

GTSS Global Adult Tobacco Survey (GATS)



Core Questionnaire with Optional Questions

Global Adult Tobacco Survey (GATS) Core Questionnaire with Optional Questions

Version 2.0
November 2010

Global Adult Tobacco Survey (GATS) Comprehensive Standard Protocol

GATS Questionnaire

Core Questionnaire with Optional Questions
Question by Question Specifications

GATS Sample Design

Sample Design Manual
Sample Weights Manual

GATS Fieldwork Implementation

Field Interviewer Manual
Field Supervisor Manual
Mapping and Listing Manual

GATS Data Management

Programmer's Guide to General Survey System
Core Questionnaire Programming Specifications
Data Management Implementation Plan
Data Management Training Guide

GATS Quality Assurance: Guidelines and Documentation

GATS Analysis and Reporting Package

Fact Sheet Template
Country Report: Tabulation Plan and Guidelines
Indicator Definitions

GATS Data Release and Dissemination

Data Release Policy
Data Dissemination: Guidance for the Initial Release of the Data

Tobacco Questions for Surveys: A Subset of Key Questions from the Global Adult Tobacco Survey (GATS)

Suggested Citation

Global Adult Tobacco Survey Collaborative Group. *Global Adult Tobacco Survey (GATS): Core Questionnaire with Optional Questions, Version 2.0*. Atlanta, GA: Centers for Disease Control and Prevention, 2010.

Acknowledgements

GATS Collaborating Organizations

- Centers for Disease Control and Prevention
- CDC Foundation
- Johns Hopkins Bloomberg School of Public Health
- RTI International
- University of North Carolina Gillings School of Public Health
- World Health Organization

Financial Support

Financial support is provided by the Bloomberg Initiative to Reduce Tobacco Use, a program of Bloomberg Philanthropies, through the CDC Foundation.

Disclaimer: The views expressed in this manual are not necessarily those of the GATS collaborating organizations.

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GATS Core Questionnaire Formatting Conventions

Text in **RED FONT** = Programming logic and skip instructions.

Text in *BLUE ITALICS* = Instructions for country-adaptations and wording fills.

Text in [BRACKETS] = Specific question instructions for interviewers—not to be read to the respondents.

Text surrounded by *asterisks* = Words that interviewers should emphasize when reading to respondents.

Household Questionnaire

INTRO. [THE HOUSEHOLD SCREENING RESPONDENT SHOULD BE 18 YEARS OF AGE OR OLDER AND YOU MUST BE CONFIDENT THAT THIS PERSON CAN PROVIDE ACCURATE INFORMATION ABOUT ALL MEMBERS OF THE HOUSEHOLD. IF NEEDED, VERIFY THE AGE OF THE HOUSEHOLD SCREENING RESPONDENT TO MAKE SURE HE/SHE IS 18 YEARS OF AGE OR OLDER.]

THE HOUSEHOLD SCREENING RESPONDENT CAN BE LESS THAN 18 YEARS OLD, ONLY IF NO HOUSEHOLD MEMBERS ARE 18 YEARS OF AGE OR OLDER.]

INTRO1. An important survey of adult tobacco use behavior is being conducted by the *[FILL COUNTRY SPONSORING AGENCY]* throughout *[FILL COUNTRY]* and your household has been selected to participate. All houses selected were chosen from a scientific sample and it is very important to the success of this project that each participates in the survey. All information gathered will be kept strictly confidential. I have a few questions to find out who in your household is eligible to participate.

HH1. First, I'd like to ask you a few questions about your household. In total, how many persons live in this household?

[INCLUDE ANYONE WHO CONSIDERS THIS HOUSEHOLD THEIR USUAL PLACE OF RESIDENCE]

--	--

HH2. How many of these household members are 15 years of age or older?

--	--

[IF HH2 = 00 (NO HOUSEHOLD MEMBERS > 15 IN HOUSEHOLD)]

[THERE ARE NO ELIGIBLE HOUSEHOLD MEMBERS.

THANK THE RESPONDENT FOR HIS/HER TIME.

THIS WILL BE RECORDED IN THE RECORD OF CALLS AS A CODE 201.]

HH3. *[OPTIONAL QUESTION HH3 WILL BE INCLUDED IF GENDER RANDOMIZATION IS USED IN THE SAMPLE DESIGN.]*

HH4. I now would like to collect information about only these persons that live in this household who are 15 years of age or older. Let's start listing them from oldest to youngest.

HH4a. What is the {oldest/next oldest} person's first name? _____

HH4b. What is this person's age?

[IF RESPONDENT DOESN'T KNOW, PROBE FOR AN ESTIMATE]

--	--	--

[IF REPORTED AGE IS 15 THROUGH 17, BIRTH DATE IS ASKED]

HH4c. What is the month of this person's date of birth?

--	--

HH4cYEAR. What is the year of this person's date of birth?

[IF DON'T KNOW, ENTER 7777
IF REFUSED, ENTER 9999]

--	--	--	--

HH4d. Is this person male or female?

MALE ☐ 1
FEMALE ☐ 2

HH4e. Does this person currently smoke tobacco, including **[FILL APPROPRIATE COUNTRY EXAMPLES: cigarettes, cigars, pipes]**?

YES ☐ 1
NO ☐ 2
DON'T KNOW.. ☐ 7
REFUSED..... ☐ 9

[REPEAT HH4a – HH4e FOR EACH PERSON REPORTED IN HH2]

HH5. [HOUSEHOLD ROSTER NUMBER AND NAME OF THE SELECTED ELIGIBLE PERSON IS:

{FILL SELECTED HH MEMBER'S FIRST NAME}

ASK IF **{FILL SELECTED HH MEMBER'S FIRST NAME}** IS AVAILABLE AND IF SO, PROCEED TO THE INDIVIDUAL QUESTIONNAIRE.

IF **{FILL SELECTED HH MEMBER'S FIRST NAME}** IS NOT AVAILABLE, MAKE AN APPOINTMENT AND RECORD IT AS A COMMENT ON RECORD OF CALLS.]

Individual Questionnaire

CONSENT1. [SELECT THE APPROPRIATE AGE CATEGORY BELOW. IF NEEDED, CHECK THE AGE OF SELECTED RESPONDENT FROM THE “CASE INFO” SCREEN IN THE TOOLS MENU.]

15-17 ☐ 1 → **GO TO CONSENT2**

18 OR OLDER ☐ 2 → **GO TO CONSENT5**

EMANCIPATED MINOR (15-17) ☐ 3 → **GO TO CONSENT5**

CONSENT2. Before starting the interview, I need to obtain consent from a parent or guardian of [NAME OF RESPONDENT] and from [NAME OF RESPONDENT].

[IF BOTH SELECTED RESPONDENT AND PARENT/GUARDIAN ARE AVAILABLE, CONTINUE WITH INTERVIEW.

IF PARENT/GUARDIAN IS NOT AVAILABLE, BREAK-OFF INTERVIEW AND SCHEDULE AN APPOINTMENT TO RETURN.

IF MINOR RESPONDENT IS NOT AVAILABLE, CONTINUE WITH OBTAINING PARENTAL CONSENT.]

CONSENT3. [READ THE FOLLOWING TO THE PARENT/GUARDIAN AND SELECTED RESPONDENT (IF AVAILABLE):]

I am working with **[Name of Organization]**. This institution is collecting information about tobacco use in **[Country]**. This information will be used for public health purposes by the Ministry of Health.

Your household and [NAME OF RESPONDENT] have been selected at random. [NAME OF RESPONDENT] responses are very important to us and the community, as these answers will represent many other persons.

The interview will last around 30 minutes. [NAME OF RESPONDENT] participation in this survey is entirely voluntary. The information that [NAME OF RESPONDENT] will provide will be kept strictly confidential and [NAME OF RESPONDENT] will not be identified by his/her responses. Personal information will not be shared with anyone else, not even other family members including you. [NAME OF RESPONDENT] can withdraw from the study at any time, and may refuse to answer any question.

We will leave the necessary contact information with you. If you have any questions about this survey, you can contact the telephone numbers listed.

If you agree with [NAME OF RESPONDENT]’s participation in this survey, we will conduct a private interview with him/her.

[ASK PARENT/GUARDIAN:] Do you agree with [NAME OF RESPONDENT]’s participation?

YES ☐ 1 → **GO TO CONSENT4**

NO ☐ 2 → **END INTERVIEW**

CONSENT4. [WAS THE SELECTED MINOR RESPONDENT PRESENT?]

PRESENT ☐ 1 → **GO TO CONSENT6**

NOT PRESENT ☐ 2 → **GO TO CONSENT5**

CONSENT5. [READ TO THE SELECTED RESPONDENT:]

I am working with *[Name of Organization]*. This institution is collecting information about tobacco use in *[Country]*. This information will be used for public health purposes by the Ministry of Health.

Your household and you have been selected at random. Your responses are very important to us and the community, as these answers will represent many other persons. The interview will last around 30 minutes. Your participation in this survey is entirely voluntary. The information that you will provide us will be kept strictly confidential, and you will not be identified by your responses. Personal information will not be shared with anyone else, not even other family members. You can withdraw from the study at any time, and may refuse to answer any question.

We will leave the necessary contact information with you. If you have any questions about this survey, you can contact the telephone numbers listed.

{FILL IF CONSENT4=2: Your parent/guardian has given his/her permission for you to participate in this study}

If you agree to participate, we will conduct a private interview with you.

CONSENT6. [ASK SELECTED RESPONDENT:] Do you agree to participate?

YES ☐ 1 → **PROCEED WITH INTERVIEW**

NO ☐ 2 → **END INTERVIEW**

INTLANG. [INTERVIEW LANGUAGE]

[INSERT LANGUAGES – THIS QUESTION IS ONLY NEEDED IF MORE THAN ONE LANGUAGE IS BEING USED]

[SPECIFY] ☐ 1

[SPECIFY] ☐ 2

[SPECIFY] ☐ 3

[SPECIFY] ☐ 4

Section A. Background Characteristics

A00. I am going to first ask you a few questions about your background.

A01. [RECORD GENDER FROM OBSERVATION. ASK IF NECESSARY.]

MALE ☐ 1
FEMALE ☐ 2

A02a. What is the month of your date of birth?

01 ☐ 1
02 ☐ 2
03 ☐ 3
04 ☐ 4
05 ☐ 5
06 ☐ 6
07 ☐ 7
08 ☐ 8
09 ☐ 9
10 ☐ 10
11 ☐ 11
12 ☐ 12
DON'T KNOW.. ☐ 77
REFUSED..... ☐ 99

A02b. What is the year of your date of birth?

[IF DON'T KNOW, ENTER 7777
IF REFUSED, ENTER 9999]

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[IF MONTH=77/99 OR YEAR=7777/9999, ASK A03. OTHERWISE SKIP TO A04.]

A03. How old are you?

[IF RESPONDENT IS UNSURE, PROBE FOR AN ESTIMATE AND RECORD AN ANSWER.
IF REFUSED, BREAK-OFF AS WE CANNOT CONTINUE INTERVIEW WITHOUT AGE]

--	--	--

A03a. [WAS RESPONSE ESTIMATED?]

YES ☐ 1
NO ☐ 2
DON'T KNOW..... ☐ 7

A04. What is the highest level of education you have completed?

[SELECT ONLY ONE CATEGORY]

[ADJUST CATEGORIES FOR SPECIFIC COUNTRY]

- NO FORMAL SCHOOLING..... ☐ 1
 LESS THAN PRIMARY SCHOOL COMPLETED ☐ 2
 PRIMARY SCHOOL COMPLETED..... ☐ 3
 LESS THAN SECONDARY SCHOOL COMPLETED ☐ 4
 SECONDARY SCHOOL COMPLETED ☐ 5
 HIGH SCHOOL COMPLETED ☐ 6
 COLLEGE/UNIVERSITY COMPLETED ☐ 7
 POST GRADUATE DEGREE COMPLETED ☐ 8
 DON'T KNOW..... ☐ 77
 REFUSED..... ☐ 99

A05. Which of the following best describes your *main* work status over the past 12 months? Government employee, non-government employee, self-employed, student, homemaker, retired, unemployed-able to work, or unemployed-unable to work?

[INCLUDE SUBSISTENCE FARMING AS SELF-EMPLOYED]

- GOVERNMENT EMPLOYEE ☐ 1
 NON-GOVERNMENT EMPLOYEE ☐ 2
 SELF-EMPLOYED..... ☐ 3
 STUDENT ☐ 4
 HOMEMAKER ☐ 5
 RETIRED ☐ 6
 UNEMPLOYED, ABLE TO WORK..... ☐ 7
 UNEMPLOYED, UNABLE TO WORK.... ☐ 8
 DON'T KNOW..... ☐ 77
 REFUSED..... ☐ 99

A06. Please tell me whether this household or any person who lives in the household has the following items:

	YES	NO	DON'T KNOW	REFUSED
	▼	▼	▼	▼
a. Electricity?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> 9
b. Flush toilet?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> 9
c. Fixed telephone?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> 9
d. Cell telephone?.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> 9
e. Television?.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> 9
f. Radio?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> 9
g. Refrigerator?.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> 9
h. Car?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> 9
i. Moped/scooter/motorcycle? .	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> 9
j. Washing machine?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> 9

Section B. Tobacco Smoking

B00. I would now like to ask you some questions about *smoking* tobacco, including *[FILL APPROPRIATE COUNTRY EXAMPLES: cigarettes, cigars, pipes]*.

[IF SECTION C IS BEING ADMINISTERED:] Please do not answer about smokeless tobacco at this time.

B01. Do you *currently* smoke tobacco on a daily basis, less than daily, or not at all?

- DAILY ☐ 1 → **SKIP TO B04**
LESS THAN DAILY ☐ 2
NOT AT ALL ☐ 3 → **SKIP TO B03**
DON'T KNOW..... ☐ 7 → **SKIP TO NEXT SECTION**
REFUSED..... ☐ 9 → **SKIP TO NEXT SECTION**

B02. Have you smoked tobacco daily in the past?

- YES ☐ 1 → **SKIP TO B08**
NO ☐ 2 → **SKIP TO B10**
DON'T KNOW..... ☐ 7 → **SKIP TO B10**
REFUSED..... ☐ 9 → **SKIP TO B10**

B03. In the *past*, have you smoked tobacco on a daily basis, less than daily, or not at all?

[IF RESPONDENT HAS DONE BOTH "DAILY" AND "LESS THAN DAILY" IN THE PAST, CHECK "DAILY"]

- DAILY ☐ 1 → **SKIP TO B11**
LESS THAN DAILY ☐ 2 → **SKIP TO B13**
NOT AT ALL ☐ 3 → **SKIP TO NEXT SECTION**
DON'T KNOW..... ☐ 7 → **SKIP TO NEXT SECTION**
REFUSED..... ☐ 9 → **SKIP TO NEXT SECTION**

[CURRENT DAILY SMOKERS]

B04. How old were you when you first started smoking tobacco *daily*?

[IF DON'T KNOW OR REFUSED, ENTER 99]

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[IF B04 = 99, ASK B05. OTHERWISE SKIP TO B06.]

B05. How many years ago did you first start smoking tobacco *daily*?

[IF REFUSED, ENTER 99]

--	--

B06. On average, how many of the following products do you currently smoke each day? Also, let me know if you smoke the product, but not every day.

[IF RESPONDENT REPORTS SMOKING THE PRODUCT BUT NOT EVERY DAY, ENTER 888]

IF RESPONDENT REPORTS IN PACKS OR CARTONS, PROBE TO FIND OUT HOW MANY ARE IN EACH AND CALCULATE TOTAL NUMBER]

[ADJUST CATEGORIES FOR SPECIFIC COUNTRY]

a. Manufactured cigarettes?				PER DAY
a1. [IF B06a=888] On average, how many manufactured cigarettes do you currently smoke each week?				PER WEEK
b. Hand-rolled cigarettes?				PER DAY
b1. [IF B06b=888] On average, how many hand-rolled cigarettes do you currently smoke each week?				PER WEEK
c. Kreteks?				PER DAY
c1. [IF B06c=888] On average, how many kreteks do you currently smoke each week?				PER WEEK
d. Pipes full of tobacco?				PER DAY
d1. [IF B06d=888] On average, how many pipes full of tobacco do you currently smoke each week?				PER WEEK
e. Cigars, cheroots, or cigarillos?				PER DAY
e1. [IF B06e=888] On average, how many cigars, cheroots, or cigarillos do you currently smoke each week?				PER WEEK
f. Number of water pipe sessions per day?				PER DAY
f1. [IF B06f=888] On average, how many water pipe sessions do you currently participate in each week?				PER WEEK
g. Any others? (→ g1. Please specify the other type you currently smoke each day: _____)				PER DAY
g2. [IF B06g=888] On average, how many [FILL PRODUCT] do you currently smoke each week?				PER WEEK

B07. How soon after you wake up do you usually have your first smoke? Would you say within 5 minutes, 6 to 30 minutes, 31 to 60 minutes, or more than 60 minutes?

WITHIN 5 MINUTES.....	<input type="checkbox"/>	1
6 TO 30 MINUTES.....	<input type="checkbox"/>	2
31 TO 60 MINUTES	<input type="checkbox"/>	3
MORE THAN 60 MINUTES.....	<input type="checkbox"/>	4
REFUSED.....	<input type="checkbox"/>	9

[SKIP TO NEXT SECTION]

[CURRENT LESS THAN DAILY SMOKERS]

B08. How old were you when you first started smoking tobacco *daily*?

[IF DON'T KNOW OR REFUSED, ENTER 99]

--	--

[IF B08 = 99, ASK B09. OTHERWISE SKIP TO B10.]

B09. How many years ago did you first start smoking tobacco *daily*?

[IF REFUSED, ENTER 99]

--	--

B10. How many of the following do you currently smoke during a usual week?

[IF RESPONDENT REPORTS DOING THE ACTIVITY *WITHIN THE PAST 30 DAYS*, BUT LESS THAN ONCE PER WEEK, ENTER 888

IF RESPONDENT REPORTS IN PACKS OR CARTONS, PROBE TO FIND OUT HOW MANY ARE IN EACH AND CALCULATE TOTAL NUMBER]

[ADJUST CATEGORIES FOR SPECIFIC COUNTRY]

a. Manufactured cigarettes?				PER WEEK
b. Hand-rolled cigarettes?.....				PER WEEK
c. Kreteks ?				PER WEEK
d. Pipes full of tobacco?.....				PER WEEK
e. Cigars, cheroots, or cigarillos?				PER WEEK
f. Number of water pipe sessions per week?.....				PER WEEK
g. Any others?.....				PER WEEK

→ g1. Please specify the other type you currently smoke during a usual week:

[SKIP TO NEXT SECTION]

[FORMER SMOKERS]

B11. How old were you when you first started smoking tobacco *daily*?

[IF DON'T KNOW OR REFUSED, ENTER 99]

--	--

[IF B11 = 99, ASK B12. OTHERWISE SKIP TO B13a.]

B12. How many years ago did you first start smoking tobacco *daily*?

[IF REFUSED, ENTER 99]

--	--

B13a. How long has it been since you stopped smoking?

[ONLY INTERESTED IN WHEN RESPONDENT STOPPED SMOKING REGULARLY – DO NOT INCLUDE RARE INSTANCES OF SMOKING]

ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

- | | | | |
|-----------------------|--------------------------|---|-------------------------------|
| YEARS | <input type="checkbox"/> | 1 | |
| MONTHS | <input type="checkbox"/> | 2 | |
| WEEKS | <input type="checkbox"/> | 3 | |
| DAYS | <input type="checkbox"/> | 4 | |
| LESS THAN 1 DAY | <input type="checkbox"/> | 5 | → SKIP TO B14 |
| DON'T KNOW..... | <input type="checkbox"/> | 7 | → SKIP TO NEXT SECTION |
| REFUSED..... | <input type="checkbox"/> | 9 | → SKIP TO NEXT SECTION |

B13b. [ENTER NUMBER OF (YEARS/MONTHS/WEEKS/DAYS)]

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[IF B13a/b < 1 YEAR (< 12 MONTHS), THEN CONTINUE WITH B14. OTHERWISE SKIP TO NEXT SECTION.]

B14. Have you visited a doctor or other health care provider in the past 12 months?

YES..... ☐ 1
 NO ☐ 2 → **SKIP TO B18**
 REFUSED..... ☐ 9 → **SKIP TO B18**

B15. How many times did you visit a doctor or health care provider in the past 12 months? Would you say 1 or 2 times, 3 to 5 times, or 6 or more times?

1 OR 2 ☐ 1
 3 TO 5..... ☐ 2
 6 OR MORE..... ☐ 3
 REFUSED..... ☐ 9

B16. During any visit to a doctor or health care provider in the past 12 months, were you asked if you smoke tobacco?

YES..... ☐ 1
 NO ☐ 2 → **SKIP TO B18**
 REFUSED..... ☐ 9 → **SKIP TO B18**

B17. During any visit to a doctor or health care provider in the past 12 months, were you advised to quit smoking tobacco?

YES..... ☐ 1
 NO ☐ 2
 REFUSED..... ☐ 9

B18. During the past 12 months, did you use any of the following to try to stop smoking tobacco?

[ADJUST CATEGORIES FOR SPECIFIC COUNTRY]

	YES ▼	NO ▼	REFUSED ▼
a. Counseling, including at a smoking cessation clinic?.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 9
b. Nicotine replacement therapy, such as the patch or gum?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 9
c. Other prescription medications, for example (FILL RELEVANT TO THE COUNTRY)?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 9
d. Traditional medicines, for example (FILL RELEVANT TO THE COUNTRY)?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 9
e. A quit line or a smoking telephone support line?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 9
f. Switching to smokeless tobacco?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 9
g. Anything else?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 9

→ g1. Please specify what you used to try to stop smoking:

Section C. Smokeless Tobacco

[C01 – C03 ARE MANDATORY WHEN RELEVANT. C04 – C18 ARE OPTIONAL.]

C00. The next questions are about using smokeless tobacco, such as *[FILL APPROPRIATE COUNTRY EXAMPLES: snuff, chewing tobacco, and dip]*. Smokeless tobacco is tobacco that is not smoked, but is sniffed through the nose, held in the mouth, or chewed.

C01. Do you *currently* use smokeless tobacco on a daily basis, less than daily, or not at all?

[IF RESPONDENT DOES NOT KNOW WHAT SMOKELESS TOBACCO IS, EITHER PRESENT A SHOWCARD OR READ DEFINITION FROM QXQ SCREEN]

DAILY ☐ 1 → **SKIP TO C04**
LESS THAN DAILY ☐ 2
NOT AT ALL ☐ 3 → **SKIP TO C03**
DON'T KNOW..... ☐ 7 → **SKIP TO NEXT SECTION**
REFUSED..... ☐ 9 → **SKIP TO NEXT SECTION**

C02. Have you used smokeless tobacco daily in the past?

YES ☐ 1 → **SKIP TO C08**
NO ☐ 2 → **SKIP TO C10**
DON'T KNOW..... ☐ 7 → **SKIP TO C10**
REFUSED..... ☐ 9 → **SKIP TO C10**

C03. In the *past*, have you used smokeless tobacco on a daily basis, less than daily, or not at all?

[IF RESPONDENT HAS DONE BOTH "DAILY" AND "LESS THAN DAILY" IN THE PAST, CHECK "DAILY"]

DAILY ☐ 1 → **SKIP TO C11**
LESS THAN DAILY ☐ 2 → **SKIP TO C13**
NOT AT ALL ☐ 3 → **SKIP TO NEXT SECTION**
DON'T KNOW..... ☐ 7 → **SKIP TO NEXT SECTION**
REFUSED..... ☐ 9 → **SKIP TO NEXT SECTION**

[CURRENT DAILY SMOKELESS TOBACCO USERS]

C04. How old were you when you first started using smokeless tobacco *daily*?

[IF DON'T KNOW OR REFUSED, ENTER 99]

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[IF C04 = 99, ASK C05. OTHERWISE SKIP TO C06.]

C05. How many years ago did you first start using smokeless tobacco *daily*?

[IF REFUSED, ENTER 99]

--	--

C06. On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day.

[IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, ENTER 888]

[ADJUST CATEGORIES FOR SPECIFIC COUNTRY]

a. Snuff, by mouth?				PER DAY
a1. [IF C06a=888] On average, how many times a week do you currently use snuff, by mouth?				PER WEEK
b. Snuff, by nose?				PER DAY
b1. [IF C06b=888] On average, how many times a week do you currently use snuff, by nose?				PER WEEK
c. Chewing tobacco?				PER DAY
c1. [IF C06c=888] On average, how many times a week do you currently use chewing tobacco?				PER WEEK
d. Betel quid with tobacco?				PER DAY
d1. [IF C06d=888] On average, how many times a week do you currently use betel quid with tobacco?				PER WEEK
e. Any others? (→ e1. Please specify the other type you currently use each day:_____)				PER DAY
e2. [IF C06e=888] On average, how many times a week do you currently use [FILL PRODUCT]?				PER WEEK

C07. How soon after you wake up do you usually use smokeless tobacco for the first time? Would you say within 5 minutes, 6 to 30 minutes, 31 to 60 minutes, or more than 60 minutes?

- WITHIN 5 MINUTES..... ☐ 1
6 TO 30 MINUTES..... ☐ 2
31 TO 60 MINUTES ☐ 3
MORE THAN 60 MINUTES..... ☐ 4
REFUSED..... ☐ 9

[SKIP TO NEXT SECTION]

[CURRENT LESS THAN DAILY SMOKELESS TOBACCO USERS]

C08. How old were you when you first started using smokeless tobacco *daily*?

[IF DON'T KNOW OR REFUSED, ENTER 99]

--	--

[IF C08 = 99, ASK C09. OTHERWISE SKIP TO C10.]

C09. How many years ago did you first start using smokeless tobacco *daily*?

[IF REFUSED, ENTER 99]

--	--

C10. How many times a week do you usually use the following?

[IF RESPONDENT REPORTS DOING THE ACTIVITY *WITHIN THE PAST 30 DAYS*, BUT LESS THAN ONCE PER WEEK, ENTER 888]

[ADJUST CATEGORIES FOR SPECIFIC COUNTRY]

a. Snuff, by mouth?				<i>TIMES PER WEEK</i>
b. Snuff, by nose?				<i>TIMES PER WEEK</i>
c. Chewing tobacco?				<i>TIMES PER WEEK</i>
d. Betel quid with tobacco?				<i>TIMES PER WEEK</i>
e. Any others?				<i>TIMES PER WEEK</i>

→ e1. Please specify the other type you currently use during a usual week:

[SKIP TO NEXT SECTION]

[FORMER SMOKELESS TOBACCO USERS]

C11. How old were you when you first started using smokeless tobacco *daily*?

[IF DON'T KNOW OR REFUSED, ENTER 99]

--	--

[IF C11 = 99, ASK C12. OTHERWISE SKIP TO C13a.]

C12. How many years ago did you first start using smokeless tobacco *daily*?

[IF REFUSED, ENTER 99]

--	--

C13a. How long has it been since you stopped using smokeless tobacco?

[ONLY INTERESTED IN WHEN RESPONDENT STOPPED USING SMOKELESS TOBACCO REGULARLY — DO NOT INCLUDE RARE INSTANCES OF USING SMOKELESS TOBACCO

ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

YEARS	<input type="checkbox"/>	1	
MONTHS	<input type="checkbox"/>	2	
WEEKS	<input type="checkbox"/>	3	
DAYS	<input type="checkbox"/>	4	
LESS THAN 1 DAY	<input type="checkbox"/>	5	→ SKIP TO C14
DON'T KNOW.....	<input type="checkbox"/>	7	→ SKIP TO NEXT SECTION
REFUSED.....	<input type="checkbox"/>	9	→ SKIP TO NEXT SECTION

C13b. [ENTER NUMBER OF (YEARS/MONTHS/WEEKS/DAYS)]

--	--	--

[IF C13a/b < 1 YEAR (< 12 MONTHS), THEN CONTINUE. OTHERWISE SKIP TO NEXT SECTION.]

IF B14 HAS NOT BEEN ASKED → CONTINUE WITH C14

IF B14 = YES → SKIP TO C16

IF B14 = NO OR REFUSED → SKIP TO C18

C14. Have you visited a doctor or other health care provider in the past 12 months?

YES ☐ 1

NO ☐ 2 → **SKIP TO C18**

REFUSED..... ☐ 9 → **SKIP TO C18**

C15. How many times did you visit a doctor or health care provider in the past 12 months? Would you say 1 or 2 times, 3 to 5 times, or 6 or more times?

1 OR 2 ☐ 1

3 TO 5..... ☐ 2

6 OR MORE..... ☐ 3

REFUSED..... ☐ 9

C16. During any visit to a doctor or health care provider in the past 12 months, were you asked if you use smokeless tobacco?

YES ☐ 1

NO ☐ 2 → **SKIP TO C18**

REFUSED..... ☐ 9 → **SKIP TO C18**

C17. During any visit to a doctor or health care provider in the past 12 months, were you advised to stop using smokeless tobacco?

YES ☐ 1

NO ☐ 2

REFUSED..... ☐ 9

C18. During the past 12 months, did you use any of the following to try to stop using smokeless tobacco?

[ADJUST CATEGORIES FOR SPECIFIC COUNTRY]

	YES	NO	REFUSED
a. Counseling, including at a cessation clinic?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
b. Nicotine replacement therapy, such as the patch or gum?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
c. Other prescription medications, for example (FILL RELEVANT TO THE COUNTRY) ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
d. Traditional medicines, for example (FILL RELEVANT TO THE COUNTRY) ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
e. A quit line or a telephone support line?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
g. Anything else?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9

→ g1. Please specify what you used to try to stop using smokeless tobacco:

Section D1. Cessation – Tobacco Smoking

IF B01 = 1 OR 2 (RESPONDENT CURRENTLY SMOKES TOBACCO), CONTINUE WITH THIS SECTION.
IF B01 = 3, 7, OR 9 (RESPONDENT DOES NOT CURRENTLY SMOKE TOBACCO), SKIP TO NEXT SECTION.

D01. The next questions ask about any attempts to stop smoking that you might have made during the past 12 months. Please think about tobacco smoking.

During the past 12 months, have you tried to stop smoking?

YES ☐ 1
 NO ☐ 2 → **SKIP TO INSTRUCTION BEFORE D04**
 REFUSED ☐ 9 → **SKIP TO INSTRUCTION BEFORE D04**

D02a. Thinking about the last time you tried to quit, how long did you stop smoking?

[ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

MONTHS ☐ 1
 WEEKS ☐ 2
 DAYS ☐ 3
 LESS THAN 1 DAY (24 HOURS) ☐ 4 → **SKIP TO D03**
 DON'T KNOW ☐ 7 → **SKIP TO D03**
 REFUSED ☐ 9 → **SKIP TO D03**

D02b. [ENTER NUMBER OF (MONTHS/WEEKS/DAYS)]

--	--	--

D03. During the past 12 months, did you use any of the following to try to stop smoking tobacco?

[ADJUST CATEGORIES FOR SPECIFIC COUNTRY]

	YES ▼	NO ▼	REFUSED ▼
a. Counseling, including at a smoking cessation clinic?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
b. Nicotine replacement therapy, such as the patch or gum?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
c. Other prescription medications, for example (FILL RELEVANT TO THE COUNTRY)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
d. Traditional medicines, for example (FILL RELEVANT TO THE CO UNTRY)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
e. A quit line or a smoking telephone support line?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
f. Switching to smokeless tobacco?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
g. Anything else?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9

→ g1. Please specify what you used to try to stop smoking:

IF C14 HAS NOT BEEN ASKED → CONTINUE WITH D04

IF C14 = YES → SKIP TO D06

IF C14 = NO OR REFUSED → SKIP TO D08

D04. Have you visited a doctor or other health care provider in the past 12 months?

YES..... ☐ 1

NO ☐ 2 → **SKIP TO D08**

REFUSED..... ☐ 9 → **SKIP TO D08**

D05. How many times did you visit a doctor or health care provider in the past 12 months? Would you say 1 or 2 times, 3 to 5 times, or 6 or more times?

1 OR 2 ☐ 1

3 TO 5..... ☐ 2

6 OR MORE..... ☐ 3

REFUSED..... ☐ 9

D06. During any visit to a doctor or health care provider in the past 12 months, were you asked if you smoke tobacco?

YES..... ☐ 1

NO ☐ 2 → **SKIP TO D08**

REFUSED..... ☐ 9 → **SKIP TO D08**

D07. During any visit to a doctor or health care provider in the past 12 months, were you advised to quit smoking tobacco?

YES..... ☐ 1

NO ☐ 2

REFUSED..... ☐ 9

D08. Which of the following best describes your thinking about quitting smoking? I am planning to quit within the next month, I am thinking about quitting within the next 12 months, I will quit someday but not within the next 12 months, or I am not interested in quitting?

QUIT WITHIN THE NEXT MONTH ☐ 1

THINKING WITHIN THE NEXT 12 MONTHS ☐ 2

QUIT SOMEDAY, BUT NOT NEXT 12 MONTHS.... ☐ 3

NOT INTERESTED IN QUITTING ☐ 4

DON'T KNOW..... ☐ 7

REFUSED..... ☐ 9

Section D2. Cessation – Smokeless Tobacco

IF C01 = 1 OR 2 (RESPONDENT CURRENTLY USES SMOKELESS TOBACCO), CONTINUE WITH THIS SECTION.
IF C01 = 3, 7, OR 9 (RESPONDENT DOES NOT CURRENTLY USE SMOKELESS TOBACCO), SKIP TO NEXT SECTION.

D09. The next questions ask about any attempts to stop using smokeless tobacco that you might have made during the past 12 months. Please think about your use of smokeless tobacco.

During the past 12 months, have you tried to stop using smokeless tobacco?

YES ☐ 1
 NO ☐ 2 → **SKIP TO INSTRUCTION BEFORE D12**
 REFUSED ☐ 9 → **SKIP TO INSTRUCTION BEFORE D12**

D10a. Thinking about the last time you tried to quit, how long did you stop using smokeless tobacco?

[ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

MONTHS ☐ 1
 WEEKS ☐ 2
 DAYS ☐ 3
 LESS THAN 1 DAY (24 HOURS) ☐ 4 → **SKIP TO D11**
 DON'T KNOW ☐ 7 → **SKIP TO D11**
 REFUSED ☐ 9 → **SKIP TO D11**

D10b. [ENTER NUMBER OF (MONTHS/WEEKS/DAYS)]

--	--	--

D11. During the past 12 months, have you used any of the following to try and stop using smokeless tobacco?

[ADJUST CATEGORIES FOR SPECIFIC COUNTRY]

	YES ▼	NO ▼	REFUSED ▼
a. Counseling, including at a cessation clinic?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
b. Nicotine replacement therapy, such as the patch or gum?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
c. Other prescription medications, for example <i>(FILL RELEVANT TO THE COUNTRY)?</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
d. Traditional medicines, for example <i>(FILL RELEVANT TO THE COUNTRY)?</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
e. A quit line or a telephone support line?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
g. Anything else?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9

→ g1. Please specify what you used to try to stop using smokeless tobacco:

IF BOTH B14 AND D04 HAVE NOT BEEN ASKED → CONTINUE WITH D12
IF B14 OR D04 = YES → SKIP TO D14
IF B14 OR D04 = NO OR REFUSED → SKIP TO D16

D12. Have you visited a doctor or other health care provider in the past 12 months?

YES..... ☐ 1
 NO ☐ 2 → **SKIP TO D16**
 REFUSED..... ☐ 9 → **SKIP TO D16**

D13. How many times did you visit a doctor or health care provider in the past 12 months? Would you say 1 or 2 times, 3 to 5 times, or 6 or more times?

1 OR 2 ☐ 1
 3 TO 5..... ☐ 2
 6 OR MORE..... ☐ 3
 REFUSED..... ☐ 9

D14. During any visit to a doctor or health care provider in the past 12 months, were you asked if you use smokeless tobacco?

YES..... ☐ 1
 NO ☐ 2 → **SKIP TO D16**
 REFUSED..... ☐ 9 → **SKIP TO D16**

D15. During any visit to a doctor or health care provider in the past 12 months, were you advised to stop using smokeless tobacco?

YES..... ☐ 1
 NO ☐ 2
 REFUSED..... ☐ 9

D16. Which of the following best describes your thinking about quitting smokeless tobacco? I am planning to quit within the next month, I am thinking about quitting within the next 12 months, I will quit someday but not within the next 12 months, or I am not interested in quitting?

QUIT WITHIN THE NEXT MONTH ☐ 1
 THINKING WITHIN THE NEXT 12 MONTHS ☐ 2
 QUIT SOMEDAY, BUT NOT NEXT 12 MONTHS.... ☐ 3
 NOT INTERESTED IN QUITTING ☐ 4
 DON'T KNOW..... ☐ 7
 REFUSED..... ☐ 9

Section E. Secondhand Smoke

E01. I would now like to ask you a few questions about smoking in various places.

Which of the following best describes the rules about smoking inside of your home: Smoking is allowed inside of your home, smoking is generally not allowed inside of your home but there are exceptions, smoking is never allowed inside of your home, or there are no rules about smoking in your home?

- ALLOWED ☐ 1
NOT ALLOWED, BUT EXCEPTIONS.... ☐ 2
NEVER ALLOWED..... ☐ 3 → **SKIP TO E04**
NO RULES ☐ 4 → **SKIP TO E03**
DON'T KNOW..... ☐ 7 → **SKIP TO E03**
REFUSED..... ☐ 9 → **SKIP TO E03**

E02. Inside your home, is smoking allowed in every room?

- YES ☐ 1
NO ☐ 2
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

E03. How often does *anyone* smoke inside your home? Would you say daily, weekly, monthly, less than monthly, or never?

- DAILY ☐ 1
WEEKLY ☐ 2
MONTHLY ☐ 3
LESS THAN MONTHLY ☐ 4
NEVER ☐ 5
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

E04. Do you currently work outside of your home?

- YES ☐ 1
NO/DON'T WORK ☐ 2 → **SKIP TO E09**
REFUSED..... ☐ 9 → **SKIP TO E09**

E05. Do you usually work indoors or outdoors?

- INDOORS ☐ 1 → **SKIP TO E07**
OUTDOORS ☐ 2
BOTH..... ☐ 3 → **SKIP TO E07**
REFUSED..... ☐ 9

E06. Are there any indoor areas at your work place?

- YES..... ☐ 1
NO ☐ 2 → **SKIP TO E09**
DON'T KNOW..... ☐ 7 → **SKIP TO E09**
REFUSED..... ☐ 9 → **SKIP TO E09**

E07. Which of the following best describes the indoor smoking policy where you work: Smoking is allowed anywhere, smoking is allowed only in some indoor areas, smoking is not allowed in any indoor areas, or there is no policy?

- ALLOWED ANYWHERE ☐ 1
ALLOWED ONLY IN SOME INDOOR AREAS ... ☐ 2
NOT ALLOWED IN ANY INDOOR AREAS..... ☐ 3
THERE IS NO POLICY ☐ 4
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

E08. During the past 30 days, did anyone smoke in indoor areas where you work?

- YES..... ☐ 1
NO ☐ 2
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

E09. During the past 30 days, did you visit any government buildings or government offices?

- YES..... ☐ 1
NO ☐ 2 → **SKIP TO E11**
DON'T KNOW..... ☐ 7 → **SKIP TO E11**
REFUSED..... ☐ 9 → **SKIP TO E11**

E10. Did anyone smoke inside of any government buildings or government offices that you visited in the past 30 days?

- YES..... ☐ 1
NO ☐ 2
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

E11. During the past 30 days, did you visit any health care facilities?

YES ☐ 1
NO ☐ 2 → **SKIP TO E13**
DON'T KNOW..... ☐ 7 → **SKIP TO E13**
REFUSED..... ☐ 9 → **SKIP TO E13**

E12. Did anyone smoke inside of any health care facilities that you visited in the past 30 days?

YES ☐ 1
NO ☐ 2
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

E13. During the past 30 days, did you visit any restaurants?

YES ☐ 1
NO ☐ 2 → **SKIP TO E15**
DON'T KNOW..... ☐ 7 → **SKIP TO E15**
REFUSED..... ☐ 9 → **SKIP TO E15**

E14. Did anyone smoke inside of any restaurants that you visited in the past 30 days?

YES ☐ 1
NO ☐ 2
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

E15. During the past 30 days, did you use any public transportation?

YES ☐ 1
NO ☐ 2 → **SKIP TO E17**
DON'T KNOW..... ☐ 7 → **SKIP TO E17**
REFUSED..... ☐ 9 → **SKIP TO E17**

E16. Did anyone smoke inside of any public transportation that you used in the past 30 days?

YES ☐ 1
NO ☐ 2
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

E17. Based on what you know or believe, does breathing other people's smoke cause serious illness in non-smokers?

YES ☐ 1
NO ☐ 2
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

Section F. Economics — Manufactured Cigarettes

IF [B01 = 1 OR 2 (RESPONDENT CURRENTLY SMOKES DAILY OR LESS THAN DAILY)]
AND
[(B06a OR B10a) > 0 AND <= 888 (RESPONDENT SMOKES MANUFACTURED CIGARETTES)],
THEN CONTINUE WITH THIS SECTION.
OTHERWISE, SKIP TO NEXT SECTION.

F01a. The next few questions are about the last time you purchased cigarettes for yourself to smoke.

The last time you bought cigarettes for yourself, how many cigarettes did you buy?

[ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

CIGARETTES ☐ 1
PACKS ☐ 2
CARTONS ☐ 3
OTHER (SPECIFY) ☐ 4 → F01c. [SPECIFY THE UNIT]: _____
NEVER BOUGHT CIGARETTES..... ☐ 5 → **SKIP TO NEXT SECTION**
REFUSED..... ☐ 9 → **SKIP TO F03**

F01b. [ENTER NUMBER OF (CIGARETTES/PACKS/CARTONS/OTHER)]

--	--	--

F01d. **[IF F01a=OTHER, GO TO F01dA]**

Did each (pack/carton) contain (10/100) cigarettes, (20/200) cigarettes, or another amount?

[ADJUST AMOUNTS/CATEGORIES FOR SPECIFIC COUNTRY]

10/100 ☐ 1
20/200 ☐ 2
OTHER AMOUNT..... ☐ 7 → F01dA. How many cigarettes were in each (pack/carton/other)?
REFUSED..... ☐ 9

F02. In total, how much money did you pay for this purchase?

[IF DON'T KNOW OR REFUSED, ENTER 999]

--

[ADJUST RANGE AND DK/REF VALUE FOR SPECIFIC COUNTRY]

F03. What brand did you buy the last time you purchased cigarettes for yourself?

[INSERT LIST OF BRANDS FOR SPECIFIC COUNTRY]

- ? ☐ 1
? ☐ 2
? ☐ 3
OTHER ☐ ? → F03a. [SPECIFY BRAND]: _____
REFUSED..... ☐ 99

F04. The last time you purchased cigarettes for yourself, where did you buy them?

[ADJUST CATEGORIES FOR SPECIFIC COUNTRY]

- VENDING MACHINE..... ☐ 1
STORE ☐ 2
STREET VENDOR ☐ 3
MILITARY STORE..... ☐ 4
DUTY-FREE SHOP..... ☐ 5
OUTSIDE THE COUNTRY..... ☐ 6
KIOSKS ☐ 7
INTERNET ☐ 8
FROM ANOTHER PERSON ☐ 9
OTHER ☐ 10 → F04a. [SPECIFY LOCATION]: _____
DON'T REMEMBER..... ☐ 77
REFUSED..... ☐ 99

Section G. Media

Structure #1 – Asking about only one product (e.g., cigarettes)

G01intro. The next few questions ask about your exposure to the media and advertisements in the last 30 days.

- G01.** In the last 30 days, have you noticed *information* about the dangers of smoking cigarettes or that encourages quitting in any of the following places?

[ADJUST CATEGORIES FOR SPECIFIC COUNTRY]

	YES ▼	NO ▼	NOT APPLICABLE ▼	REFUSED ▼
a. In newspapers or in magazines?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> 9
b. On television?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> 9
c. On the radio?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> 9
d. On billboards?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> 9
e. Somewhere else?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....		<input type="checkbox"/> 9

[DO NOT INCLUDE HEALTH WARNINGS ON CIGARETTE PACKAGES]

→ e1. Please specify where: _____

- G02.** In the last 30 days, did you notice any health warnings on cigarette packages?

YES ☐ 1

NO ☐ 2 → **SKIP TO G04**

DID NOT SEE ANY CIGARETTE PACKAGES... ☐ 3 → **SKIP TO G04**

REFUSED..... ☐ 9 → **SKIP TO G04**

- G03.** **[ADMINISTER IF B01 = 1 OR 2. ELSE GO TO G04]**

In the last 30 days, have warning labels on cigarette packages led you to think about quitting?

YES ☐ 1

NO ☐ 2

DON'T KNOW..... ☐ 7

REFUSED..... ☐ 9

- G04.** In the last 30 days, have you noticed any *advertisements or signs promoting* cigarettes in the following places?

[ADJUST CATEGORIES FOR SPECIFIC COUNTRY - ITEM "a" IS MANDATORY]

	YES ▼	NO ▼	NOT APPLICABLE ▼	REFUSED ▼
a. In stores where cigarettes are sold?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
b. On television?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
c. On the radio?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
d. On billboards?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
e. On posters?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
f. In newspapers or magazines?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
g. In cinemas?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
h. On the internet?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
i. On public transportation vehicles or stations?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
j. On public walls?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
k. Anywhere else?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9

→ k1. Please specify where: _____

- G05.** In the last 30 days, have you noticed any sport or sporting event that is associated with cigarette brands or cigarette companies?

YES ☐ 1

NO ☐ 2

DON'T KNOW..... ☐ 7

REFUSED..... ☐ 9

- G06.** In the last 30 days, have you noticed any of the following types of cigarette promotions?

[ADJUST CATEGORIES FOR SPECIFIC COUNTRY]

	YES ▼	NO ▼	DON'T KNOW ▼	REFUSED ▼
a. Free samples of cigarettes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
b. Cigarettes at sale prices?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
c. Coupons for cigarettes?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
d. Free gifts or special discount offers on other products when buying cigarettes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
e. Clothing or other items with a cigarette brand name or logo?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
f. Cigarette promotions in the mail?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9

Structure #2 – Asking about two or more products (e.g., cigarettes, smokeless tobacco)

G201intro. The next few questions ask about your exposure to the media and advertisements in the last 30 days. For each item, I am going to ask about cigarettes and smokeless tobacco.

G201a. In the last 30 days, have you noticed any information in *newspapers or in magazines* about the dangers of use or that encourages quitting of the following tobacco products?

1. Cigarettes?

YES..... ☐ 1
NO ☐ 2
NOT APPLICABLE ☐ 7 → **SKIP TO G201b**
REFUSED..... ☐ 9

2. Smokeless tobacco?

YES ☐ 1
NO ☐ 2
REFUSED..... ☐ 9

G201b. In the last 30 days, have you seen any information on *television* about the dangers of use or that encourages quitting of the following tobacco products?

1. Cigarettes?

YES ☐ 1
NO ☐ 2
NOT APPLICABLE ☐ 7 → **SKIP TO G201c**
REFUSED..... ☐ 9

2. Smokeless tobacco?

YES ☐ 1
NO ☐ 2
REFUSED..... ☐ 9

G201c. In the last 30 days, have you heard any information on the *radio* about the dangers of use or that encourages quitting of the following tobacco products?

1. Cigarettes?

YES..... ☐ 1
NO ☐ 2
NOT APPLICABLE ☐ 7 → **SKIP TO G201d**
REFUSED..... ☐ 9

2. Smokeless tobacco?

YES ☐ 1
NO ☐ 2
REFUSED..... ☐ 9

G201d. In the last 30 days, have you noticed any information on *billboards* about the dangers of use or that encourages quitting of the following tobacco products?

1. Cigarettes?

YES ☐ 1
NO ☐ 2
NOT APPLICABLE ☐ 7 → **SKIP TO G201e**
REFUSED..... ☐ 9

2. Smokeless tobacco?

YES ☐ 1
NO ☐ 2
REFUSED..... ☐ 9

G201e. In the last 30 days, have you noticed any information *somewhere else* about the dangers of use or that encourages quitting of the following tobacco products?

1. Cigarettes?

[DO NOT INCLUDE HEALTH WARNINGS ON CIGARETTE PACKAGES]

YES ☐ 1 → a. Please specify where: _____
NO ☐ 2
REFUSED..... ☐ 9

2. Smokeless tobacco?

[DO NOT INCLUDE HEALTH WARNINGS ON SMOKELESS PACKAGES]

YES..... ☐ 1 → a. Please specify where: _____
NO ☐ 2
REFUSED..... ☐ 9

G202. In the last 30 days, did you notice any health warnings on cigarette packages?

YES..... ☐ 1
NO ☐ 2 → **SKIP TO G202a**
DID NOT SEE ANY CIGARETTE PACKAGES... ☐ 3 → **SKIP TO G202a**
REFUSED..... ☐ 9 → **SKIP TO G202a**

G203. [ADMINISTER IF B01 = 1 OR 2. ELSE GO TO G202a]

In the last 30 days, have warning labels on cigarette packages led you to think about quitting?

YES ☐ 1
NO ☐ 2
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

G202a. In the last 30 days, did you notice any health warnings on smokeless tobacco products?

YES ☐ 1
NO ☐ 2 → **SKIP TO G204a**
DID NOT SEE ANY SMOKELESS PRODUCTS. ☐ 3 → **SKIP TO G204a**
REFUSED..... ☐ 9 → **SKIP TO G204a**

G203a. **[ADMINISTER IF C01 = 1 OR 2. ELSE GO TO G204a]**

In the last 30 days, have warning labels on smokeless tobacco products led you to think about quitting?

YES ☐ 1
NO ☐ 2
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

G204a. In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products in *stores where the products are sold*?

1. Cigarettes?

YES..... ☐ 1
NO ☐ 2
NOT APPLICABLE ☐ 7 → **SKIP TO G204b**
REFUSED..... ☐ 9

2. Smokeless tobacco?

YES..... ☐ 1
NO ☐ 2
REFUSED..... ☐ 9

G204b. In the last 30 days, have you seen any advertisements or signs promoting the following tobacco products on *television*?

1. Cigarettes?

YES..... ☐ 1
NO ☐ 2
NOT APPLICABLE ☐ 7 → **SKIP TO G204c**
REFUSED..... ☐ 9

2. Smokeless tobacco?

YES ☐ 1
NO ☐ 2
REFUSED..... ☐ 9

G204c. In the last 30 days, have you heard any advertisements promoting the following tobacco products on the *radio*?

1. Cigarettes?

YES ☐ 1
NO ☐ 2
NOT APPLICABLE ☐ 7 → **SKIP TO G204d**
REFUSED..... ☐ 9

2. Smokeless tobacco?

YES ☐ 1
NO ☐ 2
REFUSED..... ☐ 9

G204d. In the last 30 days, have you noticed any advertisements promoting the following tobacco products on *billboards*?

1. Cigarettes?

YES..... ☐ 1
NO ☐ 2
NOT APPLICABLE ☐ 7 → **SKIP TO G204e**
REFUSED..... ☐ 9

2. Smokeless tobacco?

YES ☐ 1
NO ☐ 2
REFUSED..... ☐ 9

G204e. In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products on *posters*?

1. Cigarettes?

YES ☐ 1
NO ☐ 2
NOT APPLICABLE ☐ 7 → **SKIP TO G204f**
REFUSED..... ☐ 9

2. Smokeless tobacco?

YES ☐ 1
NO ☐ 2
REFUSED..... ☐ 9

G204f. In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products in *newspapers or magazines*?

1. Cigarettes?

YES ☐ 1
NO ☐ 2
NOT APPLICABLE ☐ 7 → **SKIP TO G204g**
REFUSED..... ☐ 9

2. Smokeless tobacco?

YES..... ☐ 1
NO ☐ 2
REFUSED..... ☐ 9

G204g. In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products in *cinemas*?

1. Cigarettes?

YES ☐ 1
NO ☐ 2
NOT APPLICABLE ☐ 7 → **SKIP TO G204h**
REFUSED..... ☐ 9

2. Smokeless tobacco?

YES ☐ 1
NO ☐ 2
REFUSED..... ☐ 9

G204h. In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products on the *internet*?

1. Cigarettes?

YES..... ☐ 1
NO ☐ 2
NOT APPLICABLE ☐ 7 → **SKIP TO G204i**
REFUSED..... ☐ 9

2. Smokeless tobacco?

YES ☐ 1
NO ☐ 2
REFUSED..... ☐ 9

G204i. In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products on *public transportation vehicles or stations*?

1. Cigarettes?

YES ☐ 1
NO ☐ 2
NOT APPLICABLE ☐ 7 → **SKIP TO G204j**
REFUSED..... ☐ 9

2. Smokeless tobacco?

YES ☐ 1
NO ☐ 2
REFUSED..... ☐ 9

G204j. In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products on *public walls*?

1. Cigarettes?

YES ☐ 1
NO ☐ 2
NOT APPLICABLE ☐ 7 → **SKIP TO G204k**
REFUSED..... ☐ 9

2. Smokeless tobacco?

YES ☐ 1
NO ☐ 2
REFUSED..... ☐ 9

G204k. In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products *anywhere else*?

1. Cigarettes?

YES ☐ 1 → a. Please specify where: _____
NO ☐ 2
REFUSED..... ☐ 9

2. Smokeless tobacco?

YES ☐ 1 → a. Please specify where: _____
NO ☐ 2
REFUSED..... ☐ 9

G205. In the last 30 days, have you noticed any sport or sporting event that is associated with cigarette brands or cigarette companies?

YES ☐ 1
NO ☐ 2
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

G205a. In the last 30 days, have you noticed any sport or sporting event that is associated with smokeless tobacco brands or smokeless tobacco companies?

YES ☐ 1
NO ☐ 2
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

G206a. In the last 30 days, have you noticed any free samples of the following tobacco products?

1. Cigarettes?

YES..... ☐ 1
NO ☐ 2
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

2. Smokeless tobacco?

YES..... ☐ 1
NO ☐ 2
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

G206b. In the last 30 days, have you noticed any of the following tobacco products sold at sale prices?

1. Cigarettes?

YES ☐ 1
NO ☐ 2
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

2. Smokeless tobacco?

YES..... ☐ 1
NO ☐ 2
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

G206c. In the last 30 days, have you noticed any coupons for the following tobacco products?

1. Cigarettes?

YES..... ☐ 1
NO ☐ 2
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

2. Smokeless tobacco?

YES..... ☐ 1
NO ☐ 2
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

G206d. In the last 30 days, have you noticed any free gifts or special discount offers on other products when buying any of the following tobacco products?

1. Cigarettes?

YES..... ☐ 1
NO ☐ 2
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

2. Smokeless tobacco?

YES..... ☐ 1
NO ☐ 2
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

G206e. In the last 30 days, have you noticed any clothing or other items with a brand name or logo of the following tobacco products?

1. Cigarettes?

YES ☐ 1
NO ☐ 2
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

2. Smokeless tobacco?

YES..... ☐ 1
NO ☐ 2
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

G206f. In the last 30 days, have you noticed any promotions in the mail for the following tobacco products?

1. Cigarettes?

YES..... ☐ 1
NO ☐ 2
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

2. Smokeless tobacco?

YES..... ☐ 1
NO ☐ 2
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

Section H. Knowledge, Attitudes & Perceptions

H01. The next question is asking about *smoking* tobacco.

Based on what you know or believe, does smoking tobacco cause serious illness?

YES ☐ 1
NO ☐ 2
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

H02. Based on what you know or believe, does smoking tobacco cause the following...

	YES ▼	NO ▼	DON'T KNOW ▼	REFUSED ▼
a. Stroke (blood clots in the brain that may cause paralysis)?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> 9
b. Heart attack?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> 9
c. Lung cancer?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> 9

H03. Based on what you know or believe, does using *smokeless tobacco* cause serious illness?

YES ☐ 1
NO ☐ 2
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

End Individual Questionnaire

I00. Those are all of the questions I have. Thank you very much for participating in this important survey.

I02. [RECORD ANY NOTES ABOUT INTERVIEW:]

List of Optional Questions

Household Questionnaire

HH3. How many (male/female) household members are 15 years of age or older?

--	--

[IF HH3 = 00 (NO MALE/FEMALE HOUSEHOLD MEMBERS > 15 IN HOUSEHOLD)]

[THERE ARE NO ELIGIBLE HOUSEHOLD MEMBERS.

THANK THE RESPONDENT FOR HIS/HER TIME.

THIS WILL BE RECORDED IN THE RECORD OF CALLS AS A CODE 201.]

HH4. **ADD A QUESTION ON “RELATIONSHIP TO HEAD OF HOUSEHOLD” IN CREATING HOUSEHOLD ROSTER.**

Section A. Background Characteristics

A05a. **[ONLY ADMINISTERED IF A05 = 1, 2, or 3]**

Which of the following best describes your main job description over the past 12 months?

[RESPONSE CATEGORIES WILL BE DEVELOPED BY SPECIFIC COUNTRY AND TECHNICAL COMMITTEE]

?	<input type="checkbox"/>	1
?	<input type="checkbox"/>	2
?	<input type="checkbox"/>	3
OTHER (SPECIFY)	<input type="checkbox"/>	? → A05a1. [SPECIFY JOB DESCRIPTION]:
DON'T KNOW.....	<input type="checkbox"/>	77
REFUSED.....	<input type="checkbox"/>	99

A06. Please tell me whether this household or any person who lives in the household has the following items:

[ITEMS WILL BE DEVELOPED BY SPECIFIC COUNTRY AND TECHNICAL COMMITTEE]

	YES	NO	DON'T KNOW	REFUSED
	▼	▼	▼	▼
k. ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
l. ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
m. ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9

A08. How many rooms in your household are used for sleeping?

[IF DON'T KNOW, ENTER 77
IF REFUSED, ENTER 99]

--	--

A09. What is your racial/ethnic background?

**[RESPONSE CATEGORIES WILL BE DEVELOPED BY SPECIFIC COUNTRY
AND TECHNICAL COMMITTEE]**

?	<input type="checkbox"/> 1
?	<input type="checkbox"/> 2
?	<input type="checkbox"/> 3
?	<input type="checkbox"/> 4
DON'T KNOW.....	<input type="checkbox"/> 77
REFUSED.....	<input type="checkbox"/> 99

A10. What is your religion?

**[RESPONSE CATEGORIES WILL BE DEVELOPED BY SPECIFIC COUNTRY
AND TECHNICAL COMMITTEE]**

HINDU	<input type="checkbox"/> 1
MUSLIM	<input type="checkbox"/> 2
CHRISTIAN	<input type="checkbox"/> 3
BUDDHISM.....	<input type="checkbox"/> 4
OTHER	<input type="checkbox"/> 5 → A10a. [SPECIFY]: _____
NONE	<input type="checkbox"/> 6
DON'T KNOW.....	<input type="checkbox"/> 77
REFUSED.....	<input type="checkbox"/> 99

A11. What is your marital status? Would you say single, married, separated, divorced, or widowed?

SINGLE	<input type="checkbox"/> 1
MARRIED	<input type="checkbox"/> 2
SEPARATED	<input type="checkbox"/> 3
DIVORCED	<input type="checkbox"/> 4
WIDOWED.....	<input type="checkbox"/> 5
REFUSED.....	<input type="checkbox"/> 9

A12. Can you read and write?

YES	<input type="checkbox"/> 1
NO	<input type="checkbox"/> 2
REFUSED.....	<input type="checkbox"/> 9

Section B. Tobacco Smoking

B18. During the past 12 months, did you use any of the following to try to stop smoking tobacco?

xx. On my own/willpower?

Section C. Smokeless Tobacco

C04 – C18 ARE OPTIONAL (INCLUDED IN THE CORE DOCUMENT)

C18. During the past 12 months, did you use any of the following to try to stop using smokeless tobacco?

xx. On my own/willpower?

AFTER SECTION C:

C19. **[ADMINISTERED ONLY IF B01=2 AND C01=2]**

Do you use tobacco daily?

YES ☐ 1

NO ☐ 2

REFUSED..... ☐ 9

Section D1. Cessation – Tobacco Smoking

D03. During the past 12 months, did you use any of the following to try to stop smoking tobacco?

xx. On my own/willpower?

Section D2. Cessation – Smokeless Tobacco

D11. During the past 12 months, did you use any of the following to try to stop using smokeless tobacco?

xx. On my own/willpower?

Section E. Secondhand Smoke

E08a. **[ONLY ADMINISTERED IF E08 = YES]**

How often does anyone smoke in indoor areas where you work? Would you say daily, weekly, monthly, or less than monthly?

DAILY ☐ 1
 WEEKLY ☐ 2
 MONTHLY ☐ 3
 LESS THAN MONTHLY ☐ 4
 DON'T KNOW ☐ 7
 REFUSED ☐ 9

E18. **[ONLY ADMINISTERED IF E17 = YES]**

Based on what you know or believe, does breathing smoke from other people's cigarettes cause any of the following?

	YES	NO	DON'T KNOW	REFUSED
a. Heart disease in adults?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
b. Lung illnesses in children?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
c. Lung cancer in adults?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9

E19. During the past 30 days, did you visit any schools?

YES ☐ 1
 NO ☐ 2 → **SKIP OVER E20**
 DON'T KNOW ☐ 7 → **SKIP OVER E20**
 REFUSED ☐ 9 → **SKIP OVER E20**

E20. Did anyone smoke inside of any schools that you visited in the past 30 days?

YES ☐ 1
 NO ☐ 2
 DON'T KNOW ☐ 7
 REFUSED ☐ 9

E21. During the past 30 days, did you visit any universities?

- YES ☐ 1
NO ☐ 2 → **SKIP OVER E22**
DON'T KNOW..... ☐ 7 → **SKIP OVER E22**
REFUSED..... ☐ 9 → **SKIP OVER E22**

E22. Did anyone smoke inside of any universities that you visited in the past 30 days?

- YES ☐ 1
NO ☐ 2
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

E23. During the past 30 days, did you visit any private workplaces other than your own?

- YES ☐ 1
NO ☐ 2 → **SKIP OVER E24**
DON'T KNOW..... ☐ 7 → **SKIP OVER E24**
REFUSED..... ☐ 9 → **SKIP OVER E24**

E24. Did anyone smoke inside of any of these private workplaces you visited in the past 30 days?

- YES ☐ 1
NO ☐ 2
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

E25. During the past 30 days, did you visit any bars or night clubs?

- YES ☐ 1
NO ☐ 2 → **SKIP OVER E26**
DON'T KNOW..... ☐ 7 → **SKIP OVER E26**
REFUSED..... ☐ 9 → **SKIP OVER E26**

E26. Did anyone smoke inside of any bars or night clubs that you visited in the past 30 days?

- YES ☐ 1
NO ☐ 2
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

E27. During the past 30 days, did you visit any cafes, coffee shops, or tea houses?

YES..... ☐ 1
 NO ☐ 2 → **SKIP OVER E28**
 DON'T KNOW..... ☐ 7 → **SKIP OVER E28**
 REFUSED..... ☐ 9 → **SKIP OVER E28**

E28. Did anyone smoke inside of any cafes, coffee shops, or tea houses that you visited in the past 30 days?

YES ☐ 1
 NO ☐ 2
 DON'T KNOW..... ☐ 7
 REFUSED..... ☐ 9

E29. For each of the following public places, please tell me if you think smoking should or should not be allowed in *indoor areas*.

	SHOULD BE ALLOWED ▼	SHOULD NOT BE ALLOWED ▼	DON'T KNOW ▼	REFUSED ▼
a. Hos pitals?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> 9
b. Work places?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> 9
c. Res taurants?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> 9
d. Bars?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> 9
e. Public transportation vehicles?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> 9
f. School s?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> 9
g. Univers ities?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> 9
h. Places of worship?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> 9

**[FOR COUNTRIES WITH EXISTING LAWS PROHIBITING SMOKING, USE THE FOLLOWING ITEMS.
 MAY NEED TO ADJUST BASED ON REGIONAL AND LOCAL LAWS]**

E29a. Do you support the law that prohibits smoking inside of hospitals?

YES..... ☐ 1
 NO ☐ 2
 DON'T KNOW.... ☐ 7
 REFUSED..... ☐ 9

E29b. Do you support the law that prohibits smoking inside of workplaces?

YES ☐ 1
 NO ☐ 2
 DON'T KNOW.... ☐ 7
 REFUSED..... ☐ 9

E29c. Do you support the law that prohibits smoking inside of restaurants?

YES ☐ 1
NO ☐ 2
DON'T KNOW.... ☐ 7
REFUSED..... ☐ 9

E29d. Do you support the law that prohibits smoking inside of bars?

YES ☐ 1
NO ☐ 2
DON'T KNOW.... ☐ 7
REFUSED..... ☐ 9

E29e. Do you support the law that prohibits smoking inside of public transportation vehicles?

YES ☐ 1
NO ☐ 2
DON'T KNOW.... ☐ 7
REFUSED..... ☐ 9

E29f. Do you support the law that prohibits smoking inside schools?

YES ☐ 1
NO ☐ 2
DON'T KNOW.... ☐ 7
REFUSED..... ☐ 9

E29g. Do you support the law that prohibits smoking inside universities?

YES ☐ 1
NO ☐ 2
DON'T KNOW.... ☐ 7
REFUSED..... ☐ 9

E29h. Do you support the law that prohibits smoking inside places of worship?

YES ☐ 1
NO ☐ 2
DON'T KNOW.... ☐ 7
REFUSED..... ☐ 9

Section F. Economics

F05. Were these cigarettes filtered or non-filtered?

FILTERED ☐ 1
NON-FILTERED ☐ 2
REFUSED..... ☐ 9

F06. Were these cigarettes labeled as light, mild, or low tar?

[ADJUST CATEGORIES FOR SPECIFIC COUNTRY]

LIGHT ☐ 1
MILD ☐ 2
LOW TAR ☐ 3
NONE OF THE ABOVE.. ☐ 4
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

Section G. Media

G01a1 – G01d. **[FOLLOW-UP FOR EACH ITEM ANSWERED YES IN G01]**

Would you say a lot or sometimes?

A LOT ☐ 1
SOMETIMES ... ☐ 2
REFUSED..... ☐ 9

G05. In the last 30 days, have you noticed any music, theatre, art, or fashion events that are associated with (cigarette/smokeless tobacco) brands or (cigarette/smokeless tobacco) companies?

YES ☐ 1
NO ☐ 2
DON'T KNOW.... ☐ 7
REFUSED..... ☐ 9

Section H. Knowledge, Attitudes & Perceptions

H02. Based on what you know or believe, does smoking tobacco cause the following...

d. Bladder cancer?

[H02_1 SHOULD ONLY BE ASKED OF CURRENT TOBACCO SMOKERS (B01 = 1 OR 2)]

H02_1. Based on your experience of smoking, do you think that your current brand might be a little less harmful, is no different, or might be a little more harmful, compared to other cigarettes?

A LITTLE LESS HARMFUL..... ☐ 1 → **SKIP OVER H02_2**
NO DIFFERENT ☐ 2
A LITTLE MORE HARMFUL ☐ 3 → **SKIP OVER H02_2**
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

H02_2. Do you think that some types of cigarettes *could* be less harmful than other types, or are all cigarettes equally harmful?

COULD BE LESS HARMFUL.... ☐ 1
ALL EQUALLY HARMFUL ☐ 2
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

H02_3. Do you believe cigarettes are addictive?

YES ☐ 1
NO ☐ 2
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

[H02_3 CAN BE REPEATED FOR OTHER RELEVANT PRODUCTS SUCH AS BIDIS, SMOKELESS, ETC.]

H02_4. As far as you know, does your religion discourage smoking?

YES ☐ 1
NO ☐ 2 → **SKIP OVER H02_5**
DON'T KNOW.. ☐ 7
REFUSED..... ☐ 9

H02_5. What is the ruling on cigarette smoking in Islam?

[DO NOT READ CATEGORIES]

- SMOKING IS STRICTLY FORBIDDEN/SINFUL (HARAM) ☐ 1
SMOKING IS DISCOURAGED (MAKRUH) ☐ 2
OTHER RULING..... ☐ 3 → H02_5a. [SPECIFY]: _____
THERE ISN'T ANY RULING ON CIGARETTE SMOKING ☐ 4
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

H04. Would you favor or oppose a law that would prohibit smoking in indoor workplaces and public places, such as restaurants and **[FILL APPROPRIATE TERM FOR COUNTRY SUCH AS “bars” OR “coffee houses”]**?

- FAVOR ☐ 1 → H04a. Would you strongly favor or somewhat favor this law?
OPPOSE..... ☐ 2 → H04b. Would you strongly oppose or somewhat oppose this law?
DON'T KNOW.. ☐ 7
REFUSED..... ☐ 9

[or]

Do you support or oppose the law that prohibits smoking in indoor workplaces and public places, such as restaurants and **[FILL APPROPRIATE TERM FOR COUNTRY SUCH AS “bars” OR “coffee houses”]**?

- SUPPORT ☐ 1 → H04a. Do you strongly support or somewhat support this law?
OPPOSE..... ☐ 2 → H04b. Do you strongly oppose or somewhat oppose this law?
DON'T KNOW.. ☐ 7
REFUSED..... ☐ 9

H05. Would you favor or oppose increasing taxes on tobacco products?

- FAVOR ☐ 1 → H05a. Would you strongly favor or somewhat favor increasing taxes?
OPPOSE..... ☐ 2 → H05b. Would you strongly oppose or somewhat oppose increasing taxes?
DON'T KNOW.. ☐ 7
REFUSED..... ☐ 9

H06. Would you favor or oppose a law prohibiting all advertisements for tobacco products?

- FAVOR ☐ 1 → H06a. Would you strongly favor or somewhat favor this law?
OPPOSE..... ☐ 2 → H06b. Would you strongly oppose or somewhat oppose this law?
DON'T KNOW.. ☐ 7
REFUSED..... ☐ 9

End Individual Questionnaire

I03. [INTERVIEWER: WAS THERE ANYONE ELSE BESIDES THE RESPONDENT PRESENT DURING THE INTERVIEW?]

- YES ☐ 1
NO ☐ 2

Optional Section **WP** – Water Pipe (Shisha/Nargile) Module

[WATER PIPE MODULE PLACED AFTER SECTION B]

ROUTING: B06f/B10f ask for the number of water pipe smoking sessions per day/week

- IF B01=3 AND B03=3 (NEVER SMOKERS), SKIP TO NEXT SECTION
- IF B01=3 AND B03=1 OR 2 (FORMER SMOKERS), GO TO WP2
- IF B01=1 AND B06f>0 AND <888 (CURRENT DAILY WATER PIPE SMOKERS), GO TO WP3
- IF B01=1 AND B06f=888 (CURRENT LESS THAN DAILY WATER PIPE SMOKERS), GO TO WP1
- IF B01=2 AND B10f>0 AND <=888 (CURRENT LESS THAN DAILY WATER PIPE SMOKERS), GO TO WP1
- IF (B01=1 OR 2) AND (B06f=0 OR B10f=0), GO TO WP2
- ELSE, GO TO NEXT SECTION

[CORE ITEMS WP1-WP6 FOR MODULE]

WP1. I would now like to ask you some questions about smoking water pipe.

Have you smoked a water pipe daily in the past?

YES..... ☐ 1 → **SKIP TO WP3**
NO ☐ 2 → **SKIP TO WP3**
REFUSED..... ☐ 9 → **SKIP TO WP3**

WP2. I would now like to ask you some questions about smoking water pipe.

In the *past*, have you smoked a water pipe on a daily basis, less than daily, or not at all?

[IF RESPONDENT HAS DONE BOTH “DAILY” AND “LESS THAN DAILY” IN THE PAST, CHECK “DAILY”]

DAILY ☐ 1
LESS THAN DAILY ☐ 2
NOT AT ALL ☐ 3 → **SKIP TO NEXT SECTION**
REFUSED..... ☐ 9 → **SKIP TO NEXT SECTION**

WP3. (I would now like to ask you some questions about smoking water pipe.)

How old were you when you first started smoking a water pipe?

[IF DON'T KNOW OR REFUSED, ENTER 99]

--	--

[IF WP3 = 99, ASK WP4. OTHERWISE SKIP TO NEXT ROUTING INSTRUCTION.]

WP4. How many years ago did you first start smoking a water pipe?

[IF REFUSED, ENTER 99]

--	--

ROUTING:

— CURRENT WATER PIPE SMOKERS: IF (B01=1 OR 2) AND [(B06f>0 AND <=888) OR (B10f>0 AND <=888)], GO TO WP5

— OTHERWISE, GO TO NEXT SECTION

WP5. The last time you smoked a water pipe, how long did you participate in the water pipe smoking session?

[ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

HOURS ☐ 1
MINUTES..... ☐ 2
DON'T KNOW..... ☐ 7 → **SKIP TO WP6**
REFUSED..... ☐ 9 → **SKIP TO WP6**

WP5a. [ENTER NUMBER OF (HOURS/MINUTES)]

--	--

WP6. The last time you smoked a water pipe, how many other people did you share the same pipe with during the session?

[IF DON'T KNOW OR REFUSED, ENTER 99]

--	--

[WP7 – WP10 ARE ADDITIONAL OPTIONAL ITEMS]

WP7. The last time you smoked a water pipe, about how many rocks were smoked while you were participating in the session?

LESS THAN 1..... ☐ 0
1 ☐ 1
2 ☐ 2
3 ☐ 3
4 ☐ 4
5 OR MORE..... ☐ 5
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

WP8. The last time you smoked a water pipe, where did you smoke it?

[ADJUST CATEGORIES FOR SPECIFIC COUNTRY]

- HOME ☐ 1
COFFEE SHOP ☐ 2
BAR/CLUB ☐ 3
RESTAURANT ☐ 4
OTHER ☐ 5 → WP8a. Specify other place: _____
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

WP9. The last time you smoked a water pipe, did you smoke it with flavored tobacco, unflavored tobacco, or both?

- FLAVORED ☐ 1
UNFLAVORED ☐ 2
BOTH..... ☐ 3
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

WP10. The last time you smoked a water pipe, was the water in the water pipe tank mixed with other substances?

- YES ☐ 1
NO ☐ 2
DON'T KNOW..... ☐ 7
REFUSED..... ☐ 9

Optional Section **FA**. Economics

SECTION F (ECONOMICS – MANUFACTURED CIGARETTES) CAN BE ADMINISTERED FOR OTHER TYPES OF PRODUCTS SUCH AS BIDIS, SMOKELESS TOBACCO.



GLOBAL TOBACCO SURVEILLANCE SYSTEM (GTSS)

