



GATS > Core Questionnaire & Optional Questions



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

August 2008

Final Version

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Partner Organizations

- Centers for Disease Control and Prevention (CDC)
- CDC Foundation
- Johns Hopkins Bloomberg School of Public Health (JHSPH)
- RTI International
- World Health Organization (WHO)

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Identifying Information and Visit Record (Paper)

QUESTIONNAIRE ID NUMBER _____ [USE PRE-PRINTED LABEL IF APPLICABLE]

HOUSEHOLD DESIGNATION: MALE FEMALE

[ADAPT INFO BELOW TO FIT COUNTRY]

PROVINCE/STATE _____

COUNTY/VILLAGE _____

URBAN/RURAL _____

LOCALITY _____

STREET ADDRESS _____

DISTRICT _____

CENSUS SECTOR _____

HOUSEHOLD # _____

SEGMENT # _____

VISIT RECORD				
Visit Number	1	2	3	4
Date of visit	_____ Day Month	_____ Day Month	_____ Day Month	_____ Day Month
Household Result*	_____	_____	_____	_____
Individual Result*	_____	_____	_____	_____
Interviewer	_____ _____	_____ _____	_____ _____	_____ _____
Editor	_____ _____	_____ _____	_____ _____	_____ _____
Supervisor	_____ _____	_____ _____	_____ _____	_____ _____

Result Codes

Household Questionnaire Pending Result Codes

- 102: Completed Part of Household Questionnaire, Could Not Finish Roster
- 103: Household Questionnaire Not Complete, Could Not Identify An Appropriate Screening Respondent
- 104: Household Refusal
- 105: Unoccupied/Vacant/Demolished House
- 106: Selected Address is Not a Household
- 107: Household Respondent Incapacitated
- 108: Other Household Nonresponse
- 109: Nobody Home

Household Questionnaire Final Result Codes

- 200: Completed Household Questionnaire, One Person Selected
- 201: Completed Household Questionnaire, No One Selected
- 202: Completed Part of Household Questionnaire, Could Not Finish Roster
- 203: Household Questionnaire Not Complete, Could Not Identify An Appropriate Screening Respondent
- 204: Household Refusal
- 205: Unoccupied/Vacant/Demolished House
- 206: Selected Address is Not a Household
- 207: Household Respondent Incapacitated
- 208: Other Household Nonresponse
- 888: Household Transferred to Another Field Interviewer
- 999: Household Replaced by Another Randomly Selected Address in the Missed Housing Unit Procedure

Individual Questionnaire Pending Result Codes

- 302: Completed Part of Individual Questionnaire
- 303: Selected Individual was Later Determine to be Survey Ineligible
- 304: Selected Respondent Refusal
- 307: Selected Respondent Incapacitated
- 308: Other Individual Nonresponse
- 309: Selected Respondent Not Home

Individual Questionnaire Final Result Codes

- 400: Completed Individual Questionnaire
- 401: Not Eligible for Individual Questionnaire
- 403: Selected Individual Was Later Determine to Be Survey Ineligible
- 404: Selected Respondent Refusal
- 407: Selected Respondent Incapacitated
- 408: Other Individual Nonresponse
- 888: Transferred to Another Field Interviewer
- 999: Household Replaced by Another Randomly Selected Address in the Missed Housing Unit Procedure

Household Questionnaire

TIME HH INTERVIEW STARTED _____ : _____
[24 HOUR CLOCK] HRS MINS

INTERVIEWER: THE HOUSEHOLD SCREENING RESPONDENT MUST 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.

INTRO: 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?

INTERVIEWER: INCLUDE ANYONE WHO CONSIDERS THIS HOUSEHOLD THEIR PRIMARY PLACE OF RESIDENCE LAST NIGHT

PERSONS

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

PERSONS

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

PERSONS

IF HH3 = 00 (NO ELIGIBLE MALES/FEMALES IN HOUSEHOLD), END INTERVIEW AND GO TO PAGE 6 TO RECORD THE TIME THE INTERVIEW ENDED. ENTER RESULT CODE 2.

HH4. I now would like to collect information about the (males/females) that live in this household who are 15 years of age or older. Let's start listing the (males/females) from oldest to youngest.

ASK THE FOLLOWING QUESTIONS AND RECORD ANSWERS IN TABLE BELOW

- a. What is this person's first name?
- b. What is this person's age? IF RESPONDENT DOESN'T KNOW, PROBE FOR AN ESTIMATE
- c. IF REPORTED AGE IS 15 THROUGH 17, ASK FOR BIRTH DATE: What is the month and year of this person's date of birth?

CHECK TO VERIFY IF DATE OF BIRTH FALLS BEFORE THE DATE OF [FILL MONTH/YEAR] TO MAKE SURE PERSON IS 15 OR OLDER. IF NOT 15 OR OLDER, DELETE LINE.

IF RESPONDENT DOESN'T KNOW DATE OF BIRTH, CONTINUE TO d

d. RECORD GENDER (FOR VERIFICATION IF NECESSARY)

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

MALE DESIGNATED HH.....1
 FEMALE DESIGNATED HH..2

	a. First Name	b. Age	ONLY IF AGE = 15-17 c. Date of Birth	d. Gender		e. Current Smoker?		
				M	F	YES	NO	DK
1	_____	___	Month: ___ Year: ____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
2	_____	___	Month: ___ Year: ____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
3	_____	___	Month: ___ Year: ____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
4	_____	___	Month: ___ Year: ____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
5	_____	___	Month: ___ Year: ____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
6	_____	___	Month: ___ Year: ____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
7	_____	___	Month: ___ Year: ____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
8	_____	___	Month: ___ Year: ____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
9	_____	___	Month: ___ Year: ____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
10	_____	___	Month: ___ Year: ____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7

SELECTION OF INDIVIDUAL RESPONDENT USING RANDOMIZATION TABLE:

NUMBER OF ELIGIBLE MALES/FEMALES IN HOUSEHOLD	LAST DIGIT OF QUESTIONNAIRE ID NUMBER									
	0	1	2	3	4	5	6	7	8	9
0	END INTERVIEW									
1	1	1	1	1	1	1	1	1	1	1
2	1	2	1	2	1	2	1	2	1	2
3	3	1	2	3	1	2	3	1	2	3
4	1	2	3	4	1	2	3	4	1	2
5	1	2	3	4	5	1	2	3	4	5
6	6	1	2	3	4	5	6	1	2	3
7	5	6	7	1	2	3	4	5	6	7
8	1	2	3	4	5	6	7	8	1	2
9	8	9	1	2	3	4	5	6	7	8
10	9	10	1	2	3	4	5	6	7	8

USE RANDOMIZATION TABLE ABOVE TO SELECT INDIVIDUAL RESPONDENT AND WRITE THE SELECTED NUMBER IN HH5 BELOW

-IF ONLY ONE ELIGIBLE (MALE/FEMALE) LIVES IN THE HOUSEHOLD, WRITE "1" IN HH5

-IF NO ELIGIBLE (MALES/FEMALES) LIVE IN THE HOUSEHOLD, WRITE "0" IN HH5 AND END INTERVIEW

-IF MORE THAN 10 (MALES/FEMALES) LIVE IN THE HOUSEHOLD, END THE INTERVIEW AND CONSULT WITH YOUR SUPERVISOR BEFORE SELECTING ANYONE FOR THE INDIVIDUAL INTERVIEW

HH5. HOUSEHOLD ROSTER NUMBER OF THE SELECTED ELIGIBLE MALE/FEMALE

HH6. FILL IN QUESTIONNAIRE ID NUMBER

QUESTIONNAIRE ID NUMBER: _____ - _____

INT: IF YOU DO NOT SPEAK WITH THE SELECTED RESPONDENT OR IF HE/SHE IS NOT AVAILABLE FOR AN INTERVIEW AT THAT TIME, WRITE DOWN HIS/HER NAME AND SCHEDULE ANOTHER VISIT (DATE AND TIME)

NAME _____

DATE OF THE NEXT VISIT: _____

TIME: _____

DATE OF THE NEXT VISIT: _____

TIME: _____

DATE OF THE NEXT VISIT: _____

TIME: _____

DATE OF THE NEXT VISIT: _____

TIME: _____

TIME HH INTERVIEW ENDED
[24 HOUR CLOCK]

____ : ____
HRS MINS

Individual Questionnaire

QUESTIONNAIRE ID NUMBER _____ - _____

CONSENT1. CHECK AGE OF SELECTED RESPONDENT FROM THE HOUSEHOLD QUESTIONNAIRE CASE DETAILS, AND SELECT THE APPROPRIATE CATEGORY BELOW:

- 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.

If you have questions about this survey you can contact our institution at the following telephone number: [Name of Organization], [Name of Contact Person], [Telephone Number].

This questionnaire has been reviewed and approved by the World Health Organization and [name of the local IRB] review committee, which is a committee whose task is to ensure that research participants are protected from harm. If you wish to find more about this review committee, contact [name], [address], and [telephone number].

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.

If you have questions about this survey you can contact our institution at the following telephone number: [Name of Organization] [Name of Contact Person] [Telephone Number].

This questionnaire has been reviewed and approved by the World Health Organization and [Name of the local IRB] review committee, which is a committee whose task whose is to make sure that research participants are protected from harm. If you wish to find more about this review committee, contact [name], [address], and [telephone number].

{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]

FILL IN THE FOLLOWING INFORMATION:

INTERVIEW LANGUAGE <i>[INSERT LANGUAGE(S)]</i>	<input type="checkbox"/> 1 ENGLISH <input type="checkbox"/> 2 [SPECIFY] <input type="checkbox"/> 3 [SPECIFY] <input type="checkbox"/> 4 [SPECIFY]
TIME INTERVIEW BEGAN [24 HOUR CLOCK]	_____ : _____ HRS MINS

SECTION A. BACKGROUND CHARACTERISTICS

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

A1. INTERVIEWER: RECORD GENDER FROM OBSERVATION. ASK IF NECESSARY.

MALE..... 1
FEMALE 2

A2. What is the month and year of your date of birth?

MONTH:

--	--

 IF DON'T KNOW, ENTER "77"
YEAR:

--	--	--	--

 IF DON'T KNOW, ENTER "7777"

INT: IF MONTH=77 OR YEAR=7777 IN A2, ASK A3. OTHERWISE SKIP TO A4.

A3. How old are you?

INTERVIEWER: IF RESPONDENT IS UNSURE, PROBE FOR AN ESTIMATE AND RECORD AN ANSWER

--	--	--

 YEARS OLD

A3a. INTERVIEWER: WAS RESPONSE ESTIMATED?

YES 1
NO 2
DON'T KNOW 7

A4. What is the highest level of education you have completed?

INTERVIEWER: 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

- A5. 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?

INTERVIEWER: INCLUDE SUBSISTENCE FARMING AS SELF-EMPLOYED

[ADJUST CATEGORIES FOR SPECIFIC COUNTRY – IN QUESTION TEXT AND BELOW]

- 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

- A6. Please tell me whether this household or any person who lives in the household has the following items:

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

[NOTE: THERE ARE ADDITIONAL OPTIONAL ITEMS FOR SECTION A]

SECTION B. TOBACCO SMOKING

INTRO: 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.

B1. Do you currently smoke tobacco on a daily basis, less than daily, or not at all?

- DAILY 1 → SKIP TO B4
- LESS THAN DAILY 2
- NOT AT ALL 3 → SKIP TO B3
- DON'T KNOW 7 → SKIP TO NEXT SECTION

B2. Have you smoked tobacco daily in the past?

- YES 1 → SKIP TO B8
- NO 2 → SKIP TO B10
- DON'T KNOW 7 → SKIP TO B10

B3. In the past, have you smoked tobacco on a daily basis, less than daily, or not at all?

INTERVIEWER: 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

[CURRENT DAILY SMOKERS]

B4. How old were you when you first started smoking tobacco daily?

YEARS OLD IF DON'T KNOW, ENTER "99"

INT: IF B4 = 99, ASK B5. OTHERWISE SKIP TO B6.

B5. How many years ago did you first start smoking tobacco daily?

YEARS

B6. 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.

INTERVIEWER: 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

READ EACH ITEM:

[ADJUST CATEGORIES FOR SPECIFIC COUNTRY]

a. Manufactured cigarettes?				PER DAY
a1. [IF B6a=888] On average, how many manufactured cigarettes do you currently smoke each week?				PER WEEK
b. Hand-rolled cigarettes?				PER DAY
b1. [IF B6b=888] On average, how many hand-rolled cigarettes do you currently smoke each week?				PER WEEK
c. Kreteks?				PER DAY
c1. [IF B6c=888] On average, how many kreteks do you currently smoke each week?				PER WEEK
d. Pipes full of tobacco?				PER DAY
d1. [IF B6d=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 B6e=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 B6f=888] On average, how many water pipe sessions do you currently participate in each week?				PER WEEK
g. Any others? (Specify type:_____)				PER DAY
g1. [IF B6g=888] On average, how many [FILL PRODUCT] do you currently smoke each week?				PER WEEK

B7. 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 1
- 6 TO 30 MINUTES 2
- 31 TO 60 MINUTES 3
- MORE THAN 60 MINUTES 4

INT: SKIP TO NEXT SECTION

[CURRENT LESS THAN DAILY SMOKERS]

B8. How old were you when you first started smoking tobacco daily?

YEARS OLD IF DON'T KNOW, ENTER "99"

INT: IF B8 = 99, ASK B9. OTHERWISE SKIP TO B10.

B9. How many years ago did you first start smoking tobacco daily?

YEARS

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

INTERVIEWER: 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

READ EACH ITEM:

[ADJUST CATEGORIES FOR SPECIFIC COUNTRY]

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

→ Specify type: _____

INT: SKIP TO NEXT SECTION

[FORMER SMOKERS]

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

YEARS OLD IF DON'T KNOW, ENTER "99"

INT: IF B11 = 99, ASK B12. OTHERWISE SKIP TO B13.

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

YEARS

B13. How long has it been since you stopped smoking?

INTERVIEWER: ONLY INTERESTED IN WHEN RESPONDENT STOPPED SMOKING
REGULARLY -- DO NOT INCLUDE RARE INSTANCES OF SMOKING

ENTER UNIT AND NUMBER

YEARS	<input type="checkbox"/>	1	<input type="text"/>	<input type="text"/>	<input type="text"/>
MONTHS....	<input type="checkbox"/>	2	<input type="text"/>	<input type="text"/>	<input type="text"/>
WEEKS	<input type="checkbox"/>	3	<input type="text"/>	<input type="text"/>	<input type="text"/>
DAYS.....	<input type="checkbox"/>	4	<input type="text"/>	<input type="text"/>	<input type="text"/>

LESS THAN ONE DAY (24 HOURS) 5
DON'T KNOW 7

INT: IF B13 < 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

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

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

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

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

READ EACH ITEM:

[ADJUST CATEGORIES FOR SPECIFIC COUNTRY]

YES	NO
▼	▼

- a. Counseling, including at a smoking cessation clinic? 1 2
- b. Nicotine replacement therapy, such as the patch or gum? 1 2
- c. Other prescription medications, for example *(FILL RELEVANT TO THE COUNTRY)*? 1 2
- d. Traditional medicines, for example *(FILL RELEVANT TO THE COUNTRY)*? 1 2
- e. A quit line or a smoking telephone support line? 1 2
- f. Switching to smokeless tobacco? 1 2
- g. Anything else? Specify: _____ 1 2

SECTION C. SMOKELESS TOBACCO

[C1 – C3 ARE MANDATORY WHEN RELEVANT. C4 – C18 ARE OPTIONAL.]

INTRO: The next questions are about using smokeless tobacco, such as *[FILL APPROPRIATE COUNTRY EXAMPLES: snuff, chewing tobacco, and dip]*.

C1. Do you currently use smokeless tobacco on a daily basis, less than daily, or not at all?

- DAILY 1 → SKIP TO C4
- LESS THAN DAILY 2
- NOT AT ALL 3 → SKIP TO C3
- DON'T KNOW 7 → SKIP TO NEXT SECTION

C2. Have you used smokeless tobacco daily in the past?

- YES 1 → SKIP TO C8
- NO 2 → SKIP TO C10
- DON'T KNOW 7 → SKIP TO C10

C3. In the past, have you used smokeless tobacco on a daily basis, less than daily, or not at all?

INTERVIEWER: 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

[CURRENT DAILY SMOKELESS TOBACCO USERS]

C4. How old were you when you first started using smokeless tobacco daily?

YEARS OLD IF DON'T KNOW, ENTER "99"

INT: IF C4 = 99, ASK C5. OTHERWISE SKIP TO C6.

C5. How many years ago did you first start using smokeless tobacco daily?

YEARS

C6. 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.

INTERVIEWER: IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, ENTER 888

READ EACH ITEM:

[ADJUST CATEGORIES FOR SPECIFIC COUNTRY]

a. Snuff, by mouth?				PER DAY
a1. [IF C6a=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 C6b=888] On average, how many times a week do you currently use snuff, by nose?				PER WEEK
c. Chewing tobacco?				PER DAY
c1. [IF C6c=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 C6d=888] On average, how many times a week do you currently use betel quid with tobacco?				PER WEEK
e. Any others? (Specify type:_____)				PER DAY
e1. [IF C6e=888] On average, how many times a week do you currently use [FILL PRODUCT]?				PER WEEK

C7. 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

INT: SKIP TO NEXT SECTION

[CURRENT LESS THAN DAILY SMOKELESS TOBACCO USERS]

C8. How old were you when you first started using smokeless tobacco daily?

YEARS OLD IF DON'T KNOW, ENTER "99"

INT: IF C8 = 99, ASK C9. OTHERWISE SKIP TO C10.

C9. How many years ago did you first start using smokeless tobacco daily?

YEARS

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

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

READ EACH ITEM:

[ADJUST CATEGORIES FOR SPECIFIC COUNTRY]

a. Snuff, by mouth?	<input type="text"/>	<input type="text"/>	<input type="text"/>	TIMES PER WEEK
b. Snuff, by nose?	<input type="text"/>	<input type="text"/>	<input type="text"/>	TIMES PER WEEK
c. Chewing tobacco?	<input type="text"/>	<input type="text"/>	<input type="text"/>	TIMES PER WEEK
d. Betel quid with tobacco?	<input type="text"/>	<input type="text"/>	<input type="text"/>	TIMES PER WEEK
e. Any others?	<input type="text"/>	<input type="text"/>	<input type="text"/>	TIMES PER WEEK
→ Specify type: _____				

INT: SKIP TO NEXT SECTION

[FORMER SMOKELESS TOBACCO USERS]

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

YEARS OLD IF DON'T KNOW, ENTER "99"

INT: IF C11 = 99, ASK C12. OTHERWISE SKIP TO C13.

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

YEARS

C13. How long has it been since you stopped using smokeless tobacco?

INTERVIEWER: ONLY INTERESTED IN WHEN RESPONDENT STOPPED USING SMOKELESS TOBACCO REGULARLY -- DO NOT INCLUDE RARE INSTANCES OF USING SMOKELESS TOBACCO

ENTER UNIT AND NUMBER

YEARS	<input type="checkbox"/>	1	<input type="text"/>	<input type="text"/>	<input type="text"/>
MONTHS....	<input type="checkbox"/>	2	<input type="text"/>	<input type="text"/>	<input type="text"/>
WEEKS	<input type="checkbox"/>	3	<input type="text"/>	<input type="text"/>	<input type="text"/>
DAYS.....	<input type="checkbox"/>	4	<input type="text"/>	<input type="text"/>	<input type="text"/>

LESS THAN ONE DAY (24 HOURS) 5

DON'T KNOW 7

INT: IF C13 < 1 YEAR (< 12 MONTHS), THEN CONTINUE. OTHERWISE SKIP TO NEXT SECTION.

INT: IF B14 HAS NOT BEEN ASKED → CONTINUE WITH C14
IF B14 = YES → SKIP TO C16
IF B14 = NO → 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

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

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

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

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

READ EACH ITEM:
[ADJUST CATEGORIES FOR SPECIFIC COUNTRY]

YES	NO
▼	▼

- a. Counseling, including at a cessation clinic? 1 2
- b. Nicotine replacement therapy, such as the patch or gum? 1 2
- c. Other prescription medications, for example *(FILL RELEVANT TO THE COUNTRY)*? 1 2
- d. Traditional medicines, for example *(FILL RELEVANT TO THE COUNTRY)*? 1 2
- e. A quit line or a telephone support line? 1 2
- g. Anything else? Specify: _____ 1 2

SECTION D1. CESSATION – TOBACCO SMOKING

INT: CHECK THE ANSWER TO B1 AND RECORD BELOW:

B1 =

IF B1 = 1 or 2 (RESPONDENT CURRENTLY SMOKES TOBACCO), THEN CONTINUE WITH THIS SECTION 1

IF B1 = 3 or 7 (RESPONDENT DOES NOT CURRENTLY SMOKE TOBACCO), THEN SKIP TO NEXT SECTION..... 2

INTRO: 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.

D1. During the past 12 months, have you tried to stop smoking?

YES 1

NO 2 → SKIP TO INT INSTRUCTION BEFORE D4

D2. Thinking about the last time you tried to quit, how long did you stop smoking?

INTERVIEWER: ENTER UNIT AND NUMBER

MONTHS.... 1

WEEKS 2

DAYS..... 3

LESS THAN ONE DAY (24 HOURS) 4

DON'T KNOW 7

D3. During the past 12 months, did you use any of the following to try to stop smoking tobacco?

READ EACH ITEM:

[ADJUST CATEGORIES FOR SPECIFIC COUNTRY]

YES	NO
▼	▼

- a. Counseling, including at a smoking cessation clinic? 1..... 2
- b. Nicotine replacement therapy, such as the patch or gum?..... 1..... 2
- c. Other prescription medications, for example *(FILL RELEVANT TO THE COUNTRY)*? 1..... 2
- d. Traditional medicines, for example *(FILL RELEVANT TO THE COUNTRY)*? 1..... 2
- e. A quit line or a smoking telephone support line? 1..... 2
- f. Switching to smokeless tobacco? 1..... 2
- g. Anything else? Specify: _____ 1..... 2

INT: IF C14 HAS NOT BEEN ASKED → CONTINUE WITH D4
IF C14 = YES → SKIP TO D6
IF C14 = NO → SKIP TO D8

D4. Have you visited a doctor or other health care provider in the past 12 months?

- YES 1
- NO 2 → SKIP TO D8

D5. 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

D6. 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 D8

D7. 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

D8. 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

SECTION D2. CESSATION – SMOKELESS TOBACCO

INT: CHECK THE ANSWER TO C1 AND RECORD BELOW:

C1 =

IF C1 = 1 or 2 (RESPONDENT CURRENTLY USES SMOKELESS TOBACCO), THEN CONTINUE WITH THIS SECTION..... ₁

IF C1 = 3 or 7 (RESPONDENT DOES NOT CURRENTLY USE SMOKELESS TOBACCO), THEN SKIP TO NEXT SECTION ₂

INTRO: 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.

D9. During the past 12 months, have you tried to stop using smokeless tobacco?

YES ₁

NO ₂ → SKIP TO INT INSTRUCTION BEFORE D12

D10. Thinking about the last time you tried to quit, how long did you stop using smokeless tobacco?

INTERVIEWER: ENTER UNIT AND NUMBER

MONTHS.... ₁

WEEKS ₂

DAYS..... ₃

LESS THAN ONE DAY (24 HOURS) ₄

DON'T KNOW ₇

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

READ EACH ITEM:

[ADJUST CATEGORIES FOR SPECIFIC COUNTRY]

YES	NO
▼	▼

- a. Counseling, including at a cessation clinic? 1..... 2
- b. Nicotine replacement therapy, such as the patch or gum?..... 1..... 2
- c. Other prescription medications, for example *(FILL RELEVANT TO THE COUNTRY)*? 1..... 2
- d. Traditional medicines, for example *(FILL RELEVANT TO THE COUNTRY)*? 1..... 2
- e. A quit line or a telephone support line? 1..... 2
- g. Anything else? Specify: _____ 1..... 2

INT: IF BOTH B14 AND D4 HAVE NOT BEEN ASKED → CONTINUE WITH D12
IF B14 OR D4 = YES → SKIP TO D14
IF B14 OR D4 = NO → 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

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

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

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

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

SECTION E. SECONDHAND SMOKE

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

E1. 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 E4
- NO RULES..... 4 → SKIP TO E3
- DON'T KNOW 7 → SKIP TO E3

E2. Inside your home, is smoking allowed in every room?

- YES 1
- NO 2
- DON'T KNOW 7

E3. 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

E4. Do you currently work outside of your home?

- YES 1
- NO/DON'T WORK..... 2 → SKIP TO E9

E5. Do you usually work indoors or outdoors?

- INDOORS 1 → SKIP TO E7
- OUTDOORS 2
- BOTH 3 → SKIP TO E7

E6. Are there any indoor areas at your work place?

- YES 1
- NO 2 → SKIP TO E9
- DON'T KNOW 7 → SKIP TO E9

E7. 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

E8. During the past 30 days, did anyone smoke in indoor areas where you work?

- YES 1
- NO 2
- DON'T KNOW 7

E9. 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

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

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

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

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

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

- YES 1
- NO 2
- DON'T KNOW 7

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

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

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

[NOTE: THERE ARE ADDITIONAL OPTIONAL ITEMS FOR SECTION E]

SECTION F. ECONOMICS – MANUFACTURED CIGARETTES

INT: CHECK THE ANSWERS TO B1, B6a, AND B10a. RECORD BELOW:

B1 =
 B6a = ____
 B10a =

IF B1 = 1 OR 2 (RESPONDENT CURRENTLY SMOKES DAILY OR LESS THAN DAILY)

AND

[B6a OR B10a] > 0 OR = 888 (RESPONDENT SMOKES MANUFACTURED CIGARETTES)

THEN CONTINUE WITH THIS SECTION 1

OTHERWISE, SKIP TO NEXT SECTION 2

INTRO: The next few questions are about the last time you purchased cigarettes for yourself.

F1. The last time you bought cigarettes for yourself, how many cigarettes did you buy?

INTERVIEWER: ENTER UNIT AND NUMBER

--	--	--

- CIGARETTES 1 **[MANDATORY WHERE RELEVANT:]**
- PACKS 2 → How many cigarettes were in each pack? ____ ____ ____
- CARTONS..... 3 → How many cigarettes were in each carton? ____ ____ ____
- OTHER SPECIFY:..... 4 → How many cigarettes were in each [FILL]? ____ ____ ____
- NEVER BOUGHT CIGARETTES 5 → SKIP TO NEXT SECTION

F2. In total, how much money did you pay for this purchase?

INTERVIEWER: IF DON'T KNOW, ENTER 999

	[FILL COUNTRY CURRENCY]
--	--------------------------------

F3. What brand did you buy the last time you purchased cigarettes for yourself?

[INSERT LIST OF RESPONSE CATEGORIES FOR SPECIFIC COUNTRY]

F4. 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 → SPECIFY: _____
- DON'T REMEMBER 77

[NOTE: THERE ARE ADDITIONAL OPTIONAL ITEMS FOR SECTION F]

SECTION G. MEDIA

STRUCTURE #1 – ASKING ABOUT ONLY ONE PRODUCT (E.G., CIGARETTES)

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

G1. 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?

READ EACH ITEM:

[ADJUST CATEGORIES FOR SPECIFIC COUNTRY]

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

→ Specify: _____

G2. In the last 30 days, did you notice any health warnings on cigarette packages?

YES 1

NO 2 → SKIP TO G4

DID NOT SEE ANY CIGARETTE PACKAGES ... 3 → SKIP TO G4

G3. [ADMINISTER IF B1 = 1 OR 2. ELSE GO TO G4]

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

G4. In the last 30 days, have you noticed any advertisements or signs promoting cigarettes in the following places?

READ EACH ITEM:

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

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

→ Specify: _____

G5. 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

G6. In the last 30 days, have you noticed any of the following types of cigarette promotions?

READ EACH ITEM:

[ADJUST CATEGORIES FOR SPECIFIC COUNTRY]

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

[NOTE: THERE ARE ADDITIONAL OPTIONAL ITEMS FOR SECTION G]

STRUCTURE #2 – ASKING ABOUT TWO OR MORE PRODUCTS (E.G., CIGARETTES, SMOKELESS TOBACCO)

INTRO: 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.

G1a. 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?

READ EACH ITEM:

1. Cigarettes?

YES 1
NO 2
NOT APPLICABLE..... 7 → SKIP TO G1b

2. Smokeless tobacco?

YES 1
NO 2

G1b. 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?

READ EACH ITEM:

1. Cigarettes?

YES 1
NO 2
NOT APPLICABLE..... 7 → SKIP TO G1c

2. Smokeless tobacco?

YES 1
NO 2

G1c. In the last 30 days, have you heard any information on the radio about the dangers or that encourages quitting of the following tobacco products?

READ EACH ITEM:

1. Cigarettes?

YES 1
NO 2
NOT APPLICABLE..... 7 → SKIP TO G1d

2. Smokeless tobacco?

YES 1
NO 2

G1d. In the last 30 days, have you noticed any information on billboards about the dangers or that encourages quitting of the following tobacco products?

READ EACH ITEM:

1. Cigarettes?

YES 1
NO 2
NOT APPLICABLE..... 7 → SKIP TO G1e

2. Smokeless tobacco?

YES 1
NO 2

G1e. In the last 30 days, have you noticed any information somewhere else about the dangers or that encourages quitting of the following tobacco products?

READ EACH ITEM:

1. Cigarettes?

YES 1 → Please specify: _____
NO 2

2. Smokeless tobacco?

YES 1 → Please specify: _____
NO 2

G2. In the last 30 days, did you notice any health warnings on cigarette packages?

- YES 1
- NO 2 → SKIP TO G2a
- DID NOT SEE ANY CIGARETTE PACKAGES ... 3 → SKIP TO G2a

G3. [ADMINISTER IF B1 = 1 OR 2. ELSE GO TO G2a]

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

G2a. In the last 30 days, did you notice any health warnings on smokeless tobacco products?

- YES 1
- NO 2 → SKIP TO G4a
- DID NOT SEE ANY SMOKELESS PRODUCTS. 3 → SKIP TO G4a

G3a. [ADMINISTER IF C1 = 1 OR 2. ELSE GO TO G4a]

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

G4a. In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products in stores where the products are sold?

READ EACH ITEM:

1. Cigarettes?

- YES 1
- NO 2
- NOT APPLICABLE..... 7 → SKIP TO G4b

2. Smokeless tobacco?

- YES 1
- NO 2

G4b. In the last 30 days, have you seen any advertisements or signs promoting the following tobacco products on television?

READ EACH ITEM:

1. Cigarettes?

YES 1
NO 2
NOT APPLICABLE..... 7 → SKIP TO G4c

2. Smokeless tobacco?

YES 1
NO 2

G4c. In the last 30 days, have you heard any advertisements promoting the following tobacco products on the radio?

READ EACH ITEM:

1. Cigarettes?

YES 1
NO 2
NOT APPLICABLE..... 7 → SKIP TO G4d

2. Smokeless tobacco?

YES 1
NO 2

G4d. In the last 30 days, have you noticed any advertisements promoting the following tobacco products on billboards?

READ EACH ITEM:

1. Cigarettes?

YES 1
NO 2
NOT APPLICABLE..... 7 → SKIP TO G4e

2. Smokeless tobacco?

YES 1
NO 2

G4e. In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products on posters?

READ EACH ITEM:

1. Cigarettes?

YES 1
NO 2
NOT APPLICABLE..... 7 → SKIP TO G4f

2. Smokeless tobacco?

YES 1
NO 2

G4f. In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products in newspapers or magazines?

READ EACH ITEM:

1. Cigarettes?

YES 1
NO 2
NOT APPLICABLE..... 7 → SKIP TO G4g

2. Smokeless tobacco?

YES 1
NO 2

G4g. In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products in cinemas?

READ EACH ITEM:

1. Cigarettes?

YES 1
NO 2
NOT APPLICABLE..... 7 → SKIP TO G4h

2. Smokeless tobacco?

YES 1
NO 2

G4h. In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products on the internet?

READ EACH ITEM:

1. Cigarettes?

YES 1
NO 2
NOT APPLICABLE..... 7 → SKIP TO G4i

2. Smokeless tobacco?

YES 1
NO 2

G4i. In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products on public transportation vehicles or stations?

READ EACH ITEM:

1. Cigarettes?

YES 1
NO 2
NOT APPLICABLE..... 7 → SKIP TO G4j

2. Smokeless tobacco?

YES 1
NO 2

G4j. In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products on public walls?

READ EACH ITEM:

1. Cigarettes?

YES 1
NO 2
NOT APPLICABLE..... 7 → SKIP TO G4k

2. Smokeless tobacco?

YES 1
NO 2

G4k. In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products anywhere else?

READ EACH ITEM:

1. Cigarettes?

YES 1 → Please specify: _____
NO 2

2. Smokeless tobacco?

YES 1 → Please specify: _____
NO 2

G5. 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

G5a. 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

G6a. In the last 30 days, have you noticed any free samples of the following tobacco products?

READ EACH ITEM:

1. Cigarettes?

YES 1
NO 2
DON'T KNOW 7

2. Smokeless tobacco?

YES 1
NO 2
DON'T KNOW 7

G6b. In the last 30 days, have you noticed any of the following tobacco products sold at sale prices?

READ EACH ITEM:

1. Cigarettes?

YES 1

NO 2

DON'T KNOW 7

2. Smokeless tobacco?

YES 1

NO 2

DON'T KNOW 7

G6c. In the last 30 days, have you noticed any coupons for the following tobacco products?

READ EACH ITEM:

1. Cigarettes?

YES 1

NO 2

DON'T KNOW 7

2. Smokeless tobacco?

YES 1

NO 2

DON'T KNOW 7

G6d. 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?

READ EACH ITEM:

1. Cigarettes?

YES 1

NO 2

DON'T KNOW 7

2. Smokeless tobacco?

YES 1

NO 2

DON'T KNOW 7

G6e. In the last 30 days, have you noticed any clothing or other items with a brand name or logo of the following tobacco products?

READ EACH ITEM:

1. Cigarettes?

YES 1
NO 2
DON'T KNOW 7

2. Smokeless tobacco?

YES 1
NO 2
DON'T KNOW 7

G6f. In the last 30 days, have you noticed any promotions in the mail for the following tobacco products?

READ EACH ITEM:

1. Cigarettes?

YES 1
NO 2
DON'T KNOW 7

2. Smokeless tobacco?

YES 1
NO 2
DON'T KNOW 7

[NOTE: THERE ARE ADDITIONAL OPTIONAL ITEMS FOR SECTION G]

SECTION H. KNOWLEDGE, ATTITUDES & PERCEPTIONS

H1. **[IF SMOKELESS TOBACCO QUESTIONS HAVE JUST BEEN ASKED, ADD:]** 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 → SKIP TO H3
 DON'T KNOW 7

H2. Based on what you know or believe, does smoking tobacco cause the following...

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

H3. Based on what you know or believe, does using smokeless tobacco cause serious illness?

- YES 1
 NO 2
 DON'T KNOW 7

[NOTE: THERE ARE ADDITIONAL OPTIONAL ITEMS FOR SECTION H]

END INDIVIDUAL QUESTIONNAIRE

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

TIME INTERVIEW ENDED [24 HOUR CLOCK]	____ : ____ HRS MINS
---	-------------------------

RECORD ANY NOTES ABOUT INTERVIEW:

GLOBAL ADULT TOBACCO SURVEY (GATS)

List of Optional Items

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SECTION A. BACKGROUND CHARACTERISTICS

A6. 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]

READ EACH ITEM:	YES ▼	NO ▼
k. ?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
l. ?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
m. ?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
n. ?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
o. ?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

A8. How many rooms in your household are used for sleeping?

ROOMS

A9. What is your racial/ethnic background?

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

?..... 1
 ?..... 2
 ?..... 3
 ?..... 4

A10. What is your religion?

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

HINDU..... 1
 MUSLIM..... 2
 CHRISTIAN..... 3
 BUDDHISM..... 4
 OTHER..... 5 → Specify: _____
 NONE..... 6

A11. What is your marital status? Would you say...

- Single 1
- Married 2
- Separated..... 3
- Divorced 4
- Widowed 5

A12. Can you read and write?

- YES 1
- NO 2

SECTION B. TOBACCO SMOKING

NONE

SECTION C. SMOKELESS TOBACCO

C4 – C18 ARE OPTIONAL (INCLUDED IN THE CORE DOCUMENT)

AFTER SECTION C:

C19. [ADMINISTERED ONLY IF B1=2 AND C1=2]

Do you use tobacco daily?

YES 1
NO 2

SECTION D1. CESSATION – TOBACCO SMOKING

NONE

SECTION D2. CESSATION – SMOKELESS TOBACCO

NONE

SECTION E. SECONDHAND SMOKE

E8a. [ONLY ADMINISTERED IF E8 = 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

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?

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

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

- YES 1
- NO 2 → SKIP TO E21
- DON'T KNOW 7 → SKIP TO E21

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

- YES 1
- NO 2
- DON'T KNOW 7

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

- YES 1
- NO 2 → SKIP TO E23
- DON'T KNOW 7 → SKIP TO E23

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

- YES 1
- NO 2
- DON'T KNOW 7

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

- YES 1
- NO 2 → SKIP TO E25
- DON'T KNOW 7 → SKIP TO E25

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

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

- YES 1
- NO 2 → SKIP TO E27
- DON'T KNOW 7 → SKIP TO E27

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

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

- YES 1
- NO 2 → SKIP TO E29
- DON'T KNOW 7 → SKIP TO E29

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

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

READ EACH ITEM:	SHOULD BE ALLOWED	SHOULD NOT BE ALLOWED	DON'T KNOW
a. Hospitals?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
b. Workplaces?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
c. Restaurants?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
d. Bars?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
e. Public transportation vehicles?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
f. Schools?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
g. Universities?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
h. Places of worship?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7

[OR SPECIFY FOR COUNTRY]

[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

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

- YES 1
- NO 2
- DON'T KNOW 7

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

YES 1
NO 2
DON'T KNOW 7

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

YES 1
NO 2
DON'T KNOW 7

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

YES 1
NO 2
DON'T KNOW 7

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

YES 1
NO 2
DON'T KNOW 7

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

YES 1
NO 2
DON'T KNOW 7

E29h. Do you support the law that prohibits smoking inside places of worship [*OR SPECIFY FOR COUNTRY*]?

YES 1
NO 2
DON'T KNOW 7

SECTION F. ECONOMICS

F5. Were these cigarettes filtered or non-filtered?

- FILTERED..... 1
- NON-FILTERED..... 2

F6. 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

SECTION G. MEDIA

GG1a – GG1e. [FOLLOW-UP FOR EACH ITEM ANSWERED YES IN G1]

Would you say a lot or sometimes?

A LOT 1
SOMETIMES.... 2

GG5. 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

SECTION H. KNOWLEDGE, ATTITUDES & PERCEPTIONS

[H2_1 SHOULD ONLY BE ASKED OF CURRENT TOBACCO SMOKERS WHO BELIEVE THAT SMOKING CAUSES SERIOUS DISEASE (H1 = 1) OR WHO DON'T KNOW IF SMOKING CAUSES SERIOUS DISEASE (H1 = 7)]

H2_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 H2_2
- NO DIFFERENT..... 2
- A LITTLE MORE HARMFUL. 3 → SKIP OVER H2_2

[H2_2 SHOULD BE ASKED OF EVERYONE EXCEPT FOR THOSE FOR WHOM H1 = 2 AND THOSE FOR WHOM H2_1 = 1 OR 3]

H2_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

H2_3. Do you believe cigarettes are addictive?

- YES 1
- NO 2
- DON'T KNOW 7

[H2_3 CAN BE REPEATED FOR OTHER RELEVANT PRODUCTS SUCH AS BIDIS, SMOKELESS, ETC.]

H2_4. As far as you know, does your religion discourage smoking?

- YES 1
- NO 2 → SKIP OVER H2_5
- DON'T KNOW .. 7

H2_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 → SPECIFY: _____
- THERE ISN'T ANY RULING ON CIGARETTE SMOKING..... 4
- DON'T KNOW 7

H4. 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 → Would you strongly favor or somewhat favor this law?
OPPOSE 2 → Would you strongly oppose or somewhat oppose this law?
DON'T KNOW .. 7

[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 → Do you strongly support or somewhat support this law?
OPPOSE 2 → Do you strongly oppose or somewhat oppose this law?
DON'T KNOW .. 7

H5. Would you favor or oppose increasing taxes on tobacco products?

FAVOR 1 → Would you strongly favor or somewhat favor increasing taxes?
OPPOSE 2 → Would you strongly oppose or somewhat oppose increasing taxes?
DON'T KNOW .. 7

H6. Would you favor or oppose a law prohibiting all advertisements for tobacco products?

FAVOR 1 → Would you strongly favor or somewhat favor this law?
OPPOSE 2 → Would you strongly oppose or somewhat oppose this law?
DON'T KNOW .. 7

**OPTIONAL SECTION WP – WATERPIPE (SHISHA/NARGILE) MODULE
(PLACED AFTER SECTION B)**

Routing: B6x/B10x ask for the number of shisha smoking sessions per day/week

-IF B1=3 AND B3=3 (NEVER SMOKERS), SKIP TO NEXT SECTION

-IF B1=3 AND B3=1 OR 2 (FORMER SMOKERS), GO TO WP2

-IF B1=1 AND B6x>=1 (CURRENT DAILY SHISHA SMOKERS), GO TO WP3

-IF B1=1 AND B6x=888 (CURRENT LESS THAN DAILY SHISHA SMOKERS), GO TO WP1

-IF B1=2 AND B10x>=1 OR =888 (CURRENT LESS THAN DAILY SHISHA SMOKERS), GO TO WP1

-ELSE, GO TO NEXT SECTION

[CORE ITEMS WP1-WP6 FOR MODULE]

INTRO: I would now like to ask you some questions about smoking shisha.

WP1. Have you smoked shisha daily in the past?

YES 1 → SKIP TO WP3

NO 2 → SKIP TO WP3

WP2. In the past, have you smoked shisha on a daily basis, less than daily, or not at all?

INTERVIEWER: 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

WP3. How old were you when you first started smoking shisha?

YEARS OLD IF DON'T KNOW, ENTER "99"

INT: IF WP3 = 99, ASK WP4. OTHERWISE SKIP TO ROUTING INSTRUCTION.

WP4. How many years ago did you first start smoking shisha?

YEARS

ROUTING:

-CURRENT SHISHA SMOKERS: IF (B1=1 OR 2) AND [(B6x>=1 OR =888) OR (B10x>=1 OR =888)], GO TO WP5

-OTHERWISE, GO TO NEXT SECTION

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

INTERVIEWER: ENTER UNIT AND NUMBER

HOURS ₁

MINUTES ... ₂

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

--	--

 PEOPLE

[WP7-WP10 ARE ADDITIONAL OPTIONAL ITEMS]

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

LESS THAN 1 1

1 2

2 3

3 3

4 3

5 OR MORE 3

WP8. The last time you smoked shisha, where did you smoke it?

[ADJUST CATEGORIES FOR SPECIFIC COUNTRY]

HOME..... 1

COFFEE SHOP 2

BAR/CLUB 3

RESTAURANT 4

OTHER..... 5 → Specify: _____

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

FLAVORED 1

UNFLAVORED..... 2

BOTH 3

WP10. The last time you smoked shisha, did you mix the water in the shisha tank with other substances?

YES 1

NO 2

OPTIONAL SECTION FA. ECONOMICS

SECTION F (ECONOMICS – MANUFACTURED CIGARETTES) CAN BE ADMINISTERED FOR OTHER TYPES OF PRODUCTS



GTSS
GLOBAL TOBACCO SURVEILLANCE SYSTEM