

Supplementary material

SUPPLEMENTARY MATERIAL 1: QUESTION SHEET FOR TELEPHONE CONSULTATIONS

INTRODUCTION

- Explain why we are exploring the idea of delivering the smoking cessation programme remotely.
- We are interested in their thoughts and ideas about this.
- Throughout use language/terms/examples that are most appropriate for your country.

Access to telephone/tele-health technologies

Q1a. ASK PEOPLE WITH SMI/CAREGIVERS: What modes of communication are available to you? (at home/workplace)

- Landline telephone
- Mobile phone
- Smart phone
- Tablets
- Apps
- Wearable devices
- Internet
- Internet based video calls (WhatsApp, facetime etc)
- Anything else?

Q1b. ASK PROFESSIONALS: What modes of communication do people with SMI typically use? Are there any barriers to access for patients with SMI? What are they?

Q2. ASK ALL: Has access to these modes of communication been affected by the COVID pandemic? Please tell us how?

GENERAL – acceptability and feasibility of remote delivery

Q3. ASK ALL: What do you think of the idea of delivering the smoking cessation sessions remotely (instead of face-to-face)? Why do you say that?

Q4a. ASK PEOPLE WITH SMI: If the smoking cessation sessions have to be delivered remotely, how would you like that to be done (which modes of communication)?

- Why would that be best for you?
- Is there any mode of communication that would never work for you? Why?

Q4b. ASK CAREGIVERS: If the smoking cessation sessions have to be delivered remotely, which approach would work best for your family member? (which modes of communication)?

- Why would that be best?
- Is there any mode of communication that would never work? And why?

Q4c. ASK PROFESSIONALS: If the smoking cessation sessions have to be delivered remotely, what do you think is the best approach (which modes of communication) for people with SMI? Why do you think that?

Does this need to be different for different patient groups? How? Why?

- Men/women
- Different types of SMIs
- Age
- SES/education-literacy

Is there any mode of communication that would never work? Why?

DIFFERENT FEATURES OF THE SMI – acceptability and feasibility of remote delivery

BEHAVIOURAL SUPPORT - feasibility and acceptability

(Use the term for behavioural support that you like best, you may need to explain this term to patients and family members/caregivers).

Q5. ASK ALL: Ask about the components in the box – ask the same kinds of questions for each

Do you think it will be possible to do this remotely?

IF YES, which mode of communication would work best for you? Why?

IF NO, what difficulties do you foresee with this?

There are a lot of examples here for each component – you may wish to just mention 1 or 2 – you decide

- Providing information e.g. importance and benefits of quitting, common reasons people consider for quitting, harms of smoking, constituents of tobacco smoke
- Asking questions e.g. to explore smoking behaviour (forms of smoking/tobacco, how many, when), to identify perceived benefits of quitting and reasons for quitting
- Discussion e.g. about previous quit attempts, triggers to smoking, preferences for medication to support quitting, family support
- Advising e.g. restructuring social life, including specific advice on avoiding exposure to social cues for smoking
- Assessing motivation/confidence/readiness/ (using scales)
- Using a flip book with pictures and text
- Completing activities in a booklet e.g. marking the quit date on a calendar
- Recording the session (so we can assess advisor delivery)

Issues to consider within this discussion

- Advisor-client rapport/ trust
- Concentration – optimum length of session, best time of day
- Educational status
- Support from family members
- Practical issues – getting the resources out to people, advisor-client both having the same slide to look at together, internet connection facility

MEDICATION - feasibility and acceptability

Q6. ASK ALL: Do you think it will be possible to administer medication remotely?

IF YES, which medication would work best for you/your caregiver/people with SMI? (*Tailor to who you are asking*) Why?

IF NO, what difficulties do you foresee with this?

Issues to consider within this discussion

- Following instructions independently (including support of family members)
- Taking the medications as prescribed (including support of family members)
- Feeling safe taking medication “unsupervised”
- Managing side effects with remote supervision
- Monitoring side effects with remote supervision
- Practical issues – getting the medications out to people, adequate postal system

MEASURING EXHALED CARBON MONOXIDE - feasibility and acceptability

Q7. ASK ALL: Do you think it will be possible to monitor exhaled carbon monoxide remotely?

IF YES, which way of doing this would work best for you? Why?

IF NO, what difficulties do you foresee with this?

Issues to consider within this discussion

- Ability to do test remotely (including support of family members)
- Practical issues – getting the test out to people, returning the test

Final questions

Q8. ASK ALL:

In comparing face-to-face and remote delivery of smoking cessation programmes, which do you think would be the most successful for supporting you/your family member/people with SMI (*tailor to who you are asking*) to quit smoking? Why?

Q9a. ASK PEOPLE WITH SMI/CAREGIVERS:

If the COVID-19 situation improves and we could deliver face-to-face smoking cessation sessions in 2021, would you prefer to wait for then? or start sooner with remote delivery? Why?

Q9b. ASK PROFESSIONALS

If the COVID-19 situation improves and we could deliver face-to-face cessation sessions in 2021, would you suggest we wait for then? or start sooner with remote delivery? Why?

Q10. ASK ALL. Anything else you want to say?