

SUPPLEMENTARY MATERIAL

Supplementary Table 1- Sample text messages

<p style="text-align: center;">Message category (based on phase of behavior change)</p>	<p style="text-align: center;">Examples</p>
<p style="text-align: center;">Motivation phase</p>	<p>“Cigarettes are more stimulating than relaxing; even one increases your heart rate and blood pressure. They don't really help you to relax.”</p> <p>“Reframe how you think about quitting - try to view not smoking as a good thing and something you want to do, rather than as a sacrifice.”</p> <p>“You should set a date to quit soon. It is common to have mixed feelings about quitting, but remember smoking is harming your health and fitness.”</p> <p>“Ask any friends or acquaintances who've quit what helped them; everyone's smoking habit is different, but some things they did might prove useful to you.”</p> <p>“After quitting, your senses of taste and smell begin to improve. Your breath, hair and clothes will smell fresher, and you will have more energy.”</p>
<p style="text-align: center;">Preparation phase</p>	<p>“The best approach to quitting is to quit suddenly, on a set quit date. Cutting down over time can actually make things harder.”</p> <p>“It's common to make several attempts to quit before quitting for good. Each attempt is a stepping stone that gets you closer to success.”</p> <p>“To reduce cravings first thing in the morning, have a bath at the time you would have smoked. This can delay the first craving you get.”</p> <p>“Withdrawal symptoms can be unpleasant, but see them as a positive. They're proof that your body is adjusting to being without the harmful chemicals in tobacco.”</p> <p>“Nicotine gum helps prevent or reduce cravings to smoke, so consider using it if you feel you're struggling.”</p>
<p style="text-align: center;">Quit day</p>	<p>“This evening, treat yourself to something you will enjoy, as a reward for getting through the day without smoking.”</p> <p>“After only 2 days of quitting, your taste buds and sense of smell begin to improve. Can you notice it yet?”</p> <p>“There are 2 main tasks once you quit: Dealing with cravings to smoke and coming to enjoy and value life as a nonsmoker.”</p> <p>“Congratulations on quitting! You're taking control of your health, you're taking control of your addiction and</p>

	<p>you're taking control of your life.”</p> <p>“Day 2 is often the hardest. Renew your resolve to stay quit and have coping strategies ready. Treat it as a challenge.”</p>
<p>Post Quit day month 1</p>	<p>“Most people find that cravings rarely last for more than 5 minutes, so the trick is to distract yourself with ANYTHING until they go.”</p> <p>“No one will be offended if you refuse an offer of a cigarette. Practice saying 'No thanks, I don't smoke any more' in case you are offered one.”</p> <p>“Don't fall for the "just one" thought; just one is one too many. It's likely you'll wake your addiction up and soon it'll be wanting more and more.”</p> <p>“Don't focus on what you miss about smoking; switch those thoughts off as soon as they occur.</p> <p>Avoid thinking too far ahead; get through one craving at a time.”</p>
<p>Post Quit day month 2-6</p>	<p>“You might notice smokers looking as if they're enjoying a smoke, but remind yourself, they're just feeding their addiction, while you're recovering from yours.”</p> <p>“Being a nonsmoker is one of the best gifts you've ever given yourself. Soon you'll experience improved health and fitness, if you haven't already noticed it.”</p> <p>“Keep reminding yourself of how safe your family feels now that you're doing the best thing for your health and long life.”</p> <p>“Keep practicing walking away from stressors, breathe deeply, exercise and thoughts about smoking will eventually fade for good.”</p> <p>“At this point people often have the thought "I've come this far, just one won't hurt" and end up relapsing. Remember, nonsmokers don't need "just one".”</p>
<p>Relapse</p>	<p>“You tell us you have relapsed, however you have proven you have the skills to quit. You can be confident you will eventually succeed.”</p> <p>“Having recently tried to quit, you will know in what situations you get cravings. You need to develop strategies to avoid smoking in these situations.”</p> <p>“Even if you don't feel ready to make another attempt now, take the time to think how you could have avoided relapsing. This will help you next time.”</p> <p>“Congratulations on making an attempt. With one more attempt to quit behind you, you're now closer to the one that will be permanent.”</p> <p>“Medication, when properly used, reduces the strength of cravings to smoke. Make sure you are giving yourself the best chance. If you had trouble with cravings on your previous attempt, you should consider Nicotine gum to control cravings.”</p>

Message category (based on phase of behavior change)	Examples
Pre-contemplative messages	<p>“Is it hard to keep from smoking when others around you are smoking? If so, addiction is creeping up on you already. Quit now before addiction makes it harder.”</p> <p>“Try to push back the first cigarette of the day by an hour. If this is too hard, it is a sign of nicotine addiction. Quit now before addiction takes hold.”</p> <p>“It's rare for someone to be able to quit the first time they try (or even the second); it's very normal to make a number of attempts before quitting for good.”</p> <p>“All cigarettes are toxic. Smokers not only die younger (on average), they also suffer more years of disability than nonsmokers. Quitting will benefit your health at any age.”</p> <p>“Smoking causes wrinkles to develop earlier around the eyes and mouth, and can stain your fingers and teeth. It is harmful to your appearance.”</p>
Emergency messages	
STRESS	Try a minute of deep breathing, it can relax you: breathe in slowly to the count of 4, hold it for a count of 2 and breathe out slowly for 4; do this 5 times.
SOCIAL	Try to find some excuse to get out of the situation you are in. Going to the bathroom tends to work well. The craving will pass in a few minutes.
TEMPT	<p>If you can, call a friend and chat for a few minutes. The urge to smoke should soon pass.</p> <p>Go for a brisk walk if you can. Even short bursts of exercise help get rid of cravings and they also re-energize you.</p>
SLIP UP	You're on a steep learning curve adjusting to being a nonsmoker. Don't be too hard on yourself, just recommit to staying stopped.



CONSORT 2010 checklist of information to include when reporting a randomised trial*

Section/Topic	Item No	Checklist item	Reported on page No
Title and abstract			
	1a	Identification as a randomised trial in the title	N/A
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	Title page
Introduction			
Background and objectives	2a	Scientific background and explanation of rationale	Page 3
	2b	Specific objectives or hypotheses	Page 4
Methods			
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	Page 4
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	N/A
Participants	4a	Eligibility criteria for participants	Page 4
	4b	Settings and locations where the data were collected	Page 4
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	Page 5
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	Page 6
	6b	Any changes to trial outcomes after the trial commenced, with reasons	N/A
Sample size	7a	How sample size was determined	Page 7
	7b	When applicable, explanation of any interim analyses and stopping guidelines	N/A
Randomisation:			
Sequence generation	8a	Method used to generate the random allocation sequence	Page 4 (Ref 19)
	8b	Type of randomisation; details of any restriction (such as blocking and block size)	N/A
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	N/A
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	Page 4 (Ref 19)
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	N/A

	11b	If relevant, description of the similarity of interventions	N/A
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	Page 7
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	Page 7
Results			
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	Page 7
	13b	For each group, losses and exclusions after randomisation, together with reasons	Page 8
Recruitment	14a	Dates defining the periods of recruitment and follow-up	Page 4
	14b	Why the trial ended or was stopped	N/A
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	Page 17
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	Page 8 & 18
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	Page 8 & 18
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	Page 18
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	Page 8 & 18
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	N/A
Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	Page 11
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	Page 12
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	Page 9
Other information			
Registration	23	Registration number and name of trial registry	Page 7
Protocol	24	Where the full trial protocol can be accessed, if available	Page 4 (Ref 19)
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	Page 13

*We strongly recommend reading this statement in conjunction with the CONSORT 2010 Explanation and Elaboration for important clarifications on all the items. If relevant, we also recommend reading CONSORT extensions for cluster randomised trials, non-inferiority and equivalence trials, non-pharmacological treatments, herbal interventions, and pragmatic trials. Additional extensions are forthcoming: for those and for up to date references relevant to this checklist, see www.consort-statement.org.