniers étaient également moins préoccupés par la question des effets sur la santé à long terme de l'usage de tabac (que les coûts et l'apparence), surtout parce qu'ils planifient souvent de cesser de fumer avant de devenir beaucoup plus vieux. Ces constats semblent indiquer que les concepts destinés aux fumeurs plus jeunes doivent non seulement être à leur image, mais ils doivent également rendre compte de leur point de vue.

En ce qui a trait au message, il semble que les diverses approches aient réussi à rejoindre les participants. Celles ayant une importante **emprise au plan affectif** puisqu'elles font appel aux sentiments (par exemple l'incidence de la consommation de tabac sur les familles et les enfants) captaient leur attention et suscitaient fréquemment la réflexion à propos des effets du tabac. D'autres **approches graphiques** montrant les effets négatifs du tabac sur la santé



se sont avérées efficaces pour un certain nombre de participants bien qu'elles n'aient pas nécessairement été appréciées en général. Cela dit, certains participants ont préféré ignorer les concepts qui les perturbaient, ce qui semble indiquer que ce genre d'approche plaira à certains participants et que d'autres n'en tiendront pas compte.

Les concepts présentés mettant **l'accent sur l'information** ont aussi été remarqués par les participants. Toutefois, la clé de cette approche consiste à présenter l'information d'une façon nouvelle et concrète. De plus, certains participants ont estimé que ce type d'approche était moins moralisatrice; il y avait donc moins de risque que le message perde tout intérêt pour ceux ne voulant pas tenir compte des messages troublants.

Les messages qui véhiculaient un **sentiment d'espoir** ont été accueillis positivement, en particulier de la part des participants de Montréal qui avaient l'impression que leur comportement faisait l'objet d'une critique. D'autre part, ces messages n'ont pas eu un effet inoubliable sur d'autres participants ou n'ont pas suscité de réflexion quant aux conséquences du tabagisme sur la santé. L'un des concepts qui a été notamment mieux reçu à ce propos portait sur le fait que « vos poumons peuvent être roses de nouveau », un concept suffisamment explicite pour susciter la réflexion, mais aussi pour procurer un sentiment d'espoir concernant la réparation des lésions aux poumons causées par le tabagisme. Cette constatation semble indiquer que cette approche peut être utilisée, mais elle doit être suffisamment forte pour susciter la réflexion sur le tabagisme.

En conclusion, il faudrait noter qu'un nombre de participants montréalais n'ont pas aimé les messages plutôt directifs. Cette réaction laisse donc croire que ce genre de libellé devrait être évité.



Conclusions

The following conclusions are derived from the detailed findings of the Study.

- ***Considerations regarding smoking differ somewhat between younger and older smokers and between locations.***

Participants confirmed they give some thought to the health effects of smoking, but this was probably more so among English group participants than among French group participants. On the other hand, French group participants reported feeling more social pressure to think about their smoking. They felt marginalized as smokers because smoking is no longer widely acceptable.

Younger participants are more cognizant of costs and effects on appearance (e.g., smell on clothes) than older participants. The social context of smoking is also a key influencer at this point in time for younger smokers. Of note, younger smokers generally did not plan on being long-term smokers.

Some older smokers also gave thought to quitting. Of note, some parents are more concerned about the effects their absence would have on their children, rather than being concerned about themselves personally.

When it comes to second-hand smoke, most participants are cognizant of it and avoid exposing others. The exception would be some younger participants in Montreal.

- ***While some past health warning messages stand out, their impact has diminished and they are sometimes avoided altogether.***

Although not the primary objectives of current testing, participants recalled a number of past health warning messages from cigarette packages including several outlining the health outcomes, along with smoking during pregnancy and (for youth in particular) the diseased mouth. These were all very visual approaches and the images are what smokers clearly recall. The novelty of health warning messages was an important element, with messages having more impact when they are new. For a number of participants, especially in Montreal, messages that are too disturbing were simply avoided when purchasing cigarette packs.



- ***Findings suggest a number of key elements should be considered for the renewed health warning messages.***

Through participants' reactions to the 17 creative concepts, several overarching considerations for the creatives were revealed. Findings seem to indicate the creatives need to be sufficiently **differentiated** from creatives that have been used in the past. They also imply that there is a need for creatives to be **credible** and realistic. In this regard, it is important that clear supporting facts and images be used to communicate the impact of smoking on individuals' health in comparison to other affecting factors (e.g., pollution, etc.).

Personal relevancy also appears to be important and, in this regard, it is not surprising that participants reacted differently depending on the level of personal relevance. Some concepts were more directly relevant to a more narrow audience (e.g., parents), while others applied to all smokers and were relevant to a broader audience.

Otherwise, a variety of approaches have merit in reaching different people. Approaches that provide **new and concrete information**, ones that have a strong **emotional and visual element** (i.e., shock), and ones that give a **sense of hope** each appear to reach a number of people. On the other hand, directive messages that told participants what to do were responded to negatively. In addition, some participants responded very negatively to those with overly shocking visuals, stating they would avoid these visuals. At the same time, these visuals clearly had significant impact on participants.



Implications for Creative Development

From this study, several implications for the creative development were derived and are put forth for consideration.

1. Development of the final creatives should consider their distinctiveness from existing concepts.

Concepts that were considered too similar to existing concepts generally did not receive significant notice and participants clearly articulated that new ideas would garner their notice more. Further, it is important to note that ideas are compared not only to current health warning messages on cigarette packages, but also to other campaigns, whether on television or print. This points to the need for new ideas to be unique from existing ones.

2. In order to reach younger people, some of the creative concepts should reflect their age group and their beliefs and concerns.

Younger participants had somewhat different concerns when it comes to smoking. More specifically, it is more difficult for them to think of dying at a distant point in the future and they are more caught up in cost and effects on appearance. This suggests that the health effects of smoking on young people (perhaps at an earlier age than they realize) need to be made more of a reality to them through some of the concepts.

On another note, there was some concern among younger participants (as well as among some older ones) regarding the effects of smoking on their ability to participate in physical activities. Thus, messages regarding impacts on cardiovascular health could potentially reach the segment concerned about their physical fitness.

Participants also referred to their desire to quit by a certain age. The realities of the challenges of actually quitting at that time could be emphasised.

3. Different types of messages would reach the broadest cross section of smokers.

It is evident from the variety of concepts tested that different approaches have merit. Approaches that have strong emotional appeal by showing consequences of smoking on one's own health and on one's family clearly are noticeable and memorable for many. That said, other participants will avoid messages that have such a strong content of illness and death.

Informational approaches also appear to have merit. This is particularly true for messages that conveyed new factual information or those that portrayed information in concrete terms that were familiar to participants (e.g., arsenic/rat poison).



There were also positive reactions to some of the messages that conveyed a sense of hope and empowerment. This made participants feel optimistic that they could quit in the future. That said, while inspiring and reinforcing, these approaches did not necessarily make people think enough about the health consequences of smoking to quit. This could suggest that this approach needs to be strengthened with a complement of stronger content regarding health outcomes. For example, this approach was more effective when participants thought that damage done could be repaired (your lungs could be pink again), if supported by statistical data.

Generally speaking, command-type messages should perhaps be avoided as many participants, specifically those in Montreal, reacted negatively to this approach.

4. Concepts should be concrete and have appropriate supporting information.

It is evident from focus group discussions that participants will often argue against the health impacts from smoking. Given this, it is perhaps important to make linkages between smoking and health effects as concrete as possible. This includes providing appropriate supporting factual information, as well as including visuals of health outcomes that can not be easily attributed to other factors.



Key Findings

Smoking Background

Considerations regarding smoking differ somewhat between younger and older smokers and between locations.

Length of Time Smoking

Participants represented a range in terms of how long they have been smoking. As would be expected, those in the older age groups had a longer smoking history ranging from 10 to more than 40 years. Those 18 to 24 had much shorter histories ranging from 2 to 13 years. Of note, a couple of younger smokers mentioned that they have been regular smokers for only a few months, but had been occasional smokers for longer.

Thoughts about Smoking

In order to provide some context to participants' reactions, the extent to which they thought about smoking and its effects was briefly explored. Discussions indicated there was some consideration given to the health effects of smoking across age groups and locations. That said, English speaking participants appeared to give more thought to the health consequences of smoking than French speaking participants.

"The older you get the more you think about it, I didn't think about it when I was younger, but say in the last 5 years or more, I think about it more, a lot more."

"Je joue au hockey et même la cigarette, ça n'affecte pas mon rendement." (I play hockey and cigarette does not affect my performance.)

Participants reported thinking about a variety of things when it comes to smoking. This included health related illnesses such as cancer, heart disease and stroke (older only). Of note, there was clearly a difference between younger and older groups on two elements – younger participants gave much more thought to 1) the cost of smoking and 2) physical appearance. The latter included the smell of smoke on clothes and hair and yellowing of fingers.

"I hate the smell on your hair and your clothes."

"[Reason why quit in past was] The people that I knew who was sick with cancer and I couldn't afford it, but mostly because I couldn't afford it because I was a student."



In terms of influences, smoking clearly played an important role in the social life of younger English-speaking participants, which made it more difficult to consider quitting at the current time. They indicated that it is difficult to not smoke in some social situations, especially with summer coming up when they are likely to be in a lot of settings they associate with smoking (e.g., camping, out with friends). Fewer French-speaking participants shared similar views.

“I am contemplating quitting but I know there is things I am going to want to be doing this summer.”

Some younger participants also discussed the effects on their physical fitness capacity. They described how they were bothered by not being as physically fit to participate in physical activities as they could be. Such comments were also provided by a number of older participants in Montreal.

“When I am running it kind of bothers me some times, what would I be like if I didn’t smoke.”

“Je suis rendu à 58 ans et ça fait 44 ans que je fume. Je commence à manquer de souffle, surtout quand je fais de la bicyclette.” (I am 58 years old and I have been smoking for 44 years. I am starting to be short of breath, especially when I bike.)

Participants in most groups (to a lesser extent among younger Montreal participants) were conscious of second-hand smoke and concerned about not exposing others, particularly, children to second-hand smoke. It is important to note that most participants reported avoiding exposing their children to smoke by smoking outside. This would suggest there is not widespread awareness of the residual chemicals on clothes. Of note, some participants with children, while not concerned about second-hand smoke since they took precautions to not smoke around their children, were concerned about the effects on their children if something happened to them.

“[I think about] my little ones mostly, something happening to me.”

Another motivation for smoking/not quitting raised in both age segments was dealing with stress. When there is stress in a person’s life this makes it more difficult to quit. Another mention by a younger participant was the fear of failure – trying to quit and not being able to do so.

Montreal participants also discussed how they have been marginalized as smokers. Smoking is no longer widely accepted and this actually puts some pressure on them to think about their smoking habits. The increasingly negative social pressure bothered these participants. This was not raised during the groups in Halifax, where perhaps participants have become more accustomed to not being able to smoke in public.



“De plus en plus, ... je suis rendue gênée de fumer. On est rendu pointé du doigt comme si on était des imbéciles incapables d’arrêter pis comme si on aimait ça et qu’on se fiche de sentir la cigarette. Nulle part, il n’y a personne pour leur rappeler que c’est vraiment difficile d’arrêter.” (More and more... I am ashamed of smoking. They point the finger at us as if we were stupid, not able to stop (smoking), as if we liked it and that we do not care if we smell cigarette. Nowhere, there is no one to remind them that it is really difficult to stop (smoking).)

Altogether, several participants in both age segments gave thought to quitting. It is interesting to note that younger participants generally did not plan on smoking forever and saw themselves quitting at some point in the future. Quitting intentions was more prevalent among Halifax participants than in Montreal.

“I always say I am going to quit by the time I am 30.”

“J’y pense assez souvent, mon grand-père est mort à 40 ans a cause qu’il fumait et ça m’a toujours fait de quoi, de savoir que ça peut t’enlever 20 ans de ta vie.” (I think about it quite often, my grand father died at 40 years old because he smoked and it always bothers me, to know that it can take 20 years off your life.)

Past Messages

While some past health warning messages stand out, their impact has diminished and they are sometimes avoided altogether.

Participants’ level of attention to previous health warning messages was also explored as part of understanding their reactions. Most participants, both young and old, did report noticing health messages on cigarette packs. That said, they also indicated that they typically only did so when messages were new and that they pay less attention to them once they have been out for a while. Therefore, while garnering notice and credible, they did not feel the messages had a lasting impact on their smoking habits.

“I know the risks, whatever is on the package doesn’t make a big difference.”

“I think it is short term, it is the shock value.”

Health warning messages that are most memorable to some extent reflected the differences between younger and older participants in terms of motivations. Younger participants were quick to mention the one with the yellow teeth. There were also similarities, however, with both young and old groups, often mentioning the one with the pregnant women and the heart related one. Other mentions included several showing the physical effects of smoking including the stroke one/brain, one with lungs, the one giving mortality statistics, and the one with the person on the stretcher.



A number of participants selected their cigarette packs at the store based on the health warning messages to include those with less shocking visuals. This was particularly common among participants in the Montreal groups.

“Quand je reçois un paquet que je n’aime pas, je leur demande de le changer.” (When I get a pack I don’t like, I ask them to exchange it.)

“J’ai les anciens paquets quand il n’y avait pas d’image dessus. J’ai gardé la pochette que je met sur les nouveaux paquets, comme ça je ne vois pas les images.” (I have the old packs with no images. I kept the pack and I insert it over the new ones, so I don’t see the images.)

Creative Exploration

Findings suggest a number of key elements should be considered for the renewed health warning messages.

For the creative exploration, seven themes were presented one at a time in varying orders: health impacts from smoking, cessation, toxic emissions/constituents, smoking attributable mortality, addiction, pre and post natal smoking, and health impacts from second-hand smoke. For each theme, 2-3 creative concepts were presented one at a time, with participants rating each, selecting a preference, followed by discussion of the theme. Each concept (see Appendix D for concepts presented) included visual treatment as well as text. First, the general learnings from the creative exploration are presented, followed by a discussion of the themes and concepts in more detail.

General Learnings

- **Uniqueness.** Participants most strongly reacted to those ideas that are unique, that is, those ideas that are not similar to previous cigarette packages health messages, nor to what is seen in other campaigns, such as TV and print media. This could suggest that any new concept need to be sufficiently different from anything that has been done in the past to be noticed and to stimulate reflection on the effects of smoking.

“You don’t really see that [concept of ashtray] anywhere else.”

“Au début ça a fonctionné mais là, je ne les vois même plus. Maintenant, c’est tous les mêmes, il n’y en a plus de nouveaux.” (At the beginning, these messages worked, but now, I don’t see them anymore. They are all the same, there are no new ones.)



- **Youth relevancy.** Young participants indicated that some of the messages could be more easily discounted for them, given that the health consequences focused on older people or those with children. Moreover, given that younger participants often did not focus on the longer term health effects and did not see themselves as smoking in the long term, it is particularly important that the concepts have youth appeal by featuring young people and appropriate triggers/beliefs for them (e.g., effects on ability to participate in physical activity, etc.).

“...I think when you are looking at the old woman and you are thinking that you want people under 50 to stop smoking, the old face, that is not going to get my attention.”

“L’impact de l’apparence qui montre les fumeurs comme des espèces de crottés, ceux-là m’écœure plus.” (The impact of looks, those images that show smokers as dirty. Those disgust me most.)

- **Parental role.** Findings suggest that those with children tend to react more strongly to scenarios with children. They were sometimes disturbed by the suggestion that their children might have to live without them.

“[I think about] my little ones mostly, about something happening to me.”

- **Personal relevance.** More generally, participants also mentioned the importance of personal relevance to them. In other words, the message or image had to connect directly to them in some way. As mentioned above, this includes identifying with the parental role for parents, or including relevant content for youth. Beyond this, however, participants had to be able to relate to the message. For some participants, messages regarding second-hand smoke or pre and postnatal exposure were not personally relevant. Rather, scenarios demonstrating ‘this could be you’ were more relevant (if they were not in a family situation or planning on becoming pregnant). Some concepts (e.g., pink lungs) had a broader appeal because it applied to a wider audience.
- **Credibility.** For the most part, messages were seen as credible. However, participants sometimes discounted concepts when they could argue against the linkage between the health effect featured and smoking. For example, one concept featuring an asthmatic child was sometimes critiqued because of participants’ perception that many things cause asthma, as well as because most participants reported taking care not to smoke around children. It was also mentioned that the emphysema example could be discounted because the woman featured was overweight, which might be the cause of her condition, not smoking. Furthermore, some Montreal participants also discounted the low birthweight concept as they or someone they know had smoked during pregnancy and did not have a low birthweight baby.



“Smoking might not have caused that person to be asthmatic. So I don’t necessarily think of smoking when I see that.”

This issue is perhaps challenging to address as some people could argue almost any health effect. Nonetheless, it seems to suggest a need to ensure that factual information provides strong support for any linkages made and that images selected rule out other explanations to the extent possible.

“Je crois que s’ils mettent des statistiques, j’ai plus confiance qu’ils ont vérifié l’information” (I think if they show statistics, I trust they have verified the information.)

“I chose this one [ashtray] because it is clearer. It brings the correlation between health risks and smoking to others.”

Furthermore, it is important to note that images sometimes affected participants’ perceptions of how realistic a concept was (e.g., baby smoking in a womb).

“I don’t know [whether credible] about the cigarette in the baby’s hand.”

- **Informational value/concreteness.** It was apparent that concepts conveying new information fared positively in terms of noticeability. For example, the concept demonstrating that arsenic, a rat poison, is used in cigarettes, garnered some notice because it provided new information. It also provided a sense of concreteness since it was something participants were familiar with, rather than the more generic ‘chemicals’. Moreover, this informational approach was considered non-judgmental, which was a well-received approach for Montreal participants. This could suggest that there is merit in an informational appeal approach as it does provoke thoughts and perhaps has less risk of being tuned out by some.

“I prefer the rat, the reference to arsenic. Most people are aware of arsenic...the other one just refers to chemicals. It doesn’t say anything specific.”

- **Gives a sense of hope.** Some of the concepts presented instilled participants with a sense of hope and there were often positive reactions to that. For example, the motivational tones of ‘never too late’ and the potential of ‘being healthy again’ (from lungs concept) gave participants optimism that quitting was within their reach and that some of the damages done could be reversed if they quit, respectively. Along these lines, some participants liked the sense of empowerment from these messages – that it was within their control. The positive tone of the messages attracted the attention of participants (particularly Montreal ones), who are mainly used to being criticized, shunned, or marginalized for their behaviour. At the same time, it was less attention grabbing for others and did not lead them to think about health effects. The exception would be the lung concept, which was both optimistic and attention grabbing at the



same time. Altogether, this suggests this approach has merit, but needs to be strong enough to stimulate thought.

“I think the motivational ones put a positive spin on it. It makes them excited and proud that they have done that. I think that is the way to go.”

- **Shock value.** The implications for the effectiveness of shock approaches are somewhat mixed across locations. For Halifax participants, those images that shocked or surprised participants often were most noticed and memorable. This was even more so when emotion was involved. For example, the image of the father dying with lung cancer with his family beside him was very successful in capturing the attention of English speaking participants because of the sense of emotion. Some other images showing the physical health effects also grabbed attention, and while some participants described these as gross, the bottom line is that they did generate a reaction.

“(Low birthweight) actually kind of shocked me...I kind of choked up a little bit, just seeing the baby like that, its very disturbing.”

That said, participants in Montreal suggested they purposefully ignore or avoid those types of messages, notably if the visuals illustrate sick or dying people. Altogether, this perhaps suggests that there is a place for shock value approaches, but exclusive use could lead to simple avoidance.

- **Directive messages.** Montreal participants also discussed their dislike of command-type messages that told them what to do. This is perhaps reflective of their sense of being chastised for their smoking behaviour. This was not raised by participants in the Halifax groups. This seems to suggest suggests caution should be taken in message wording.
- **Format.** The formats were very briefly explored at the end of the Montreal groups, and therefore, the comments on format should be considered preliminary. Some Montreal participants found the split format (image on one side, text in box on other side) to give the appearance of being informative, as the written information received more prominence. At the same time, there was a perception that the longer layout (when the visuals and text are more blended) gives the appearance of larger visuals, which would be more noticeable when reduced to a cigarette pack. In any case, preferences were mixed for formats.



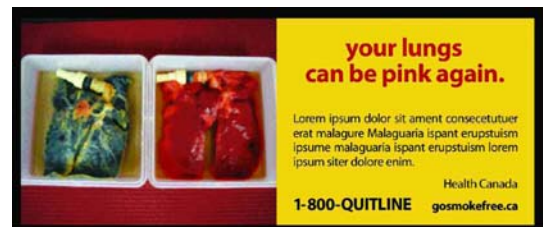
Theme 1: Health Impacts from Smoking

General Observations

- The approaches for all three concepts within this theme were relatively clear and effective in grabbing attention due to their strong visual portrayal of health outcomes.
- All three concepts communicated what could happen to smokers personally. That said, concepts were sometimes associated with rare occurrences of health impacts. Participants explained that not everyone who smokes suffers from these particular health outcomes.

Concept 1: Your lungs can be pink again

- The image had memorable impact on participants due to its strong visual comparison of lungs affected by smoking with lungs not affected by smoking.
- This message was viewed as relevant to all smokers, therefore having a wider appeal than some of the other messages.
- The message 'your lungs can be pink again' conveyed a sense of optimism, a tone well received by participants.



"Viewing smokers' lungs next to healthy lungs makes you think about what you are doing to your lungs and how quitting can help them get pink again."

"Il donne de l'espoir et suggère que l'effort en vaut la peine." (It gives hope and suggests the effort is worth it.)

- At the same time, some participants expressed scepticism that smokers' lungs could be completely repaired. Given this, there might be merit in addressing the extent to which lungs could be repaired in the supporting factual information.
- It was also mentioned by an occasional participant whether lungs were realistically that pink.

Concepts 2 and 3: Throat Cancer and Emphysema

- These concepts were considered gross and sometimes upsetting, but nonetheless got noticed. Some of the Montreal participants glanced at those concepts to complete the evaluation, prior to removing them from their sight during the group discussion, further highlighting their repulsion.

"The first few [other themes] I could justify by 'well as long as I don't smoke around the kids,



as long as I don't expose others to second hand smoke', I could justify that. But this stuff speaks directly to me and is the most thought provoking and makes me think about what I am doing to myself."

"C'est dégueulasse. Avoir ça sur un paquet de cigarette, je le colorierais ou je le virerais de bord." (It is disgusting. Having that on a pack of cigarette, I would colour it or turn it over.)

- Some younger participants mentioned these concepts portrayed older people and they did not feel they were as directly relevant to them. Generally speaking, youth had a more difficult time seeing themselves in concepts featuring longer-term health effects.
- Of note, one participant indicated the emphysema concept could be discounted since the visual portrayed someone who does not take care of her health generally (due to being obese) which could also cause the emphysema.

Best in Theme

The message 'your lungs can be pink again' was most often preferred by participants. In particular, it represented a balance between graphic images that would be noticeable and memorable and a positive encouraging message.

"If there is a positive side to quitting on your health as opposed to what you have done already to yourself then that might be something that would push me to quit."

"C'est un message qui dit qu'il y a de l'espoir; que tes poumons peuvent redevenir roses." (It is a message that implies hope; that your lungs can become pink again.)

Theme 1: Health Impacts from Smoking			
Whether many, some, or few participants <u>overall</u> gave positive ratings (one or two thumbs up)	👍 / 👍👍		
	Concept 1	Concept 2	Concept 3
This idea is a good one	Some	Some	Few
I believe what this message says	Some	Many	Some
It grabs my attention	Some	Many	Some
It makes me think about the health effects of smoking	Many	Many	Some
I would remember this	Many	Many	Some
This message is clear	Many	Many	Many
Preference (* indicates most often preferred)	Some*	Few	Few
Strongest Concept(s) within Theme	✳		



Theme 2: Cessation

General Observations

- A number of participants appreciated these approaches, describing each as conveying a positive message. More specifically, it gave them optimism that it was not too late to quit and that they had the power to do so.
- At the same time for other participants, especially younger ones, these approaches did not really appeal to them. It did not appear to be visually striking enough from them to be memorable, nor personally relevant to them.

"I didn't care really for any of these three. The pictures and words didn't jump out at me."

"Les trois messages sont pertinents au coup d'œil, mais pas du tout captivant." (The three messages are pertinent at a glance, but not at all captivating.)

Concept 1: Power to Quit

- This concept was appreciated by some as it conveyed a sense of personal responsibility and respect for the smoker to make the decision. This made the message not only empowering, but also personally relevant.
- It also implied that the pack on which the message appeared could be a smokers' last one, making the action of quitting more real.

"It's really up to you to quit."

"Il m'encourage et suggère que je suis intelligente. Ça me porte donc plus à réfléchir." (It is encouraging and suggests I am intelligent. So it helped me think about it.)



Concept 2: Never Too Late

- Some participants described this concept as being very encouraging – if he can quit smoking after a number of years then anyone can.

"If someone who is older can quit, even if they have been smoking for many years, then you can do it too."

"People think they've been smoking so long that what's the point of quitting now. It shows me it is beneficial to stop anytime."



- Findings suggest that this concept, while liked by a number of participants, was not strong enough to make participants think about the health effects of smoking. Of note, the man featured was described as happy and healthy, and in this regard perhaps does not best communicate the consequences of smoking.



“Quel âge à le monsieur? Il a l’air de quelqu’un qui n’a jamais fumé.” (How old is this man? He looks like someone who never smoked.)

- In addition, younger participants felt the older man was not really relevant to them as younger people. Therefore, it did not make them consider the health consequences of smoking.

Concept 3: *Half a Mind*

- This concept was considered confusing and too abstract by some.
- It was clearly less appealing to participants than the other two, being less preferred.
- Some noted it was similar to existing visuals seen on cigarette packs, and that it did not imply a strong call to action or consequences of smoking.



“Je ne vois pas où est la force là-dedans. Ça n’a pas rapport.” (I don’t see the strength in this one. It is not relevant.)

Best in Theme

- Participants were generally split in terms of preference between two concepts – *Power to Quit* and *Never Too Late*. The visual complements for both of these can be strengthened to better grab attention and communicate the health effects of smoking.

Theme 2: Cessation			
Whether many, some, or few participants <u>overall</u> gave positive ratings (one or two thumbs up)	👍 / 👍👍		
	Concept 1	Concept 2	Concept 3
This idea is a good one	Some	Some	Some
I believe what this message says	Many	Many	Some
It grabs my attention	Some	Some	Some
It makes me think about the health effects of smoking	Some	Few	Few
I would remember this	Some	Some	Few
This message is clear	Many	Many	Some
Preference (* indicates most often preferred)	Some*	Some	Few
Strongest Concept(s) within Theme	✳	✳	



Theme 3: Toxic Emissions/Constituents

General Observations

- This theme demonstrated the potential of an information-based approach.
- However, the contrast between the two concepts indicated the importance of making the information relevant and specific to things people know and understand.

"I think the more information you give, more thought it provokes."

Concept 1: Arsenic

- This concept clearly was noticeable and memorable. A number of participants indicated they learned something new completely, or at least it increased their knowledge.
- Being reminded they consume a lethal substance like arsenic while smoking made some participants think about their smoking habits and about the content of cigarettes.

"I honestly never knew that they contained arsenic and its disturbing to think of smoking [a] rat poison."

"You've heard it had arsenic in it but this bring it to your attention more effectively."

- That said, a few Montreal participants indicated that the visual was somewhat unclear, suggesting the rat was killed by the cigarette smoke, which is not viewed as credible.

"Si la fumée est toxique à cause de l'arsenic, pourquoi mon chat ne tombe pas comme un rat?" (If the smoke is toxic due to arsenic, why is it that my cat does not die like this rat?)



Concept 2: Chemicals

- In contrast to the specifics of arsenic, the information provided in the tagline for this concept was considered too general to be memorable.

"Chemicals in cigarettes is really general."

"Ça parle des substances chimiques, qui en fait, sont partout (pas seulement dans les cigarettes)." (It speaks of chemical substance, which in fact, are everywhere (not just in cigarettes).)

- It was also noted that the idea of featuring a corpse had been seen before and was associated with other diseases or illnesses, although a small number of English-speaking participants thought it would still get their notice.






- One suggestion was to have a name on the toe tag to make it more credible and relevant.
- A few younger Montreal participants noted that the bolded orange words in the copy implied that chemicals killed, not cigarettes. As such, it was suggested that the word ‘cigarette’ also be bolded in orange.

Best in Theme

- The concept focusing on arsenic/rat poison was clearly the most preferred, as well as had the most significant impact on participants. It was visually catching, supplied information, and thought-provoking. That said, in Montreal, most participants over the age of 24 years old did not express a preference for any of those concepts, as it was not clearly stating the consequence of smoking on human beings’ health. They were also more critical in their ratings of the concepts generally, compared with English speaking participants.

“...giving additional information other than stop smoking, makes you think about what you are doing to yourself.”

Theme 3: Toxic Emissions/Constituents		
Whether many, some, or few participants <u>overall</u> gave positive ratings (one or two thumbs up)	 / 	
	Concept 1	Concept 2
This idea is a good one	Some	Few
I believe what this message says	Some	Some
It grabs my attention	Some	Few
It makes me think about the health effects of smoking	Some	Few
I would remember this	Some	Few
This message is clear	Some	Some
Preference (* indicates most often preferred)	Some*	Few
Strongest Concept(s) within Theme		



Theme 4: Addiction

General Observations

- Both concepts received moderate to weak evaluations. This may be in part due to the fact that these concepts are more intended for those smokers who are just starting out. The group participants were all smokers who had been smoking for some time (minimum 2 years), and therefore, the messages might not be as relevant to them.
- Participants' reactions indicated that the concepts might not be strong enough to be noticed or to get them to think about actual health effects of smoking.

Concept 1: Smoking is a deadly addiction

- This concept was described as being a bit too generic. In other words, it was not personal in that it did not demonstrate the effects on a specific person, nor were most participants able to picture themselves in this scenario.



"[It was] almost too open-ended, not everybody dies from smoking."

- A few participants suggested the message would have greater emotional appeal if a name appeared on the tombstone, referring to their own name, that of a close relative or friend or perhaps, a common last name.
- Others suggested the image gives a peaceful impression, as the tombstone is featured in a pleasant rural setting, on a sunny day.
- Moreover, showing the tombstone was described by some as being similar to approaches in the past, and thus less inclined to be involved.

Concept 2: First they hook you...

- This concept did strike some participants for the 'truthfulness' of the statement. A number of participants commented that the statement reflects their reality of becoming hooked.



"That's exactly how I feel, I'm hooked."

- The idea of showing a hook was also considered to be a new approach among English-speaking participants, which achieved initial notice. Given that the French copy did not refer to the term 'hooked' in a play on word, it is perhaps not surprising that Montreal participants saw little relevance between the visual and the copy.

"L'hameçon, c'est une idée nouvelle mais le message n'est pas très clair." (The hook is a new idea but the message is not really clear.)



- The concept was not very strong in terms of provoking a great deal of thought about smoking.
- A few participants suggested having a person in the visual being hooked, to make the visual impact stronger. One participant suggested the hook and the cigarette should be shown in a smokers' mouth, suggesting addiction, but also pain.

"The hook one got me a little more for stating the truth...but there is nothing implied in the picture about death."

Best in Theme

- *First they hook you* was more often preferred by participants. Both concepts need to be considerably strengthened to be more appealing, noticeable and memorable and to lead people to think about the health effects of smoking.

Theme 4: Addictions		
Whether many, some, or few participants <u>overall</u> gave positive ratings (one or two thumbs up)	👍 / 👍👍	
	Concept 1	Concept 2
This idea is a good one	Few	Some
I believe what this message says	Some	Some
It grabs my attention	Few	Some
It makes me think about the health effects of smoking	Some	Few
I would remember this	Few	Few
This message is clear	Some	Some
Preference (* indicates most often preferred)	Few	Some*
Strongest Concept(s) within Theme		✳



Theme 5: Smoking Attributable Mortality

General Observations

- *Smoking Destroys Families* and *Lung Cancer* are clearly much stronger than *Quitting's Tough*, *Dying's Tougher*. This was due in large part to the immediacy of the message communicated by the strong visuals and strong emotional appeal.
- Participants appear to be affected by not only actually dying, but also (and sometimes more so) by what impact their dying will have on family. Therefore, relaying the effects of dying on loved ones was a key reason these ideas were significant for participants.

"What happens with your little ones if you are gone tomorrow?"

"On touche une corde sensible ici avec les enfants." (We touch on an emotional cord here with the children.)

Concept 1: Smoking destroys families

- This message elicited a great emotional response particularly among those with children, as it made smokers who have children think of their own mortality and its impact on innocent victims. For others, reactions were more lukewarm, especially if they did not have children.



"[This concept] has a great deal of impact. No child should ever have to live without a mother and father."

"On est plus tenté de regarder la fillette et de penser à ce qui arriverait de nos propres enfants." (We are more likely to look at the little girl and think of what could happen with our own kids.)

- It should be noted that the printing on the t-shirt was not always noticed immediately by English-speaking participants.

Concept 2: Quitting's tough, Dying's tougher

- This concept had less impact and appeal than the other two concepts in this theme. This was largely due to its lack of emotional appeal relative to the other concepts. In other words, it was not perceived as personal as showing the impact on individuals and families, and therefore was less noticeable, memorable, and significant.
- Moreover, some participants indicated that the message was not as straightforward as the other ones. In other words, it took more time to figure out.



- Montreal participants suggested the message would become clearer and more credible if read 'Pas facile d'arrêter, plus difficile de mourir'.

"It didn't do anything for me, there's nothing personal."

"Really have to get involved with it. It takes time."

Concept 3: Lung cancer

- This concept elicited an emotional reaction from a number of participants. Participants were affected not only by the perception that the man was in a lot of pain, but also by the toll his death was taking on his family.
- At the same time, a number of participants in the Montreal groups were disturbed to the point they turned their visuals upside down.



"The saying 'cigarettes don't kill you, lung cancer kills you' is hard to ignore due to it's personal toll on those other than you."

"The first thing that grabbed me on that picture was the mother and child, then I noticed him, for him to be seeing the family like that."

"C'est dégueulasse, radical et pour une fois un peu crédible. Mais en même temps, combien de personnes développent vraiment le cancer du poumon?" (It is disgusting, radical and for once somewhat credible. But at the same time, how many people really develop lung cancer?)

- In addition, some participants stated the man featured looked older, suggesting a grand father rather than a father, and that the woman and child featured an unrealistic dramatized look.

Best in Theme

- Participants were split between two concepts in terms of preference – *Smoking Destroys Families* and *Lung Cancer*. While *Lung Cancer* was slightly stronger in noticeability, memorability, and prompting thoughts about the effects of smoking, both concepts have merit largely due to their emotional appeal. In Montreal, younger participants tended to select the *Lung Cancer* idea more so while older participants more often selected the *Smoking Destroys Families* concept, which could be explained by their family situation.
- Reactions in the Montreal groups (turning paper upside down) potentially suggest some people, while certainly noticing the image, might avoid prolonged exposure to such an image as the one in the *Lung Cancer* concept. Nonetheless, it does have an impact and has the potential to make many think of the effects of smoking.



Theme 5: Smoking Attributable Mortality			
Whether many, some, or few participants <u>overall</u> gave positive ratings (one or two thumbs up)	👍 / 👍👍		
	Concept 1	Concept 2	Concept 3
This idea is a good one	Some	Some	Some
I believe what this message says	Some	Some	Some
It grabs my attention	Some	Some	Some
It makes me think about the health effects of smoking	Some	Some	Many
I would remember this	Some	Some	Some
This message is clear	Many	Some	Many
Preference (* indicates most often preferred)	Some	Few	Some*
Strongest Concept(s) within Theme	✳		✳

Theme 6: Pre and Post Natal Smoking

General Observations

- As would be expected, these messages were considered more relevant to female participants, especially those of childbearing age.

“For me not too much, I am not going to be pregnant.” (Male Participant)

- Irrespective of personal relevance, both concepts were effective in conveying messages on the dangers of smoking during pregnancy.

Concept 1: Low birthweight

- This concept was very successful in creating a concrete visual picture of a specific outcome of smoking during pregnancy, helping make it noticeable and memorable.



“I knew that smoking while pregnant could cause low birthweight. I had never seen it.”

- It also had emotional appeal, with a number of participants bothered by the thought of a baby experiencing such difficulties. For this one, some participants commented that they would ‘ask for another package’ which demonstrates the extent to which they would be disturbed by this message.



“It is shocking and disturbing to see the baby.”

“De voir un bébé comme ça, ça me donne le goût de pleurer.” (To see a baby like this makes me want to cry.)

- An occasional participant mentioned the importance of not smoking around pregnant women or providing support for them.
- At the same time, some participants (Montreal) noted that it was rare for such a low birthweight to happen, even among mothers who smoked during pregnancy, which might suggest they discount the credibility.
- A final point is that occasionally participants described the image as cluttered. In fact, a couple of participants did not see the cigarette package or the ruler in the image until the discussion with others.

“On ne voit pas très bien ce que c’est et il y a trop de détails mélangeant.” (We don’t really see well what it is and there are too many confusing details.)

Concept 2: You’re smoking for two

- This concept also received strong evaluations, although relative to the low birthweight concept was not quite as strong.
- This concept was not as concrete in showing an outcome of smoking during pregnancy, although it did communicate the message that smoking during pregnancy affects the baby.
- A number of Montreal participants suggested that the image would have more impact if the smoking baby were inside the mother’s belly.
- A number of Montreal participants also disliked the tone of the copy, commanding them to stop smoking (‘Arrêtez’).
- Some participants were concerned about the cartoonish nature of the image, particularly the foetus with a cigarette. They indicated that it did not make the idea realistic, plus they cited the concern that some people might see it as too humorous. This affects the credibility of the message.



“Fetus doesn’t look like it is hurting any, but [low birthweight] says ‘this is what you did’.”

“It’s [baby smoking] not conceivable, it’s not something baby would be doing.”

Best in Theme

- The concept featuring *Low Birthweight* was the most noticeable and memorable, largely due to its visual impression of conveying an actual and disturbing outcome of smoking during pregnancy. That said, *You’re Smoking for Two* also has merit with appropriate modifications based on participants’ comments.



Theme 6: Pre and Post Natal Smoking		
Whether many, some, or few participants <u>overall</u> gave positive ratings (one or two thumbs up)	👍 / 👍👍	
	Concept 1	Concept 2
This idea is a good one	Some	Many
I believe what this message says	Many	Many
It grabs my attention	Some	Many
It makes me think about the health effects of smoking	Some	Some
I would remember this	Some	Many
This message is clear	Many	Many
Preference (* indicates most often preferred)	Some*	Some
Strongest Concept(s) within Theme	✳	

Theme 7: Second-hand Smoke

General Observations

- As mentioned previously, the participants in these groups reported not exposing others, especially children, to second-hand smoke. Given this, they did not feel the messages surrounding second-hand smoke would really influence their behaviour, as they had already gotten this message.

“C’est clair qu’on doit s’éloigner. Au moins aller fumer dehors.” (It is clear that we must keep away from them. At least smoke outside.)

- These messages (as probably intended) put the focus on exposure to others, rather on their own smoking. Given this, a number of participants did not find the concepts as relevant for them, especially if they did not have younger children.

“People don’t smoke around children because they are really aware.”

- In Montreal, participants generally suggested the images lacked appeal or impact, and were too generic to communicate the exclusive health effects of second-hand smoke.

“Je trouve que ces messages sont importants, mais les images manquent de punch.” (I find these messages important, but images lack ‘punch’.)



Concept 1: When you smoke, they smoke

- This concept was described by some as providing a direct message regarding second-hand smoke. In this regard, it was considered credible and important.

“Ça nous fait penser aux autres, à ceux qu’on aime. On pourrait arrêter de fumer pour eux aussi.” (It makes us think of others, those we love. We could quit smoking for them too.)

- Some participants in Halifax noted the concept of the ashtray picture was different, something they had no seen before. This would help gain initial notice.
- A number of participants in Montreal suggested that this message, once reduced in size to fit a pack of cigarette, would lose its impact as the image did not clearly suggest the impact of cigarettes on family, but rather focused on an ashtray with a lit cigarette.

“I like the ashtray one because it is different. You don’t really see that anywhere else. Kids getting asthma – seen on other commercials, so it’s quite similar to something that you have seen before.”

**Concept 2: Your kids are sick of your smoking**

- The message wording itself ‘Your kids are sick of you smoking’ was described by some as attention-getting. A couple of English-speaking participants commented on the appeal of the double-meaning (literally and figuratively sick).
- A concern with this concept is that some participants felt that asthma could be explained by many other factors, and they do not necessarily make a direct and clear association between smoking and asthma. The image did not absolutely imply that the child’s illness, in this particular case, was caused directly by second-hand smoke. This affects credibility.
- Some participants also mentioned that the visual of the asthmatic child has already been used.



“When I see that, I think of asthma. Smoking might not have caused that person to be asthmatic.”

Best in Theme

- Both messages performed similarly in terms of preference and ratings and appear to have potential. It must be kept in mind that most of those participating in the focus groups reported not smoking in front of children or family and, therefore, are probably not the primary audience for second-hand smoke messages.



Theme 7: Second-hand smoke		
<i>Whether many, some, or few participants <u>overall</u> gave positive ratings (one or two thumbs up)</i>	👍 / 👍👍	
	Concept 1	Concept 2
This idea is a good one	Many	Some
I believe what this message says	Many	Many
It grabs my attention	Some	Some
It makes me think about the health effects of smoking	Some	Some
I would remember this	Some	Some
This message is clear	Many	Some
Preference (* indicates most often preferred)	Some	Some*
Strongest Concept(s) within Theme	✳	✳



Conclusion

Altogether, creative concept testing of selected health-warning messages indicated that a number of concepts warrant further development. Participants also provided ideas for improving each of the concepts that might be helpful in the design of the new health warning messages.



Appendix A: Recruitment Screener

FINAL Screener

Name: _____ Group 1 2 3 4

Tel. (H): _____ Tel. (W): _____

Location 1: Halifax, Nova Scotia (English)**Date:** Thursday, June 23, 2005**Location:** Corporate Research Associates Inc**Time:** Group 1 – 6:00pm – Youth (18-24)
Group 2 – 8:00pm – Adults (25+)1 Maritime Place, Suite 700
The CCL Group Building
Near the Armdale Rotary**Location 2: Montreal, Quebec (French)****Date:** Monday, June 27, 2005**Location:** Contemporary Research Centre**Time:** Group 3 – 6:00pm – Youth (18-24)
Group 4 – 8:00pm – Adults (25+)

1250 Guy, Suite 300

SPECIFICATIONS SUMMARY

- 4 groups
- All smokers
- One group in each location with youth 18-24 years old
- One group in each location with adults 25+ years old
- 7 in 10 in each group should be daily smokers
- Mix of gender, age, income & educational level
- At least ½ of the group not to have been to a focus group before
- Not been to focus group in last 6 months
- Never been to 3 or more focus groups
- Able to take part in written/visual exercises
- Comfortable sharing opinion

Hello, my name is _____ and I am with Corporate Research Associates, a public opinion and market research firm. We are looking for people to participate in focus groups on behalf of the Government of Canada. We are looking for specific profiles, and would like to ask you some questions first to see if you qualify. May I ask you a few quick questions please? Thank you.

1. Gender (By Observation):

Female..... 1 Split 50/50 per group
Male..... 2

2. Are you or anyone in your household currently employed in any of the following types of industries...?

Marketing/Market Research 1
Public relations 2
Advertising 3 **IF YES TO ANY OF THESE,**
Media (TV, Radio, Newspaper) 4 **THANK AND TERMINATE**
Tobacco retailer, wholesaler or manufacturer 5

3. Into which of the following age groups do you fall? Are you...?

Less than 18 1 **Thank and terminate**
18-24 2 Consider for Groups 1 & 3
25-34 3
35-44 4
45-54 5
55-64 6
65 plus..... 7 } Mix of ages 25+ for groups 2 & 4

4. At the present time do you smoke cigarettes daily, occasionally, or not at all?

Daily	1	
Occasionally	2	
Not at all	3	Thank and Terminate

7 in 10 in each group should be daily.

5. How many cigarettes have you smoked in your lifetime? Would you say:

Less than 100	1	Thank and Terminate
100 or more	2	

6. [IF DAILY in Q4] And, how many cigarettes do you smoke each day? _____

7. [IF OCCASIONALLY in Q4] And, how many cigarettes do you smoke in a typical week?

8. Which of the following best describes your current employment status? Are you...?

Employed full-time	1	} Obtain Mix
Employed part-time	2	
Homemaker	3	
Unemployed	5	
Student	6	
Self Employed	7	

If employed, ask...

9. What is your current occupation? _____

**TERMINATE IF SENSITIVE OCCUPATIONS IN Q2
-- REQUIRE MIX OF OCCUPATIONS --**

10. Which of the following best describes your total household income before taxes in 2004? Would you say...?

Up to \$24,999	1	} Require Mix
\$25,000-\$34,999	2	
\$35,000-\$44,999	3	
\$45,000-\$54,999	4	
\$55,000-\$64,999	5	
\$60,000-\$74,999	6	
\$75,000+	7	

11. What is the highest level of education you have completed?

Elementary (Grades 1-8)	1	} Mix of education levels
Some High School/Vocational	2	
Completed High School	3	
Some College	4	
Completed College	5	
Some University	6	
Completed University	7	

12. Have you ever attended a focus group discussion for which you received a sum of money?

Yes	1	Continue
No	2	Go To Invitation

13. What was the subject(s) of the focus group? _____

14. When was the last time you attended a focus group? _____

15. How many focus groups have you attended? _____

**IF THEY HAVE BEEN TO A GROUP ON SMOKING RELATED TOPIC, IN THE PAST 6 MONTHS, OR
IF THEY HAVE BEEN TO 3 OR MORE GROUPS, THANK & TERMINATE,**

INVITATION

I would like to invite you to participate in the discussion group we are holding at _____ on _____. As you may know, a focus group is a research tool, which uses an informal meeting to gather information on a particular subject matter, in this case we are doing marketing research.

16. The discussion will consist of 8 to 10 people and will be very informal. This discussion will last approximately 2 hours. You will receive (**\$50 Halifax / \$60 Montreal**) as a thank you for your time. Would you be interested in attending?

Yes 1

No 2

Continue

Thank and Terminate

The discussion in which you will be participating will be audio recorded for internal reference only. Please be assured your comments and responses are strictly confidential and we require the material and topics discussed in the focus group be held in confidence by you.

17. The discussion will take place in a focus group room and is equipped with a one-way mirror for client viewing. These measures are being undertaken for research purposes only. Would this be a problem for you?

Yes 1

No 2

Thank and Terminate

Continue

18. Participants are sometimes asked to read materials or write out responses. Would it be possible for you to take part in these activities if they are part of the discussion?

Yes 1

No 2

Continue

Thank and Terminate

19. Since participants in focus groups are asked to express their thoughts and opinions freely in an informal setting with others, we'd like to know how comfortable you are with such an exercise? Would you say you are...?

Very comfortable 1

Comfortable 3

Not very comfortable 4

Not at all comfortable 5

Continue

Continue

Thank and Terminate

Thank and Terminate

As part of our quality control measures, we ask everyone who is participating in the focus group to bring along a piece of I.D., picture if possible. You may be asked to show your I.D.

As these are small groups and with even one person missing, the overall success of the group may be affected, I would ask that once you have decided to attend that you make every effort. In the event you are unable to attend, please call _____ (collect) at _____ as soon as possible in order that a replacement may be found.

ATTENTION RECRUITERS

1. Recruit **10** participants for each group
2. Ensure participant has a good speaking & written ability (If in doubt, DO NOT INVITE)
3. Do not put names on profile sheet unless you have a firm commitment.
4. Repeat the date, time and location before hanging up.
5. Verify key information when confirming.

Confirming

1. Confirm at the **beginning of the day** prior to the day of the groups
2. Confirm all key qualifying questions
3. Verify time and location (ask if they are familiar)

Questionnaire de sélection - Version définitive

Nom : _____ Groupe 1 2 3 4

Tél. (rés.) : _____ Tél. (bur.) : _____

Endroit 1 : Halifax, Nouvelle-Écosse (anglais)**Date :** jeudi 23 juin 2005**Endroit :** Corporate Research Associates Inc**Heure :** Groupe 1 – 18 h – jeunes (de 18 à 24 ans)
Groupe 2 – 20 h – adultes (25 ans et plus)

1, place Maritime, bureau 700

Édifice du Groupe CCL

Près d'Armdale Rotary

Endroit 2 : Montréal, Québec (français)**Date :** lundi 27 juin 2005**Endroit :** Centre de recherches contemporaines**Heure :** Groupe 3 – 18 h – jeunes (de 18 à 24 ans)
Groupe 4 – 20 h – adultes (25 ans et plus)

1250, rue Guy, bureau 300

RÉSUMÉ DES EXIGENCES

- Quatre groupes;
- Tous fumeurs;
- Un groupe de jeunes de 18 à 24 ans aux deux endroits;
- Un groupe d'adultes de 25 ans et plus aux deux endroits;
- Dans chaque groupe, 7 personnes sur 10 doivent fumer quotidiennement;
- Sexes, âges, revenus et niveaux de scolarité variés;
- Au moins la moitié des membres du groupe n'a jamais participé à un groupe de discussion;
- Les membres retenus n'ont pas participé à un groupe de discussion au cours des six derniers mois;
- Ils n'ont jamais participé à plus de deux groupes de discussion;
- Ils sont en mesure de prendre part à des exercices écrits et de visualisation;
- Ils sont à l'aise à faire part de leur opinion.

Bonjour, mon nom est _____, et je travaille pour Corporate Research Associates, une société d'étude de marché et de recherche sur l'opinion publique. Nous recherchons, au nom du gouvernement du Canada, des personnes qui désireraient participer à un groupe de discussion. Nous recherchons des profils précis, et j'aimerais d'abord vous poser quelques questions afin de savoir si vous êtes admissible. Puis-je vous poser quelques questions? Merci.

1. Sexe (Observer) :Femme 1
Homme 2

Diviser 50/50 par groupe

2. Est-ce que vous-même ou une personne de votre foyer travaillez actuellement dans l'un ou l'autre des types d'industries suivants...?

Recherche en marketing ou étude de marché 1

Relations publiques 2

Publicité 3

Média (TV, radio, journaux) 4

Détaillant, grossiste ou fabricant de tabac 5

SI OUI À L'UNE OU L'AUTRE DE CES INDUSTRIES, REMERCIER ET TERMINER

3. Dans laquelle des catégories d'âge suivantes vous situez-vous? Êtes-vous âgé de...?

- | | | |
|----------------------|---|--|
| Moins de 18 ans..... | 1 | } Âges variés (25 ans et plus) pour les groupes 2 et 4 |
| de 18 à 24 ans | 2 | |
| de 25 à 34 ans | 3 | |
| de 35 à 44 ans | 4 | |
| de 45 à 54 ans | 5 | |
| de 55 à 64 ans | 6 | |
| 65 ans et plus..... | 7 | |

Remercier et terminer

Considérer ce candidat pour les groupes 1 et 3

4. Actuellement, est-ce que vous fumez des cigarettes chaque jour, à l'occasion ou pas du tout?

- | | | |
|-------------------|---|------------------------------|
| Chaque jour | 1 | Remercier et terminer |
| À l'occasion..... | 2 | |
| Pas du tout..... | 3 | |

Dans chaque groupe, 7 personnes sur 10 fument chaque jour.

5. Au cours de votre vie, combien de cigarettes avez-vous fumées? Diriez-vous que vous en avez fumées :

- | | | |
|--------------------|---|------------------------------|
| Moins de 100 | 1 | Remercier et terminer |
| 100 ou plus | 2 | |

6. [SI « CHAQUE JOUR » à la Q.4] Et combien de cigarettes fumez-vous chaque jour? _____

7. [SI « À L'OCCASION » à la Q.4] Et combien de cigarettes fumez-vous habituellement durant une semaine? _____

8. Laquelle des catégories suivantes correspond le mieux à votre situation d'emploi? Êtes-vous...?

- | | | |
|-------------------------------|---|---|
| Employé à plein temps | 1 | } Obtenir des situations d'emploi variées |
| Employé à temps partiel | 2 | |
| Personne au foyer | 3 | |
| Sans emploi | 5 | |
| Étudiant | 6 | |
| Travailleur autonome..... | 7 | |

Si employé, demander...

9. Quel est votre emploi actuel? _____

**TERMINER S'IL S'AGIT D'UN EMPLOI DANS UNE INDUSTRIE MENTIONNÉE À LA Q.2
-- OBTENIR DES EMPLOIS DIVERS --**

10. Lequel des niveaux de revenus suivants correspond le mieux à la totalité du revenu de votre ménage pour 2004 avant impôt? Diriez-vous... :

- | | | |
|------------------------------------|---|-------------------------------------|
| Jusqu'à 24 999 \$..... | 1 | } Obtenir divers niveaux de revenus |
| Entre 25 000 \$ et 34 999 \$ | 2 | |
| Entre 35 000 \$ et 44 999 \$ | 3 | |
| Entre 45 000 \$ et 54 999 \$ | 4 | |
| Entre 55 000 \$ et 64 999 \$ | 5 | |
| Entre 60 000 \$ et 74 999 \$ | 6 | |
| 75 000 \$ et plus | 7 | |

11. Quel est votre niveau de scolarité?

- | | | | |
|---|---|---|-------------------------------------|
| École primaire (niveaux 1 à 8)..... | 1 | } | Obtenir divers niveaux de scolarité |
| Études secondaires ou professionnelles non terminées..... | 2 | | |
| Diplôme d'études secondaires | 3 | | |
| Quelques cours de niveau collégial..... | 4 | | |
| Diplôme d'études collégiales | 5 | | |
| Quelques cours universitaires | 6 | | |
| Diplôme universitaire..... | 7 | | |

12. Avez-vous déjà participé à un groupe de discussion pour lequel vous avez été rémunéré?

- | | | |
|-----------|---|---|
| Oui | 1 | Continuer |
| Non | 2 | Passer à la section « Invitation » |

13. Quels étaient les thèmes abordés dans ce groupe de discussion? _____

14. À quand remonte votre dernière participation à un groupe de discussion? _____

15. À combien de groupes de discussion avez-vous participé? _____

SI LES RÉPONDANTS ONT PARTICIPÉ À UN GROUPE TRAITANT DE SUJETS LIÉS AU TABAGISME, S'ILS ONT PARTICIPÉ À UN GROUPE AU COURS DES SIX DERNIERS MOIS OU S'ILS ONT PARTICIPÉ À TROIS GROUPE OU PLUS, REMERCIER ET TERMINER.

INVITATION

J'aimerais vous inviter à participer au groupe de discussion qui se réunira à _____ le _____. Comme vous le savez peut-être, un groupe de discussion est une réunion informelle qui constitue un outil de recherche grâce auquel nous recueillons de l'information sur un sujet en particulier; dans ce cas-ci, nous réalisons une étude de marché.

16. Ce groupe réunira de 8 à 10 personnes et la discussion se déroulera de façon très décontractée. La rencontre durera environ deux heures. Pour vous remercier de nous avoir accordé de votre temps, nous vous remettrons (**50 \$ Halifax / 60 \$ Montréal**). Seriez-vous intéressé à participer?

- | | | |
|-----------|---|------------------------------|
| Oui | 1 | Continuer |
| Non | 2 | Remercier et terminer |

La discussion à laquelle vous prendrez part fera l'objet d'un enregistrement audio aux fins de référence interne seulement. Soyez assuré que vos commentaires et réponses demeureront strictement confidentiels et nous vous demandons de veiller à la confidentialité de la matière et des thèmes qui seront abordés au cours de la discussion.

17. La discussion aura lieu dans une salle réservée à cet effet. Elle est équipée d'une glace d'observation afin de permettre au client d'y assister. Nous prenons ces mesures aux fins de recherche seulement. Est-ce que cela est un problème pour vous?

- | | | |
|-----------|---|------------------------------|
| Oui | 1 | Remercier et terminer |
| Non | 2 | Continuer |

18. Nous demandons parfois aux participants de lire des documents ou d'écrire des réponses. Serait-il possible pour vous de prendre part à ces activités si elles faisaient partie de la discussion?

- | | | |
|-----------|---|------------------------------|
| Oui | 1 | Continuer |
| Non | 2 | Remercier et terminer |

19. Étant donné que les participants à un groupe de discussion doivent partager librement leurs idées et opinions avec les autres, dans une atmosphère décontractée, nous aimerions savoir si cet exercice vous met à l'aise. Diriez-vous que vous êtes...?

Très à l'aise.....	1	Continuer
À l'aise.....	3	Continuer
Pas très à l'aise.....	4	Remercier et terminer
Pas à l'aise du tout.....	5	Remercier et terminer

Aux fins de contrôle de la qualité, nous demandons à chacun des participants au groupe de discussion d'apporter une pièce d'identité, avec photo si possible. Nous vous demanderons peut-être de la présenter.

Comme il s'agit de petits groupes, l'absence d'une seule personne pourrait affecter la réussite globale de la discussion. Par conséquent, j'aimerais que vous fassiez tout votre possible pour être présent, si vous décidez d'y participer. S'il vous est impossible d'être présent, veuillez communiquer avec _____ (à frais virés) au _____ aussitôt que possible afin que nous puissions trouver un remplaçant.

RECRUTEURS, VEUILLEZ PORTER UNE ATTENTION PARTICULIÈRE AUX POINTS SUIVANTS :

1. Recrutez **10** participants pour chaque groupe;
2. Veillez à ce que les participants possèdent de bonnes aptitudes à l'oral et à l'écrit (en cas de doute, **NE LES INVITEZ PAS**);
3. N'inscrivez pas de nom sur la feuille de profil, à moins d'un engagement ferme de la part du répondant;
4. Répétez la date, l'heure et l'endroit avant de raccrocher;
5. Lors de la confirmation, vérifiez les renseignements essentiels.

Confirmation

1. Confirmez au **début de la journée**, la veille de la discussion;
2. Confirmez toutes les questions importantes relatives à l'admissibilité;
3. Vérifiez l'heure et l'endroit (demander à la personne si l'endroit lui est familier).

Appendix B: Moderator's Guide

Moderator's Guide

Introduction & Warm-up:

10 minutes

- Introduce self and function of a moderator – to get your opinions; ensure everyone participates.
- Role of focus group discussions (all opinions are important; look for a variety of opinions; important to understand how you agree as well as disagree; no right or wrong answers).
- Explain room set-up; taping; confidentiality, names will not appear in any reports; mirrored glass /people working with me who are sitting behind the mirror (where applicable).
- Today we are going to talk about **health messages for cigarette packages**. I am interested in your opinions of **several ideas for messages**.
- Participant introduction: including first name, who lives in their house, and what they like to do in their spare time.

Smoking History

5 minutes

I mentioned that we are going to look at ideas for health messages for cigarette packages. Before we do, I'd like to better understand your smoking history.

- **History:** How long have each of you been a smoker?
- **Health Effects:** How often, if at all, do you think about the health effects of smoking?
 - If yes, what do you think about?
 - What, if anything, does this motivate you to do?
- **Quitting:** [IF QUITTING MENTIONED] what motivated you to try to quit?
 - What stopped you from quitting?

Past Messages

10 minutes

Before we get to the new message ideas, I'd like to get your thoughts on **health messages** on cigarette packages that have been used in the past.

- **Exposure:** Do you generally read or notice the health messages on cigarette packages?
- **Attention:** What health messages on cigarette packages have grabbed your attention the most? Why those? What makes them stand out?
- **Relevance:** Which ones, if any, make you think about the health effects of smoking? Why those?
 - What effects, if any, do these have on you? On the attractiveness of smoking?
- **Believable:** Which ones are most believable for you? Which ones are least believable? What makes them believable/not believable?

Message Testing

90 minutes

For the rest of our discussion, I would like to get your thoughts on new message ideas. I am going to show you six different themes of messages and we are going to discuss each theme one at a time. Each theme will have 1 to 3 ideas. I am going to show you them one at a time, and get your individual ratings before we move on to the next one. We'll discuss as a group after each theme. Keep in mind these are just ideas being considered.



Moderator to present each theme one at a time, rotating order of themes and ideas within each theme. For each theme, show ideas one at a time, obtain rating, then discuss theme.

After each concept:

On your exercise sheet, please rate the idea using the “thumbs up/thumbs down” scale (*moderator explains scale*), on six areas:

- 1) This idea is a good one
- 2) I believe what this message says
- 3) It grabs my attention
- 4) It makes me think about the health effects of smoking
- 5) I would remember this
- 6) The message is clear

Any questions? I'll give you a minute. ***Give participants a minute or two to complete for each idea.***

After all ideas within theme presented, obtain preference.

Now that we have seen the ideas for this theme, I would like you to think about which one, if any, you prefer. On your exercise sheet (Preference) please jot down which idea you think is the best, that is, would be the most effective in making you think about the health effects of smoking. In other words, if only one of these ideas was further developed into a message for a cigarette package, which one should it be and why?

Give participants a minute or two to choose.

Probe as a group: Throughout moderator to probe for differences across ideas in each theme

- **Overall reaction:** Overall, what do you think of these approaches? Like/dislike?
- **Appeal:** Do they appeal to you? Why / why not?
- **Believability:** Do you believe what they are saying? Why / why not?
- **Grab attention:** Would they get your attention?
- **Memorability:** Would you remember these messages?
- **Clarity:** Is there anything confusing about the messages? If so, what would make them less confusing?
- **Comparison:** Are some messages in this theme better than others? More/less effective?
 - What makes them more/less effective?
- **Call to Action:** What, if anything, would you do after seeing these types of messages on a cigarette pack?
 - Would it make you think about the health effects of smoking?
- **Preference:** Within this theme, which idea did you prefer overall? Why that one?
 - Why did you not choose the others?
 - Where there problems with those? If so, please explain.
- **Improvements:** What would make these ideas better?

Thanks & Closure:

5 minutes

On behalf of the Government of Canada, thank you for your participation.



Guide du modérateur final

Introduction et préparation :

10 minutes

- Présentez-vous, puis expliquez la fonction du modérateur - pour recueillir des opinions; assurez-vous que tous participent.
- Rôle des discussions des groupes de consultation (toutes les opinions sont importantes; la recherche d'une gamme d'opinions; l'importance de bien comprendre les raisons de votre accord/désaccord, il n'y a pas de bonnes ou de mauvaises réponses).
- Expliquez la disposition de la salle; la présence d'enregistrement, la confidentialité, l'anonymat des commentaires; la présence de miroirs à double face/des observateurs de l'autre côté qui travaillent en collaboration (si tel est le cas).
- Expliquez que l'objectif de la discussion d'aujourd'hui est d'étudier les **messages relatifs à la santé figurant sur les paquets de cigarettes**. Je désire également recueillir vos commentaires concernant des **idées de messages**.
- Présentation des participants : demandez-leur de se présenter en disant leur prénom, qui habite avec eux et leurs loisirs favoris.

Historique du fumeur

5 minutes

Tel que précédemment mentionné, nous allons étudier des idées de messages relatifs à la santé figurant sur les paquets de cigarettes. Avant de débiter, je désire connaître votre historique à titre de fumeur.

- **Historique** : Depuis combien de temps fumez-vous?
- **Conséquences sur la santé** : Pensez-vous, ou non, aux conséquences de la cigarette sur la santé et à quelle fréquence?
 - Si oui, à quoi pensez-vous?
 - Qu'est-ce que cela vous incite à faire?
- **Cesser de fumer** : [Si cesser de fumer est mentionné] qu'est-ce qui vous motive à cesser de fumer?
 - Qu'est-ce qui vous empêche d'arrêter de fumer?

Anciens messages

10 minutes

Avant d'aborder les nouvelles idées de messages, je désire connaître votre opinion concernant les messages relatifs à la santé qui ont figuré sur les paquets de cigarettes dans le passé.

- **Exposition** : En règle générale, est-ce que vous lisez ou remarquez les messages relatifs à la santé figurant sur les paquets de cigarettes?
- **Attention** : Quels messages relatifs à la santé figurant sur les paquets de cigarettes ont retenu le plus votre attention? Quelles sont les raisons? Qu'est-ce qui les distingue des autres?
- **Pertinence** : Quels messages vous incitent à réfléchir aux conséquences de la cigarette sur la santé? Pourquoi ces derniers?
 - Quelles sont les répercussions de ces messages? Sur l'attrait de fumer?
- **Crédibilité** : Quels sont les messages les plus crédibles à votre avis? Quels sont ceux les moins crédibles? En quoi sont-ils crédibles/non crédibles?

Évaluation de nouveaux messages

90 minutes

Pour le reste de notre discussion, je désire connaître vos idées pour de nouveaux messages. Je vais vous présenter sept thèmes de messages différents et nous allons discuter de chaque thème



individuellement. Chaque thème comporte 1 à 3 idées. Je vais vous les présenter une à la fois et recueillir votre évaluation individuelle avant de passer à la suivante. Nous discuterons en groupe après chaque thème. Veuillez vous rappeler qu'il ne s'agit que d'idées proposées.

Le modérateur doit présenter chaque thème un par un, en alternant l'ordre des thèmes et des idées qu'ils renferment. Pour chaque thème, présentez les idées l'une après l'autre, recueillez les évaluations, puis discutez du thème.

Après chaque concept :

Sur votre feuille d'exercice, évaluez l'idée à l'aide de l'échelle des pouces tournés vers le haut ou vers le bas (le modérateur explique l'échelle), pour six critères :

- 1) *J'aime bien cette idée*
- 2) *Je crois en ce message*
- 3) *Ce message capte mon attention*
- 4) *Cela m'incite à réfléchir aux conséquences de la cigarette sur la santé*
- 5) *Je me souviendrais de ce message*
- 6) *Ce message est clair*

Y a-t-il des questions? Je vous accorde quelques minutes pour faire cet exercice.

Donnez aux participants quelques minutes pour faire cet exercice

Une fois toutes les idées du thème présentées, recueillez leur préférence.

Maintenant que nous avons pris connaissance des idées de ce thème, veuillez réfléchir à celle que vous préférez en particulier. Sur votre feuille d'exercice (préférences) veuillez noter la meilleure idée selon vous, celle qui serait la plus efficace pour vous faire réfléchir aux conséquences de la cigarette sur la santé. En d'autres mots, si une seule de ces idées était transformée par la suite en un message sur un paquet de cigarettes, laquelle préféreriez-vous et pourquoi?

Donnez aux participants quelques minutes pour faire leur choix.

Approfondissez en demandant au groupe :

- **Réaction dans l'ensemble :** Dans l'ensemble, que pensez-vous de cette approche? Plaisante/déplaisante?
- **Attrait :** Est-ce qu'ils vous plaisent? Pourquoi/pourquoi pas?
- **Crédibilité :** Croyez-vous au message? Pourquoi/pourquoi pas?
- **Attention :** Réussiraient-ils à attirer votre attention?
- **Mémorabilité :** Vous souviendriez-vous de ces messages?
- **Clarté :** Le message est-il ambigu? Si tel est le cas, comment le rendre plus clair?
- **Comparaison :** Certains messages de ce thème sont-ils meilleurs que d'autres? Plus/moins efficaces?
 - En quoi sont-ils plus/moins efficaces?
- **Réaction :** Que feriez-vous après visualisation de ce genre de messages sur un paquet de cigarettes?
 - Est-ce que cela vous inciterait à réfléchir aux conséquences de la cigarette sur la santé?
- **Préférence :** Dans ce thème, quelle idée (ou idées) avez-vous préférée dans l'ensemble? Pourquoi celle-ci?
 - Pourquoi ne pas avoir choisi les autres?
 - Avez-vous rencontré des problèmes avec ces dernières? Si tel est le cas, veuillez expliquer.
- **Améliorations :** Comment améliorer ces idées?

Remerciements et conclusion :

5 minutes

Au nom du gouvernement du Canada, je vous remercie de votre participation

































Appendix C: Exercise Sheets

Theme: _____































Message #1 _____

Please rate this message idea on each of the following items, using the thumbs up, thumbs down scale.

This idea is a good one					
I believe what this message says					
It grabs my attention					
It makes me think about the health effects of smoking					
I would remember this					
This message is clear					

Message #2 _____































Please rate this message idea on each of the following items, using the thumbs up, thumbs down scale.

This idea is a good one					
I believe what this message says					
It grabs my attention					
It makes me think about the health effects of smoking					
I would remember this					
This message is clear					



Message #3 _____

Please rate this message idea on each of the following items, using the thumbs up, thumbs down scale.

This message is a good one					
I believe what this message says					
It grabs my attention					
It makes me think about the health effects of smoking					
I would remember this message					
This message is clear					

Preference































Why?



Thème : _____































Message n° 1 _____

Veillez évaluer l'idée de ce message pour chacun des critères suivants, en vous servant de l'échelle de pouces tournés vers le haut ou vers le bas.

J'aime bien cette idée					
Je crois en ce message					
Ce message attire mon attention					
Cela m'incite à réfléchir aux conséquences de la cigarette sur la santé					
Je me souviendrais de ce message					
Ce message est clair					

Message n° 2 _____































Veillez évaluer l'idée de ce message pour chacun des critères suivants, en vous servant de l'échelle de pouces tournés vers le haut ou vers le bas.

J'aime bien cette idée					
Je crois en ce message					
Ce message attire mon attention					
Cela m'incite à réfléchir aux conséquences de la cigarette sur la santé					
Je me souviendrais de ce message					
Ce message est clair					



Message n° 3 _____

Veillez évaluer l'idée de ce message pour chacun des critères suivants, en vous servant de l'échelle de pouces tournés vers le haut ou vers le bas.

J'aime bien cette idée					
Je crois en ce message					
Ce message attire mon attention					
Cela m'incite à réfléchir aux conséquences de la cigarette sur la santé					
Je me souviendrais de ce message					
Ce message est clair					


Préférence

Pourquoi?



Appendix D: Creative Concepts

Theme 1: Health Impacts from Smoking



**your lungs
can be pink again.**

Lorem ipsum dolor sit ament consecetutuer
erat malagure Malaguaria ispanit erupstuism
ipsume malaguaria ispanit erupstuism lorem
ipsum siter dolore enim.

Health Canada
1-800-QUITLINE gosmokefree.ca



**vos poumons peuvent
redevenir roses.**

Lorem ipsum dolor sit ament consecetutuer
erat malagure Malaguaria ispanit erupstuism
ipsume malaguaria ispanit erupstuism lorem
ipsum siter dolore enim.

Santé Canada
1-800-QUITLINE vivezsansfume.ca





WARNING

Throat CANCER.
It's TOUGH to Swallow

We beornas tha mihtethat
hyssa us god beot aes eart.
Gar, beornas ne onfu.

Health Canada

www.GoSmokeFree.ca | 800 555-5555



AVERTISSEMENT

Le CANCER de la gorge.
C'est DUR à avaler.

We beornas tha mihtethat
hyssa us god beot aes eart.
Gar, beornas ne onfu.

Santé Canada

www.vivezsansfume.ca | 800 555-5555





**"i have severe
emphysema caused
by smoking."**

Lorem ipsum dolor sit ament consecetutuer
erat malagure Malaguaria ispant erupstuism
ipsume malaguaria ispant erupstuism lorem
ipsum siter dolore enim.

Health Canada
1-800-QUITLINE gosmokefree.ca



**« Je souffre
d'emphysème grave à
cause de la cigarette. »**

Lorem ipsum dolor sit ament consecetutuer
erat malagure Malaguaria ispant erupstuism
ipsume malaguaria ispant erupstuism lorem
ipsum siter dolore enim.

Santé Canada
1-800-QUITLINE vivezsansfume.ca



Theme 2: Cessation

A close-up photograph of a hand holding a pack of cigarettes. The pack is blue and white, and the cigarettes are visible. The hand is positioned as if about to light a cigarette.

you have the **power** to
make this your **last pack.**

lorem ipsum dolor sit ament consecetutuer
erat malagure Malaguaria ispant erupstuism
dolor sit ament consecetutuer lorem erat.

Health Canada

1-800-QUITLINE
gosmokefree.ca

A close-up photograph of a hand holding a pack of cigarettes. The pack is blue and white, and the cigarettes are visible. The hand is positioned as if about to light a cigarette.

vous avez **la force** d'en
faire votre **dernier paquet.**

lorem ipsum dolor sit ament consecetutuer
erat malagure Malaguaria ispant erupstuism
dolor sit ament consecetutuer lorem erat.

Santé Canada

1-800-QUITLINE
vivezsansfume.ca





it's **never too late** to quit smoking.

lorem ipsum dolor sit ament consecetutuer erat malagure Malaguaria ispant erupstuism dolor sit ament consecetutuer lorem erat.

Health Canada

1-800-QUITLINE
gosmokefree.ca



il n'est **jamais trop tard** pour cesser de fumer.

lorem ipsum dolor sit ament consecetutuer erat malagure Malaguaria ispant erupstuism dolor sit ament consecetutuer lorem erat.

Santé Canada

1-800-QUITLINE
vivezsansfume.ca





**Half a Mind
to Quit?
It's **NOT**
Too Late.**

WARNING

We beornas tha miht
ethat hyssa us god
beot aes eart. Gar,
beornas ne onfu.

Health Canada

www.GoSmokeFree.ca | 800 555-5555



**Vous pensez
à arrêter?
Il n'est **PAS**
trop tard.**

AVERTISSEMENT

We beornas tha miht
ethat hyssa us god
beot aes eart. Gar,
beornas ne onfu.

Santé Canada

www.vivezsansfume.ca | 800 555-5555



Theme 3: Toxic Emissions/Constituents



WARNING

CIGARETTES Contain
Arsenic. A RAT POISON.

We beornas tha mihtethat beot
hyssa us god beot aenas ne.
Gar, beornas ne on ssa us godfu.

Health Canada

www.GoSmokeFree.ca | 800 555-5555



AVERTISSEMENT

Les **CIGARETTES** contiennent
de l'arsenic, un **POISON À RAT.**

We beornas tha mihtethat beot
hyssa us god beot aenas ne.
Gar, beornas ne on ssa us godfu.

Santé Canada

www.vivezsansfume.ca | 800 555-5555





chemicals in
cigarettes can **kill** you.

Formaldehyde found in cigarettes is also used as a preservative in mortuaries.

Health Canada

1-800-QUITLINE
gosmokefree.ca



les **substances**
chimiques dans la cigarette
peuvent vous **tuer**.

lore ipsum dolor sit ament consecetutuer
erat malagure Malaguaria ispant erupstuism
dolor sit ament consecetutuer ut lorem erat.

Santé Canada

1-800-QUITLINE
vivezsansfume.ca



Theme 4: Addiction

smoking is a deadly addiction.

Lorem ipsum dolor sit ament consecetutuer erat malagure Malaguaria ispant erupstuism ipsume malaguaria ispant erupstuism lorem ipsum siter dolore enim.

Health Canada
1-800-QUITLINE gosmokefree.ca



fumer crée une dépendance mortelle.

Lorem ipsum dolor sit ament consecetutuer erat malagure Malaguaria ispant erupstuism ipsume malaguaria ispant erupstuism lorem ipsum siter dolore enim.

Santé Canada
1-800-QUITLINE vivezsansfume.ca





**first they hook you.
then they kill you.**

Lorem ipsum dolor sit ament consecetutuer
erat malagure Malaguaria ispant erupstuism
ipsume malaguaria ispant erupstuism lorem
ipsum siter dolore enim.

Health Canada
1-800-QUITLINE gosmokefree.ca



**l'habitude d'abord.
la mort ensuite.**

Lorem ipsum dolor sit ament consecetutuer
erat malagure Malaguaria ispant erupstuism
ipsume malaguaria ispant erupstuism lorem
ipsum siter dolore enim.

Santé Canada
1-800-QUITLINE vivezsansfume.ca



Theme 5: Smoking Attributable Mortality

smoking **destroys**
families.

lorem ipsum dolor sit ament consecetutuer
erat malagure Malaguaria ispant erupstuism
dolor sit ament consecetutuer ut lorem erat.

Health Canada

1-800-QUITLINE
gosmokefree.ca



la cigarette **détruit**
des familles.

lorem ipsum dolor sit ament consecetutuer
erat malagure Malaguaria ispant erupstuism
dolor sit ament consecetutuer ut lorem erat.

Santé Canada

1-800-QUITLINE
vivezsansfume.ca



WARNING

Quitting's **TOUGH.**

DYING'S Tougher.

RIP

We beornas tha mihte the that hyssa us god
beot garraes eart. Gar, beornas ne onfu.

Health Canada

www.GoSmokeFree.ca | 800 555-5555

This advertisement features a dark, smoky background. On the left, a lit cigarette stands upright, with smoke rising from it. On the right, a tombstone with a skull and crossbones and the word 'RIP' is visible. The text is in a mix of white, yellow, and red. The bottom of the ad has a black bar with green and white text.

AVERTISSEMENT

PAS FACILE d'arrêter.

Moins facile de **MOURIR,**

RIP

We beornas tha mihte the that hyssa us god
beot garraes eart. Gar, beornas ne onfu.

Santé Canada

www.vivezsansfume.ca | 800 555-5555

This advertisement is identical in layout and imagery to the English version, but with French text. It features a dark, smoky background with a lit cigarette on the left and a tombstone with 'RIP' on the right. The text is in a mix of white, yellow, and red. The bottom of the ad has a black bar with green and white text.





lung cancer. it's not just a
painful death for you.

lorem ipsum dolor sit ament consecetutuer
erat malagure Malaguaria ispant erupstuism
dolor sit ament consecetutuer ut lorem erat.

Health Canada

1-800-QUITLINE
gosmokefree.ca



le cancer du poumon.
une **mort pénible** pour
vous et les vôtres.

lorem ipsum dolor sit ament consecetutuer
erat malagure Malaguaria ispant erupstuism
dolor sit ament consecetutuer ut lorem erat.

Santé Canada

1-800-QUITLINE
vivezsansfume.ca



Theme 6: Pre and Post Natal Smoking



smoking can cause **low birth weight** in your baby.

lorem ipsum dolor sit ament consecetutuer erat malagure Malaguaria ispant erupstuism dolor sit ament consecetutuer lorem erat.

Health Canada

1-800-QUITLINE
gosmokefree.ca



la cigarette peut causer une **insuffisance de poids à la naissance.**

lorem ipsum dolor sit ament consecetutuer erat malagure Malaguaria ispant erupstuism dolor sit ament consecetutuer lorem erat.

Santé Canada

1-800-QUITLINE
vivezsansfume.ca





WARNING

QUIT. You're Smoking For Two.

We beornas tha mihte the that
hyssa us god beot garraes eart.
Gar, beornas ne onfu.

Health Canada

www.GoSmokeFree.ca | 800 555-5555



AVERTISSEMENT

ARRÊTEZ. Vous fumez pour deux.

We beornas tha mihte the that
hyssa us god beot garraes eart.
Gar, beornas ne onfu.

Santé Canada

www.vivezsansfume.ca | 800 555-5555



Theme 7: Second-hand Smoke



WARNING

**When YOU Smoke.
THEY Smoke.**

We beornas tha mihtethat
us god beot hyssa us god
beot aes eartne. Gar, beo
rnas ne on ssa us godfu.

Health Canada

www.GoSmokeFree.ca | 800 555-5555



AVERTISSEMENT

**Quand VOUS fumez,
ILS fument.**

We beornas tha mihtethat
us god beot hyssa us god
beot aes eartne. Gar, beo
rnas ne on ssa us godfu.

Santé Canada

www.vivezsansfume.ca | 800 555-5555





**your kids are sick
of your smoking.**

Lorem ipsum dolor sit ament consecetutuer
erat malagure Malaguaria ispant erupstuism
ipsume malaguaria ispant erupstuism lorem
ipsum siter dolore enim.

Health Canada
1-800-QUITLINE gosmokefree.ca



**votre habitude
de fumer rend vos
enfants malades.**

Lorem ipsum dolor sit ament consecetutuer
erat malagure Malaguaria ispant erupstuism
ipsume malaguaria ispant erupstuism lorem
ipsum siter dolore enim.

Santé Canada
1-800-QUITLINE vivezsansfume.ca

