

Table S2. Questionnaire used in this study

Question	Response
Characteristics of patients	
Q1. What is your age?	
Q2. What is your gender?	<input type="checkbox"/> Female <input type="checkbox"/> Male
Q3. How many hours do you use your mobile device a day?	<input type="checkbox"/> <1 hour (0) <input type="checkbox"/> 1–2 hours (1 point) <input type="checkbox"/> 2–3 hours (2 points) <input type="checkbox"/> 3–4 hours (3 points) <input type="checkbox"/> >4 hours (4 points)
Q4. How likely are you to quit smoking?	<input type="checkbox"/> Very likely (0) <input type="checkbox"/> Likely (1 point) <input type="checkbox"/> Neutral (2 points) <input type="checkbox"/> Not likely (3 points) <input type="checkbox"/> Not at all likely (4 points)
Q5. Do you know about the harmful effects of smoking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile phone usage patterns	
Q6. Do you want to tell your family members or friends that you are going to quit smoking via SNS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q7. Do you think that if you tell others that you are going to quit smoking via SNS, your chances of quit smoking will be higher?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q8. If you think that your chances of quit smoking is low, do you want to seek helps from your family or friends?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q9. How many times do you think it is appropriate to receive text messages a day?	<input type="checkbox"/> 1 (4 points) <input type="checkbox"/> 2–5 (3 points) <input type="checkbox"/> 6–10 (2 points) <input type="checkbox"/> 11–15 (1 point) <input type="checkbox"/> ≥16 (0)
Q10. Which text message content do you think is most effective to encourage you to quit smoking?	<input type="checkbox"/> Benefits to quit smoking <input type="checkbox"/> Emphasizing the harmful effects of smoking

	<input type="checkbox"/> Positive mindset that I can quit smoking <input type="checkbox"/> Encouraging phrases <input type="checkbox"/> Thinking about my family and friends
Q11. If you use smartphone applications for smoking cessation, how long will you use it?	<input type="checkbox"/> <1 week (4 points) <input type="checkbox"/> 1–2 weeks (3 points) <input type="checkbox"/> 2–3 weeks (2 points) <input type="checkbox"/> 3–4 weeks (1 point) <input type="checkbox"/> >4 weeks (0)
Smoking habits	
Q12. Have you tried to quit smoking before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q13. If you answered yes, how many times have you tried to quit smoking?	<input type="checkbox"/> 1 (1 point) <input type="checkbox"/> 2 (2 points) <input type="checkbox"/> 3 (3 points) <input type="checkbox"/> ≥4 (4 points)
Q14. Why did you fail to quit smoking?	<input type="checkbox"/> Stress <input type="checkbox"/> Less self-efficacy <input type="checkbox"/> Peer pressure <input type="checkbox"/> Withdrawal symptoms <input type="checkbox"/> Drinking alcohol <input type="checkbox"/> etc.
Q15. Do you have your own method to handle withdrawal symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q16. At which circumstance do you want to smoke most?	<input type="checkbox"/> After awakening <input type="checkbox"/> After a meal <input type="checkbox"/> After drinking alcohol <input type="checkbox"/> Peer pressure <input type="checkbox"/> Stress
Q17. Which method do you prefer to handle tobacco cravings?	<input type="checkbox"/> Deep breathing <input type="checkbox"/> Drinking water <input type="checkbox"/> Exercise <input type="checkbox"/> Tooth brushing

Self-suggestion

etc.

SNS: social network service.