Reviewer's report

Title: The role of action planning and goal enactment for smoking cessation

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Reviewer: James Balmford

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The importance of planning and how to optimise it is very topical in smoking cessation research, especially since the publication of several studies calling into question the value of planning prior to beginning an attempt. Few studies have explored whether specific action plans/strategies are related to cessation outcomes, so for these reasons the paper makes a worthwhile contribution. However, there are a number of issues that require attention before publication.

Major compulsory revisions

1. First, the paper would greatly benefit from careful editing by a native English speaker experienced in drafting scientific manuscripts. In the main, the paper is easily understood, though the results section is not expressed clearly and the introduction is very repetitive. I'd estimate that a good 1000 words could be cut from the manuscript without sacrificing content and greatly improving readability. For example, as there is commonality between the various definitions of action planning, it is necessary only to briefly state the core meaning, not describe each and every definition.

2. Please provide power calculations to justify the sample size.

3. The results section is poorly organised. Until the results of Table 4 are presented, it is not stated what the actual action plans are. The paper would be easier to follow and flow better if these results were presented first; i.e. first present what was done, then what predicted what was done – not the other way around.

4. Table 1 - it is interesting that action planning at baseline is negatively related to action planning at follow-ups, a finding not noted in the paper (it is noted that it predicts, but not that the prediction is negative, which should be stated). A negative relationship is what one would expect, as for many of these action plans, you can't continue to plan to do them if they have already been done (e.g., removing smoking-related objects from the house). This should be discussed as a limitation of the study.

5. The expression is sometimes confusing and clumsy. For example the term "goal enactment strategies" suggests strategies for ensuring goals are enacted, not the intended meaning of "goals that have been enacted". This is another example of where revision by a native English speaker would benefit the paper.

6. The low retention rate at follow-up should be discussed as a limitation. There is the likelihood of bias if, for example, those who quit were more likely to provide
follow-up data.

7. That action planning at baseline would have a positive influence on the amount of plans executed was not part of the second hypothesis. In any case, since people were only asked if they had executed plans they had previously specified they were planning, it is difficult to see how this could not be positively related. Omit this finding, or discuss this structural limitation.

Minor essential revisions

1. P.5 – what is "self-efficacy self-satisfaction"?
2. It appears from the results that participants were only asked whether they had executed the plans that they had earlier stated that they had indicated they would do. If true, this needs to be made clearer.
3. It should be clearly stated that baseline action planning was not a significant independent predictor of cessation outcome after controlling for other factors. This important finding is somewhat hidden.
4. Second paragraph of the discussion on p.14 – please change 'were not predicting' to 'did not predict'.

Discretionary revisions

1. 'Smoking by children' is a curious measure of social influence, and would be irrelevant to younger participants and those without children. I'd be interested to know how well the 2 items in the social influence scale correlate and whether the relationships found for social influence change if this item is dropped.
2. It would be interesting and useful to discuss which plans were most likely to be executed. For example, reading information about how to quit successfully was frequently executed among those who planned to do so; making non-smoking agreements with housemates was the least frequently executed plan, among those who originally intended to do so. This could lead to specific recommendations for intervention.
3. Second paragraph of the discussion on p.14 - an important predictor not included may be intention to plan, or otherwise stated, a preference for spontaneous quitting (without pre-planning). The findings should be discussed in the light of recent studies to have explored predictors of quitting spontaneously, e.g. Murray et al 2009 (Addiction).

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:

I declare that I have no competing interests.