

**Supplementary Table 1. Cognitive scoring table**

| Opinion   | Cognitive Score |
|---|-----------------|
| <b>Medical students have a duty to remind and help patients quit smoking.</b>   |                 |
| Disagree  | 1               |
| Partially Agree   | 2               |
| Fully Agree   | 3               |
| <b>Medical students' advice is helpful for patients to quit smoking.</b>  |                 |
| Disagree  | 1               |
| Partially Agree   | 2               |
| Fully Agree   | 3               |
| <b>Patients have many health problems to address, so quitting smoking is not that important.</b>  |                 |
| Fully Agree   | 3               |
| Partially Agree   | 2               |
| Disagree  | 1               |
| <b>Encouraging smoking cessation may be less effective and too late, as the damage to patients' health has become largely irreversible.</b> |                 |
| Fully Agree   | 3               |
| Partially Agree   | 2               |
| Disagree  | 1               |
| <b>Medical students should refrain from smoking to set a positive example for patients.</b>   |                 |
| Disagree  | 1               |
| Partially Agree   | 2               |
| Fully Agree   | 3               |
| <b>Tobacco consumption is a matter of personal preference, so doctors should not intervene.</b>   |                 |
| Fully Agree   | 3               |
| Partially Agree   | 2               |
| Disagree  | 1               |

**Note:** Higher scores indicate more accurate cognition.

**Supplementary Table 2. Single-Choice questions and options**

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| <b>1. Which of the following statements about smoking is incorrect?</b>  |
| A. The amount and duration of smoking are proportional to the risk of developing diseases.                                     |
| B. Quitting smoking is the most fundamental way to reduce the risk of smoking-related diseases and improve prognosis.          |
| C. Tobacco and smoke contain many harmful chemicals, such as tar, benzopyrene, and dimethylnitrosamine, which are carcinogens. |

**Supplementary Table 2 (continued)**

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| D. Secondhand smoke includes mainstream smoke exhaled by smokers and sidestream smoke from burning tobacco products, and mainstream smoke is more toxic. |
| E. There is no significant difference between the harm caused by passive and active smoking.   |
| <b>2. Which neurotransmitter is associated with the reward and withdrawal processes in smoking cessation?</b>  |
| A. Dopamine  |
| B. Acetone   |
| C. Acetylcholine   |
| D. Serine  |
| <b>3. Is tobacco dependence a chronic addictive disease?</b>   |
| A. Yes   |
| B. No  |

**Supplementary Table 3. Multiple-Choice questions and options**

|   |
|---|
| <b>1. Which of the following statements about the relationship between smoking and diseases are correct?</b>  |
| A. Long-term exposure to secondhand smoke damages airway epithelium and increases the risk of respiratory diseases, but short-term exposure has minimal effects.  |
| B. Smoking is closely associated with the incidence and mortality of multiple diseases, with the top three smoking-related causes of death being malignant tumors, cardiovascular diseases, and respiratory diseases. |
| C. Smoking contributes to the development and progression of atherosclerosis (AS), increases the risk of acute myocardial infarction (AMI), and raises the risk of stroke.  |
| D. Smoking can cause insulin resistance, leading to diabetes.   |
| E. Smoking causes premature skin aging and is significantly linked to baldness.   |
| <b>2. What are the effects of smoking on the respiratory defense mechanism?</b>   |
| A. Smoking impairs the mucociliary transport system in the respiratory tract.   |
| B. Smoking increases the sensitivity of the cough reflex.   |
| C. Smoking compromises the immune system.   |
| D. Smoking reduces macrophage function.   |
| <b>3. Which of the following are common misconceptions about smoking cessation?</b>   |
| A. Sudden smoking cessation after long-term smoking can cause diseases such as lung cancer.   |
| B. Quitting smoking causes weight gain, so “smoking for weight control” is advisable.   |

**Supplementary Table 3 (continued)**

|   |
|---|
| C. Eliminating indoor smoking is the only scientifically proven way to address secondhand smoke.            |
| D. Purchasing cigarettes labeled “low tar” reduces health risks.  |
| E. Choosing filtered, high-quality cigarettes minimizes harm.   |
| <b>4. What are common symptoms during smoking cessation?</b>  |
| A. Nicotine craving   |
| B. Irritability and mood swings   |
| C. Reduced attention and concentration  |
| D. Sleep problems   |
| E. Headache and dizziness   |
| <b>5. Which behavioral replacement therapies help alleviate nicotine cravings during smoking cessation?</b> |
| A. Reading newspapers   |
| B. Drinking milk  |
| C. Consuming snacks   |
| D. Finger massage   |
| E. Moderate exercise  |
| <b>6. Which of the following are recognized pharmacological treatments for smoking cessation?</b>           |
| A. Nicotine gum   |
| B. Nicotine patches   |
| C. Varenicline  |
| D. Sustained-release bupropion hydrochloride  |
| E. Using electronic cigarettes  |
| <b>7. What are the components of the “5A” brief smoking cessation intervention?</b>                         |
| A. Ask: Inquire if the patient smokes and record it.  |
| B. Advice: Recommend that all smokers quit.   |
| C. Assess: Evaluate the smoker’s willingness to quit.   |
| D. Achieve: Help smokers achieve cessation.   |
| E. Acknowledge: Let the patient recognize the harm of smoking.  |