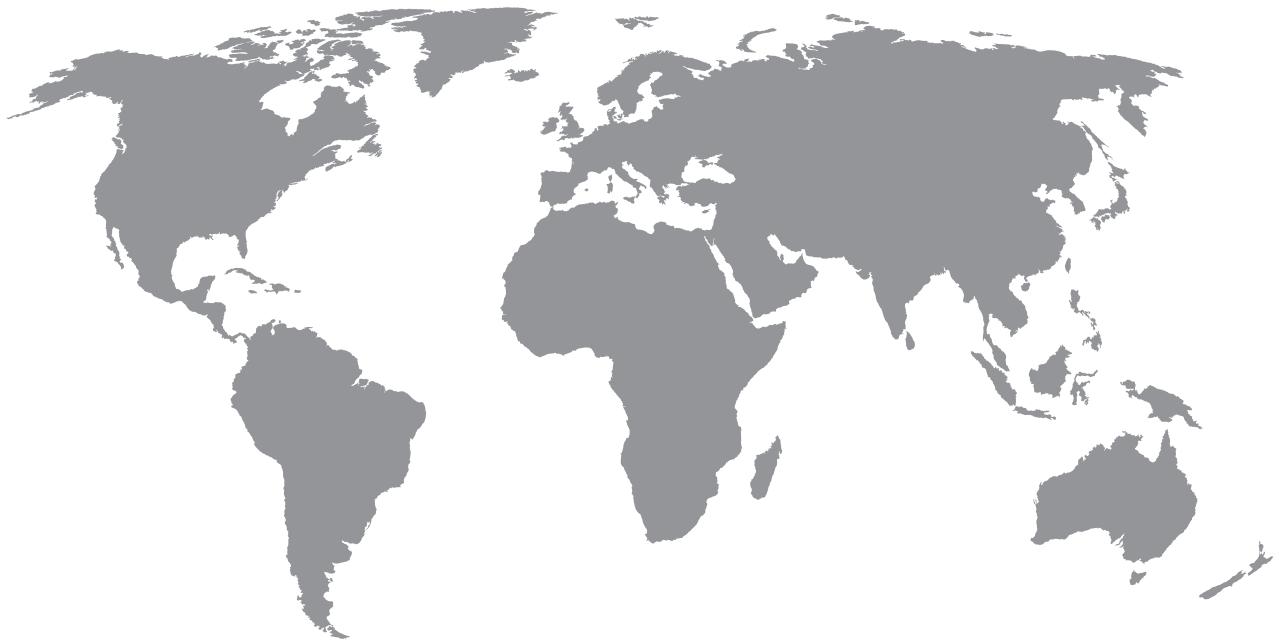




# Global Adult Tobacco Survey (GATS)



**Core Questionnaire with Optional Questions**



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

September 2020

## **Global Adult Tobacco Survey (GATS) Comprehensive Standard Protocol**

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### **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 Templates  
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

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



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# GATS Questionnaire Formatting Conventions

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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 in underline = Words that interviewers should emphasize when reading to respondents.



# Core 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]

**[NO DK/REF]**

--	--

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

**[NO DK/REF]**

--	--

**[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 VISIT RECORD AS A CODE 201.]

**HH2a.** **[IF HH2<HH1:]** How many household members are less than 5 years old?

--	--

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

**HH4both.** 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]

[NO DK/REF]

--	--	--

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

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

- |                  |                          |    |
|------------------|--------------------------|----|
| 01 .....         | <input type="checkbox"/> | 1  |
| 02 .....         | <input type="checkbox"/> | 2  |
| 03 .....         | <input type="checkbox"/> | 3  |
| 04 .....         | <input type="checkbox"/> | 4  |
| 05 .....         | <input type="checkbox"/> | 5  |
| 06 .....         | <input type="checkbox"/> | 6  |
| 07 .....         | <input type="checkbox"/> | 7  |
| 08 .....         | <input type="checkbox"/> | 8  |
| 09 .....         | <input type="checkbox"/> | 9  |
| 10 .....         | <input type="checkbox"/> | 10 |
| 11 .....         | <input type="checkbox"/> | 11 |
| 12 .....         | <input type="checkbox"/> | 12 |
| DON'T KNOW ..... | <input type="checkbox"/> | -7 |
| REFUSED .....    | <input type="checkbox"/> | -9 |

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

--	--	--	--

**HH4d.** Is this person male or female?

- |              |                          |   |
|--------------|--------------------------|---|
| MALE .....   | <input type="checkbox"/> | 1 |
| FEMALE ..... | <input type="checkbox"/> | 2 |

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

- |              |                          |    |
|--------------|--------------------------|----|
| YES.....     | <input type="checkbox"/> | 1  |
| NO .....     | <input type="checkbox"/> | 2  |
| DON'T KNOW.. | <input type="checkbox"/> | -7 |
| REFUSED..... | <input type="checkbox"/> | -9 |

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

**HH5.** [NAME OF THE SELECTED ELIGIBLE PERSON IS:

**{FILL SELECTED HH MEMBER'S FIRST NAME}**

ASK IF SELECTED RESPONDENT IS AVAILABLE AND IF SO, PROCEED TO THE INDIVIDUAL QUESTIONNAIRE.

IF SELECTED RESPONDENT IS NOT AVAILABLE, MAKE AN APPOINTMENT AND RECORD IT AS A COMMENT IN THE VISIT RECORD.]



# Core 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 survey.**}**

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.. ☐ -7

REFUSED..... ☐ -9

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

--	--	--	--

[IF MONTH=DK OR REF OR YEAR=DK OR REF, 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]

[NO DK/REF]

--	--	--

**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..... ☐ -7  
 REFUSED..... ☐ -9

**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..... ☐ -7  
 REFUSED..... ☐ -9

**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. Internet access via mobile phone, tablet, laptop or other computer?..... | <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, truck, or van? .....  | <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

---

- B01.** The following questions are about the use of different types of tobacco products. There are *[three/four]* categories of products that I will be asking you about separately: “classic” smoking tobacco products; electronic cigarettes such as *[BRAND NAME(S)]*; *[heated tobacco products such as BRAND NAME(S);]* and smokeless tobacco.

I would first like to ask you some questions about smoking tobacco, including *[FILL APPROPRIATE COUNTRY EXAMPLES: cigarettes, cigars, pipes, waterpipe with tobacco]*. This includes all products where you burn the tobacco as you smoke it.

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 EC**  
REFUSED..... ☐ -9 → **SKIP TO NEXT SECTION EC**

- B02.** Have you smoked tobacco daily in the past?

YES..... ☐ 1 → **SKIP TO B04**  
NO ..... ☐ 2 → **SKIP TO B04**  
DON'T KNOW..... ☐ -7 → **SKIP TO NEXT SECTION EC**  
REFUSED..... ☐ -9 → **SKIP TO NEXT SECTION EC**

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

**B04.** How old were you when you first tried smoking tobacco, even once?

--	--

**[IF B04 = DK OR REF, ASK B04a. OTHERWISE GO TO BCOMP1.]**

**B04a.** How many years ago did you first try smoking tobacco, even once?

--	--

**BCOMP1**

**IF B01 = 1, GO TO B05**  
**IF B02 = 1, GO TO B05**  
**IF B02 = 2, GO TO B08**  
**IF B03 = 1, GO TO B05**  
**IF B03 = 2, GO TO B09a**

**B05.** How old were you when you first started smoking tobacco daily?

--	--

**[IF B05 = DK OR REF, ASK B05a. OTHERWISE GO TO BCOMP2.]**

**B05a.** How many years ago did you first start smoking tobacco daily?

--	--

**BCOMP2**

**IF B01 = 1, GO TO B06**  
**IF B02 = 1, GO TO B08**  
**IF B03 = 1, GO TO B09a**

**[CURRENT DAILY SMOKERS]**

**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 waterpipe tobacco sessions per day?				PER DAY
f1. [IF B06f=888] On average, how many waterpipe tobacco sessions do you currently participate in each week?				PER WEEK
g. Any others? (→ g1. Please specify the other type you currently smoke:_____)				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..... ☐ 1  
 6 TO 30 MINUTES..... ☐ 2  
 31 TO 60 MINUTES ..... ☐ 3  
 MORE THAN 60 MINUTES..... ☐ 4  
 REFUSED..... ☐ -9

**[SKIP TO NEXT SECTION EC]**

**[CURRENT LESS THAN DAILY SMOKERS]**

**B08.** How many of the following do you currently smoke during a usual week?

[IF RESPONDENT REPORTS SMOKING THE PRODUCT 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 waterpipe tobacco sessions per week? .....				PER WEEK
g. Any others? .....				PER WEEK

→ g1. Please specify the other type you currently smoke:

\_\_\_\_\_

**[SKIP TO NEXT SECTION EC]**

**[FORMER SMOKERS]**

**B09a.** 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..... ☐ 1  
MONTHS ..... ☐ 2  
WEEKS ..... ☐ 3  
DAYS ..... ☐ 4  
LESS THAN 1 DAY ..... ☐ 5 → **SKIP TO B10**  
DON'T KNOW..... ☐ -7 → **SKIP TO NEXT SECTION EC**  
REFUSED..... ☐ -9 → **SKIP TO NEXT SECTION EC**

**B09b.** [ENTER NUMBER OF (YEARS/MONTHS/WEEKS/DAYS)]

**[NO DK/REF]**

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**[IF B09a/b < 1 YEAR (< 12 MONTHS), THEN CONTINUE WITH B10. OTHERWISE SKIP TO NEXT SECTION EC.]**

**B10.** Have you visited a doctor or other health care provider in the past 12 months?

YES..... ☐ 1  
NO ..... ☐ 2 → **SKIP TO B14**  
REFUSED..... ☐ -9 → **SKIP TO B14**

**B11.** 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

**B12.** 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 B14**  
REFUSED..... ☐ -9 → **SKIP TO B14**

**B13.** 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

**B14.** 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 <b>(FILL RELEVANT TO THE COUNTRY)?</b> .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -9
d. Traditional medicines, for example <b>(FILL RELEVANT TO THE COUNTRY)?</b> .....	<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. Using electronic cigarettes instead? <b>(FILL BRAND NAMES)</b> .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -9
g. Using heated tobacco products instead? <b>(FILL BRAND NAMES)</b> .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -9
h. Try to quit without assistance? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -9



## Section EC. Electronic Cigarettes

---

- EC1.** *[MODIFY BASED ON COUNTRY SITUATION:]* Now I want to ask you about electronic cigarettes, which are also called e-cigarettes or vaping devices. These devices are battery powered and heat a liquid to produce vapor or aerosol instead of smoke. Examples of these products include *[NAME LEADING BRANDS]*.

Prior to today, have you ever heard of electronic cigarettes or vaping devices?

YES..... ☐ 1  
NO ..... ☐ 2 → **SKIP TO NEXT SECTION C**  
REFUSED..... ☐ -9 → **SKIP TO NEXT SECTION C**

- EC2.** Do you currently use electronic cigarettes or any other vaping device on a daily basis, less than daily, or not at all?

DAILY ..... ☐ 1 → **SKIP TO EC5a**  
LESS THAN DAILY ..... ☐ 2 → **SKIP TO EC4**  
NOT AT ALL ..... ☐ 3  
DON'T KNOW..... ☐ -7 → **SKIP TO NEXT SECTION C**  
REFUSED..... ☐ -9 → **SKIP TO NEXT SECTION C**

- EC3.** Have you ever, even once, used an electronic cigarette or any other vaping device?

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

- EC4.** Have you ever used electronic cigarettes or any other vaping device daily in the past?

YES..... ☐ 1 → **GO TO EC5b**  
NO ..... ☐ 2 → **SKIP TO ECCOMP1**  
DON'T KNOW..... ☐ -7 → **SKIP TO ECCOMP1**  
REFUSED..... ☐ -9 → **SKIP TO ECCOMP1**

- EC5a.** {**IF EC2=1:** For how long have you been using electronic cigarettes or any other vaping device on a daily basis?}
- EC5b.** {**IF EC4=1:** For how long did you use electronic cigarettes or any other vaping device on a daily basis?}

Would you say less than 1 month, 1 to 3 months, 4 to 11 months, 1 to 2 years, or more than 2 years?

- LESS THAN 1 MONTH ..... ☐ 1
- 1 TO 3 MONTHS ..... ☐ 2
- 4 TO 11 MONTHS ..... ☐ 3
- 1 TO 2 YEARS..... ☐ 4
- MORE THAN 2 YEARS..... ☐ 5
- DON'T KNOW..... ☐ -7
- REFUSED..... ☐ -9

**ECCOMP1**

**IF EC2 = 1 OR 2, GO TO EC6**  
**ELSE SKIP TO NEXT SECTION C**

- EC6.** Which of the following are reasons that you use electronic cigarettes or any other vaping device?

- |  | YES<br>▼                   | NO<br>▼                    | REFUSED<br>▼                |
|--|----------------------------|----------------------------|-----------------------------|
| a. <b>[IF B01=1 OR 2:]</b> To quit smoking tobacco?.....                                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> -9 |
| b. <b>[IF B03=1 OR 2:]</b> To avoid going back to smoking tobacco? .....                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> -9 |
| c. Because I enjoy it? .....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> -9 |
| d. Because I'm addicted to it? .....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> -9 |
| e. I can use it at times when or in places where tobacco smoking is<br>not allowed?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> -9 |
| f. It is less harmful than smoking tobacco?.....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> -9 |
| g. It comes in flavors I like? .....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> -9 |
| h. A friend or family member uses them?.....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> -9 |

## Section C. Smokeless Tobacco

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*[C01 – C03 ARE MANDATORY. THE REST OF THE SECTION IS OPTIONAL.]*

- C01.** 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.

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 D1**  
REFUSED ..... ☐ -9 → **SKIP TO NEXT SECTION D1**

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

YES ..... ☐ 1 → **SKIP TO C04**  
NO ..... ☐ 2 → **SKIP TO C04**  
DON'T KNOW ..... ☐ -7 → **SKIP TO C04**  
REFUSED ..... ☐ -9 → **SKIP TO C04**

- 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 C04**  
LESS THAN DAILY ..... ☐ 2 → **SKIP TO C04**  
NOT AT ALL ..... ☐ 3 → **SKIP TO NEXT SECTION D1**  
DON'T KNOW ..... ☐ -7 → **SKIP TO NEXT SECTION D1**  
REFUSED ..... ☐ -9 → **SKIP TO NEXT SECTION D1**

**C04.** How old were you when you first tried using smokeless tobacco, even once?

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**[IF C04 = DK OR REF, ASK C04a. OTHERWISE GO TO CCOMP1.]**

**C04a.** How many years ago did you first try using smokeless tobacco, even once?

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**CCOMP1**

**IF C01 = 1, GO TO C05**

**IF C02 = 1, GO TO C05**

**IF C02 = 2, -7, OR -9, GO TO C08**

**IF C03 = 1, GO TO C05**

**IF C03 = 2, GO TO C09a**

**C05.** How old were you when you first started using smokeless tobacco daily?

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**[IF C05 = DK OR REF, ASK C05a. OTHERWISE GO TO CCOMP2.]**

**C05a.** How many years ago did you first start using smokeless tobacco daily?

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**CCOMP2**

**IF C01 = 1, GO TO C06**

**IF C02 = 1, GO TO C08**

**IF C03 = 1, GO TO C09a**

**[CURRENT DAILY SMOKELESS TOBACCO USERS]**

- 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: _____)				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 D1]**

**[CURRENT LESS THAN DAILY SMOKELESS TOBACCO USERS]**

**C08.** How many times a week do you usually use the following?

[IF RESPONDENT REPORTS USING THE PRODUCT WITHIN THE PAST 30 DAYS, BUT LESS THAN ONCE PER WEEK, ENTER 888]

**[ADJUST CATEGORIES FOR SPECIFIC COUNTRY]**

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

→ e1. Please specify the other type you currently use:

\_\_\_\_\_

**C09. [ADMINISTERED ONLY IF B01=2 AND C01=2]**

You mentioned that you smoke tobacco, but not every day and that you also use smokeless tobacco, but not every day. Thinking about both smoking tobacco and using smokeless tobacco, would you say you use tobacco on a daily basis or less than daily?

DAILY ..... ☐ 1  
 LESS THAN DAILY ..... ☐ 2  
 REFUSED..... ☐ -9

**[SKIP TO NEXT SECTION D1]**

**[FORMER SMOKELESS TOBACCO USERS]**

**C09a.** 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..... ☐ 1  
MONTHS ..... ☐ 2  
WEEKS ..... ☐ 3  
DAYS ..... ☐ 4  
LESS THAN 1 DAY ..... ☐ 5 → **SKIP TO C10**  
DON'T KNOW..... ☐ -7 → **SKIP TO NEXT SECTION D1**  
REFUSED..... ☐ -9 → **SKIP TO NEXT SECTION D1**

**C09b.** [ENTER NUMBER OF (YEARS/MONTHS/WEEKS/DAYS)]

**[NO DK/REF]**

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**[IF C09a/b < 1 YEAR (< 12 MONTHS), THEN CONTINUE. OTHERWISE SKIP TO NEXT SECTION D1.]**

**C09COMP**

**IF B10 HAS NOT BEEN ASKED → CONTINUE WITH C10**  
**IF B10 = YES → SKIP TO C12**  
**IF B10 = NO OR REFUSED → SKIP TO C14**

**C10.** Have you visited a doctor or other health care provider in the past 12 months?

- YES..... ☐ 1  
NO ..... ☐ 2 → **SKIP TO C14**  
REFUSED..... ☐ -9 → **SKIP TO C14**

**C11.** 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

**C12.** 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 C14**  
 REFUSED..... ☐ -9 → **SKIP TO C14**

**C13.** 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

**C14.** 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 <b>(FILL RELEVANT TO THE COUNTRY)?</b> .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -9
d. Traditional medicines, for example <b>(FILL RELEVANT TO THE COUNTRY)?</b> .....	<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
f. Using electronic cigarettes instead? <b>(FILL BRAND NAMES)</b> .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -9
g. Using heated tobacco products instead? <b>(FILL BRAND NAMES)</b> .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -9
h. Try to quit without assistance? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -9



## Section D1. Cessation – Tobacco Smoking

### D00COMP

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 D2.

**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)]

[NO DK/REF]

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**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 <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 smoking telephone support line?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
f. Using electronic cigarettes instead? <i>(FILL BRAND NAMES)</i> .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
g. Using heated tobacco products instead? <i>(FILL BRAND NAMES)</i> .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
h. Try to quit without assistance? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9

**D03COMP**

**IF C10 HAS NOT BEEN ASKED → CONTINUE WITH D04**

**IF C10 = YES → SKIP TO D06**

**IF C10 = 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

### D08COMP

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 TOB), SKIP TO NEXT SECTION E.

**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)]

[NO DK/REF]

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**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 (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
f. Using electronic cigarettes instead? (FILL BRAND NAMES).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
g. Using heated tobacco products instead? (FILL BRAND NAMES).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
h. Try to quit without assistance? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9

**D11COMP**

**IF BOTH B10 AND D04 HAVE NOT BEEN ASKED → CONTINUE WITH D12**

**IF B10 OR D04 = YES → SKIP TO D14**

**IF B10 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

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**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 visit any bars or night clubs?

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 bars or night clubs that you visited in the past 30 days?

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

**E17.** During the past 30 days, did you use any public transportation?

YES..... ☐ 1  
NO ..... ☐ 2 → **SKIP TO E19**  
DON'T KNOW..... ☐ -7 → **SKIP TO E19**  
REFUSED..... ☐ -9 → **SKIP TO E19**

**E18.** 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

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

YES..... ☐ 1  
NO ..... ☐ 2 → **SKIP TO E21**  
DON'T KNOW..... ☐ -7 → **SKIP TO E21**  
REFUSED..... ☐ -9 → **SKIP TO E21**

**E20.** Did anyone smoke inside of any university buildings 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 schools?

YES..... ☐ 1  
NO ..... ☐ 2 → **SKIP TO E23**  
DON'T KNOW..... ☐ -7 → **SKIP TO E23**  
REFUSED..... ☐ -9 → **SKIP TO E23**

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

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

**E23.** 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

### F00COMP

IF [B01 = 1 OR 2 (RESPONDENT CURRENTLY SMOKES DAILY OR LESS THAN DAILY)]  
AND  
[(B06a OR B08a) > 0 AND <= 888 (RESPONDENT SMOKES MANUFACTURED CIGARETTES)],  
THEN CONTINUE WITH THIS SECTION.  
OTHERWISE, SKIP TO NEXT SECTION G.

**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, did you buy loose cigarettes, packs, cartons, or something else?

[DO NOT INCLUDE ELECTRONIC CIGARETTES OR HEATED TOBACCO PRODUCTS]

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

**F01b.** The last time you bought cigarettes for yourself, how many {FILL F01a: cigarettes/packs/cartons/{FILL F01c}} did you buy?

[NO DK/REF]

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[IF F01a=CIGARETTES, GO TO F02]  
[IF F01a=PACKS, GO TO F01dPack]  
[IF F01a=CARTONS, GO TO F01dCart]  
[IF F01a=OTHER, GO TO F01dOther]

**F01dPack.** Did each pack contain 10 cigarettes, 20 cigarettes, or another amount?

*[ADJUST AMOUNTS/CATEGORIES FOR SPECIFIC COUNTRY]*

10 ..... ☐ 1  
20 ..... ☐ 2  
OTHER AMOUNT .. ☐ 7 → **F01dPackA.** How many cigarettes were in each pack? [NO DK/REF]  
DON'T KNOW ..... ☐ -7  
REFUSED ..... ☐ -9

[GO TO F02]

**F01dCart.** Did each carton contain 100 cigarettes, 200 cigarettes, or another amount?

*[ADJUST AMOUNTS/CATEGORIES FOR SPECIFIC COUNTRY]*

- 100 ..... ☐ 1  
 200 ..... ☐ 2  
 OTHER AMOUNT.. ☐ 7 → **F01dCartA.** How many cigarettes were in each carton? **[NO DK/REF]**  
 DON'T KNOW ..... ☐ -7  
 REFUSED ..... ☐ -9

**[GO TO F02]**

**F01dOther.** How many cigarettes were in each **{F01c}**?

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

--

**RANGE: 1-500** *[ADJUST RANGE 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..... ☐ -9

**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..... ☐ -7  
 REFUSED..... ☐ -9

## 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. I will first ask about noticing anti-cigarette information and then ask about noticing cigarette advertisements and promotions.

**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. On the internet? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> -9
f. Somewhere else? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....		<input type="checkbox"/> -9

[DO NOT INCLUDE HEALTH WARNINGS ON CIGARETTE PACKAGES]

→ f1. Please specify where: \_\_\_\_\_

#### G02COMP

**IF B01 = 1 OR 2 (RESPONDENT CURRENTLY SMOKES TOBACCO), GO TO G02. ELSE, GO TO G04**

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

YES.....	<input type="checkbox"/> 1	
NO .....	<input type="checkbox"/> 2	→ <b>SKIP TO G04</b>
DID NOT SEE ANY CIGARETTE PACKAGES...	<input type="checkbox"/> 3	→ <b>SKIP TO G04</b>
REFUSED.....	<input type="checkbox"/> -9	→ <b>SKIP TO G04</b>

**G03.** In the last 30 days, have warning labels on cigarette packages led you to think about quitting?

YES.....	<input type="checkbox"/> 1
NO .....	<input type="checkbox"/> 2
DON'T KNOW.....	<input type="checkbox"/> -7
REFUSED.....	<input type="checkbox"/> -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, bidis/waterpipe, smokeless tobacco)**

**G201intro.** The next few questions ask about your exposure to the media and advertisements in the last 30 days. I will first ask about noticing anti-tobacco information and then ask about noticing tobacco advertisements and promotions.

**G201.** 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 ▼
a1. In newspapers or in magazines? ...	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> -9
b1. On television? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> -9
c1. On the radio? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> -9
d1. On billboards? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> -9
e1. On the internet? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> -9
f1. Somewhere else? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....		<input type="checkbox"/> -9

[DO NOT INCLUDE HEALTH WARNINGS ON CIGARETTE PACKAGES]

→ f1a. Please specify where: \_\_\_\_\_

**G201.** In the last 30 days, have you noticed information about the dangers of smoking **[bidis/waterpipe]** or that encourages quitting in any of the following places?

**[ADJUST CATEGORIES FOR SPECIFIC COUNTRY]**

	YES ▼	NO ▼	NOT APPLICABLE ▼	REFUSED ▼
a2. In newspapers or in magazines? ...	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> -9
b2. On television? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> -9
c2. On the radio? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> -9
d2. On billboards? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> -9
e2. On the internet? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> -9
f2. Somewhere else? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....		<input type="checkbox"/> -9

[DO NOT INCLUDE HEALTH WARNINGS ON **[BIDI/WATERPIPE]** PACKAGES]

→ f2a. Please specify where: \_\_\_\_\_

**G201.** In the last 30 days, have you noticed information about the dangers of using smokeless tobacco or that encourages quitting in any of the following places?

**[ADJUST CATEGORIES FOR SPECIFIC COUNTRY]**

	YES ▼	NO ▼	NOT APPLICABLE ▼	REFUSED ▼
a3. In newspapers or in magazines? ...	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> -9
b3. On television? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> -9
c3. On the radio? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> -9
d3. On billboards? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> -9
e3. On the internet? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7.....	<input type="checkbox"/> -9
f3. Somewhere else? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....		<input type="checkbox"/> -9

[DO NOT INCLUDE HEALTH WARNINGS ON SMOKELESS TOBACCO PACKAGES]

→ f3a. Please specify where: \_\_\_\_\_

**G202COMP**

IF B01 = 1 OR 2 (RESPONDENT CURRENTLY SMOKES TOBACCO), GO TO G202a. ELSE, GO TO G202BCOMP.

**G202a.** In the last 30 days, did you notice any health warnings on cigarette packages?

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

**G203a.** 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

**G202BCOMP**

IF B01 = 1 OR 2 AND CURRENTLY SMOKES [PRODUCT], GO TO G202b. ELSE, GO TO G202CCOMP.

**G202b.** In the last 30 days, did you notice any health warnings on *[bidi/waterpipe]* packages?

- YES..... ☐ 1  
 NO ..... ☐ 2 → **SKIP TO NEXT INSTRUCTION**  
 DID NOT SEE ANY *[BIDI/WATERPIPE]* PACKAGES .... ☐ 3 → **SKIP TO NEXT INSTRUCTION**  
 REFUSED..... ☐ -9 → **SKIP TO NEXT INSTRUCTION**

**G203b.** In the last 30 days, have warning labels on *[bidi/waterpipe]* packages led you to think about quitting?

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

**G202CCOMP**

IF C01 = 1 OR 2 (RESPONDENT CURRENTLY USES SMOKELESS TOBACCO), GO TO G202c. ELSE, GO TO G204.

**G202c.** In the last 30 days, did you notice any health warnings on smokeless tobacco products?

- YES..... ☐ 1  
 NO ..... ☐ 2 → **SKIP TO G204**  
 DID NOT SEE ANY SMOKELESS PRODUCTS. ☐ 3 → **SKIP TO G204**  
 REFUSED..... ☐ -9 → **SKIP TO G204**

**G203c.** 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

- G204.** I will now ask you about noticing marketing of any tobacco products including smoking and smokeless tobacco. In the last 30 days, have you noticed any advertisements or signs promoting any tobacco products (smoked and/or smokeless) in the following places?

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

	YES ▼	NO ▼	NOT APPLICABLE ▼	REFUSED ▼
a. In stores where tobacco is 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"/> -9

→ k1. Please specify where: \_\_\_\_\_

- G205.** In the last 30 days, have you noticed any sport or sporting event that is associated with any tobacco product brand or company (smoked and/or smokeless)?

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

- G206.** In the last 30 days, have you noticed any of the following types of tobacco product (smoked and/or smokeless) promotions?

**[ADJUST CATEGORIES FOR SPECIFIC COUNTRY]**

	YES ▼	NO ▼	DON'T KNOW ▼	REFUSED ▼
a. Free samples of tobacco products? .....	<input type="checkbox"/> 1 .....	<input type="checkbox"/> 2 .....	<input type="checkbox"/> -7 .....	<input type="checkbox"/> -9
b. Tobacco products at sale prices? .....	<input type="checkbox"/> 1 .....	<input type="checkbox"/> 2 .....	<input type="checkbox"/> -7 .....	<input type="checkbox"/> -9
c. Coupons for tobacco products? .....	<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 tobacco products? .....	<input type="checkbox"/> 1 .....	<input type="checkbox"/> 2 .....	<input type="checkbox"/> -7 .....	<input type="checkbox"/> -9
e. Clothing or other items with a tobacco product brand name or logo? .....	<input type="checkbox"/> 1 .....	<input type="checkbox"/> 2 .....	<input type="checkbox"/> -7 .....	<input type="checkbox"/> -9
f. Tobacco product promotions in the mail? .....	<input type="checkbox"/> 1 .....	<input type="checkbox"/> 2 .....	<input type="checkbox"/> -7 .....	<input type="checkbox"/> -9

## Section H. Knowledge, Attitudes & Perceptions

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**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 .....
d. Diabetes? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2 .....	<input type="checkbox"/> -7 .....	<input type="checkbox"/> -9 .....
e. Emphysema? .....	<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

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**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:]

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# List of Optional Questions

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## Household Questionnaire

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

[NO DK/REF]

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[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 VISIT RECORD AS A CODE 201.]

**HH4f.** *ADD A QUESTION ON “RELATIONSHIP TO HEAD OF HOUSEHOLD” IN CREATING HOUSEHOLD ROSTER.*

## Section A. Background Characteristics

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**A04a.** Can you read and write?

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

**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]*

? ..... ☐ 1  
? ..... ☐ 2  
? ..... ☐ 3  
OTHER (SPECIFY) ..... ☐ ? → **A05a1.** [SPECIFY JOB DESCRIPTION]: \_\_\_\_\_  
DON'T KNOW..... ☐ -7  
REFUSED..... ☐ -9

**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

**A07.** What is your racial/ethnic background?

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

? ..... ☐ 1  
 ? ..... ☐ 2  
 ? ..... ☐ 3  
 ? ..... ☐ 4  
 DON'T KNOW..... ☐ -7  
 REFUSED..... ☐ -9

**A08.** 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 → **A08a.** [SPECIFY]: \_\_\_\_\_  
 NONE ..... ☐ 6  
 DON'T KNOW..... ☐ -7  
 REFUSED..... ☐ -9

**A09.** What is your marital status? Would you say single, married, separated, divorced, or widowed?

SINGLE..... ☐ 1  
 MARRIED ..... ☐ 2  
 SEPARATED ..... ☐ 3  
 DIVORCED..... ☐ 4  
 WIDOWED..... ☐ 5  
 REFUSED..... ☐ -9

## Section B. Tobacco Smoking

**B14.** During the past 12 months, did you use any of the following to try to stop smoking tobacco?

xx. Switching to smokeless tobacco?

**B15.** When you quit smoking, which of the following reasons led you to think about quitting smoking?

	YES ▼	NO ▼	DON'T KNOW ▼	REFUSED ▼
a. Concern for your own health? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -7.....	<input type="checkbox"/> -9
b. Concern about the health effects of your tobacco smoke on non-smokers? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -7.....	<input type="checkbox"/> -9
c. That society disapproves of smoking? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -7.....	<input type="checkbox"/> -9
d. The price of smoking tobacco products? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -7.....	<input type="checkbox"/> -9
e. Smoking is/was not allowed in your home? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -7.....	<input type="checkbox"/> -9
f. Indoor smoking restrictions at work or public places? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -7.....	<input type="checkbox"/> -9
g. Wanting to set a good example for children? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -7.....	<input type="checkbox"/> -9
h. Close friends and family disapprove(d) of your smoking? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -7.....	<input type="checkbox"/> -9

## Section EC. Electronic Cigarettes

*(ASK OF ALL WHO'VE EVER TRIED AN E-CIG)*

**EC5x1a.** How old were you when you first tried using an electronic cigarette or any other vaping device, even once?

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**[IF EC5x1a = DK OR REF, ASK EC5x1b. OTHERWISE SKIP TO NEXT QUESTION.]**

**EC5x1b.** How many years ago did you first try using an electronic cigarette or any other vaping device, even once?

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**(ASK OF FORMER DAILY USERS)**

**EC5x2a.** How long has it been since you stopped using electronic cigarettes or any other vaping device?

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

ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

- YEARS ..... ☐ 1  
MONTHS..... ☐ 2  
WEEKS ..... ☐ 3  
DAYS..... ☐ 4  
LESS THAN 1 DAY ..... ☐ 5 → **SKIP TO NEXT QUESTION**  
DON'T KNOW ..... ☐ -7 → **SKIP TO NEXT QUESTION**  
REFUSED ..... ☐ -9 → **SKIP TO NEXT QUESTION**

**EC5x2b.** [ENTER NUMBER OF (YEARS/MONTHS/WEEKS/DAYS)]

**[NO DK/REF]**

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**(ASK OF CURRENT USERS)**

**EC7.** What brand of electronic cigarette or other vaping device do you currently use?

[IF MORE THAN ONE TYPE IS USED, SELECT BRAND USED MOST RECENTLY]

**[RESPONSE CATEGORIES WILL BE DEVELOPED BY COUNTRY]**

- JUUL..... ☐ 1  
A ..... ☐ 2  
B ..... ☐ 3  
OTHER ..... ☐ 4 → **EC7a. [SPECIFY]:** \_\_\_\_\_  
DON'T KNOW..... ☐ -7  
REFUSED..... ☐ -9

**(ASK OF CURRENT USERS)**

**EC8.** What is the primary flavor of the electronic cigarette or vaping device you currently use?

[IF MORE THAN ONE FLAVOR IS USED, SELECT FLAVOR USED MOST RECENTLY]

**[RESPONSE CATEGORIES WILL BE DEVELOPED BY COUNTRY]**

- |   |                          |    |                                |
|---|--------------------------|----|--------------------------------|
| TOBACCO FLAVOR .....  | <input type="checkbox"/> | 1  |                                |
| MENTHOL OR MINT .....   | <input type="checkbox"/> | 2  |                                |
| CLOVE OR SPICE .....  | <input type="checkbox"/> | 3  |                                |
| FRUIT FLAVOR.....   | <input type="checkbox"/> | 4  |                                |
| CHOCOLATE, CANDY, DESSERTS, OR OTHER SWEETS....                             | <input type="checkbox"/> | 5  |                                |
| AN ALCOHOLIC DRINK (SUCH AS WINE/COGNAC/<br>MARGARITA/OTHER COCKTAILS)..... | <input type="checkbox"/> | 6  |                                |
| A NON-ALCOHOLIC DRINK (SUCH AS COFFEE/SODA/<br>ENERGY DRINKS/OTHER).....    | <input type="checkbox"/> | 7  |                                |
| SOME OTHER FLAVOR .....   | <input type="checkbox"/> | 8  | → <b>EC8a.</b> [SPECIFY]:_____ |
| NO FLAVOR.....  | <input type="checkbox"/> | 9  |                                |
| DON'T KNOW.....   | <input type="checkbox"/> | -7 |                                |
| REFUSED.....  | <input type="checkbox"/> | -9 |                                |

**(ASK OF CURRENT USERS)**

**EC9.** Which of the following types of electronic cigarette or vaping device do you currently use: a disposable device that is not rechargeable; a device that uses replaceable pre-filled pods or cartridges and is rechargeable; or a device with a tank that you refill with liquids and is rechargeable?

[IF MORE THAN ONE TYPE IS USED, SELECT DEVICE USED MOST RECENTLY]

- |  |                          |    |  |
|--|--------------------------|----|--|
| DISPOSABLE DEVICE THAT IS NOT RECHARGEABLE .....                                   | <input type="checkbox"/> | 1  |  |
| DEVICE USES REPLACEABLE PRE-FILLED PODS OR CARTRIDGES AND IS<br>RECHARGEABLE ..... | <input type="checkbox"/> | 2  |  |
| DEVICE WITH A TANK THAT REFILLS WITH LIQUIDS AND IS RECHARGEABLE .....             | <input type="checkbox"/> | 3  |  |
| DON'T KNOW.....  | <input type="checkbox"/> | -7 |  |
| REFUSED.....   | <input type="checkbox"/> | -9 |  |

**(ASK OF CURRENT USERS)**

**EC10.** Does the electronic cigarette or other vaping device that you currently use contain nicotine?

[IF MORE THAN ONE DEVICE IS USED, REFER TO DEVICE USED MOST RECENTLY]

- |                 |                          |    |  |
|-----------------|--------------------------|----|--|
| YES.....        | <input type="checkbox"/> | 1  |  |
| NO .....        | <input type="checkbox"/> | 2  |  |
| DON'T KNOW..... | <input type="checkbox"/> | -7 |  |
| REFUSED.....    | <input type="checkbox"/> | -9 |  |

**(ASK OF CURRENT USERS)**

**EC11.** In the past 30 days, how much money did you spend on electronic cigarettes?

[INCLUDE PURCHASE OF DEVICES AND ALL CONSUMABLES INCLUDING LIQUID CONTAINERS AND RESISTANCE PRODUCTS]

**[RESPONSE CATEGORIES WILL BE DEVELOPED BY COUNTRY]**

LESS THAN X ..... ☐ 1  
X TO X ..... ☐ 2  
X TO X ..... ☐ 3  
X TO X ..... ☐ 4  
MORE THAN X ..... ☐ 5  
DON'T KNOW ..... ☐ -7  
REFUSED ..... ☐ -9

**(ASK OF EVER E-CIGARETTE USERS WHO CURRENTLY SMOKE CIGARETTES)**

**EC12.** How satisfying is using electronic cigarettes or any other vaping device compared to smoking ordinary cigarettes? Would you say that using electronic cigarettes is much less satisfying than smoking ordinary cigarettes; a little less satisfying than smoking ordinary cigarettes; about as satisfying as smoking ordinary cigarettes; a little more satisfying than smoking ordinary cigarettes; or much more satisfying than smoking ordinary cigarettes?

MUCH LESS SATISFYING ..... ☐ 1  
A LITTLE LESS SATISFYING ..... ☐ 2  
ABOUT AS SATISFYING ..... ☐ 3  
A LITTLE MORE SATISFYING ..... ☐ 4  
MUCH MORE SATISFYING ..... ☐ 5  
DON'T KNOW ..... ☐ -7  
REFUSED ..... ☐ -9

**(ASK OF EVER E-CIGARETTE USERS WHO CURRENTLY SMOKE CIGARETTES)**

**EC13.** Overall, how expensive do you think using electronic cigarettes or any other vaping device is compared to smoking ordinary cigarettes? Would you say that using electronic cigarettes is much less expensive than smoking ordinary cigarettes; a little less expensive than smoking ordinary cigarettes; about as expensive as smoking ordinary cigarettes; a little more expensive than smoking ordinary cigarettes; or much more expensive than smoking ordinary cigarettes?

MUCH LESS EXPENSIVE ..... ☐ 1  
A LITTLE LESS EXPENSIVE ..... ☐ 2  
ABOUT AS EXPENSIVE ..... ☐ 3  
A LITTLE MORE EXPENSIVE ..... ☐ 4  
MUCH MORE EXPENSIVE ..... ☐ 5  
DON'T KNOW ..... ☐ -7  
REFUSED ..... ☐ -9



## Section C. Smokeless Tobacco

**C15.** When you quit using smokeless tobacco, which of the following reasons led you to think about quitting?

	YES ▼	NO ▼	DON'T KNOW ▼	REFUSED ▼
a. Concern for your personal health? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -7.....	<input type="checkbox"/> -9
c. That society disapproves of using smokeless tobacco? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -7.....	<input type="checkbox"/> -9
d. The price of smokeless tobacco products? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -7.....	<input type="checkbox"/> -9
e. Smokeless tobacco use is/was not allowed in your home? ..	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -7.....	<input type="checkbox"/> -9
f. Smokeless tobacco restrictions at work or public places? ....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -7.....	<input type="checkbox"/> -9
g. Wanting to set a good example for children? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -7.....	<input type="checkbox"/> -9
h. Close friends and family disapprove(d) of your using smokeless tobacco? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -7.....	<input type="checkbox"/> -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. Switching to smokeless tobacco?

**D03x1.** During the past 12 months, did any of the following reasons lead you to think about quitting smoking?

	YES ▼	NO ▼	DON'T KNOW ▼	REFUSED ▼
a. Concern for your personal health? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -7.....	<input type="checkbox"/> -9
b. Concern about the health effects of your tobacco smoke on non-smokers? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -7.....	<input type="checkbox"/> -9
c. That society disapproves of smoking? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -7.....	<input type="checkbox"/> -9
d. The price of smoking tobacco products? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -7.....	<input type="checkbox"/> -9
e. Smoking is/was not allowed in your home? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -7.....	<input type="checkbox"/> -9
f. Indoor smoking restrictions at work or public places? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -7.....	<input type="checkbox"/> -9
g. Wanting to set a good example for children? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -7.....	<input type="checkbox"/> -9
h. Close friends and family disapprove(d) of your smoking? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> -7.....	<input type="checkbox"/> -9

**D08a.** How much do you want to quit smoking? Would you say not at all, a little, somewhat, or a lot?

NOT AT ALL ..... ☐ 1

A LITTLE..... ☐ 2

SOMEWHAT..... ☐ 3

A LOT ..... ☐ 4

DON'T KNOW..... ☐ -7

REFUSED..... ☐ -9

**D08b.** How easy or hard would it be for you to quit smoking if you wanted to? Would you say very easy, somewhat easy, neither easy nor hard, somewhat hard, or very hard?

- VERY EASY ..... ☐ 1  
 SOMEWHAT EASY ..... ☐ 2  
 NEITHER EASY NOR HARD .... ☐ 3  
 SOMEWHAT HARD ..... ☐ 4  
 VERY HARD ..... ☐ 5  
 DON'T KNOW ..... ☐ -7  
 REFUSED ..... ☐ -9

**D08c.** How worried are you that smoking will damage your health in the future? Would you say not at all worried, a little worried, moderately worried, or very worried?

- NOT AT ALL WORRIED ..... ☐ 1  
 A LITTLE WORRIED ..... ☐ 2  
 MODERATELY WORRIED ..... ☐ 3  
 VERY WORRIED ..... ☐ 4  
 DON'T KNOW ..... ☐ -7  
 REFUSED ..... ☐ -9

## Section D2. Cessation — Smokeless Tobacco

**D11x1.** During the past 12 months, did any of the following reasons lead you to think about quitting using smokeless tobacco?

- |   | YES<br>▼                        | NO<br>▼                         | DON'T<br>KNOW<br>▼               | REFUSED<br>▼                |
|---|---------------------------------|---------------------------------|----------------------------------|-----------------------------|
| a. Concern for your personal health? .....  | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> -7..... | <input type="checkbox"/> -9 |
| c. That society disapproves of using smokeless tobacco? .....                       | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> -7..... | <input type="checkbox"/> -9 |
| d. The price of smokeless tobacco products? .....                                   | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> -7..... | <input type="checkbox"/> -9 |
| e. Smokeless tobacco use is/was not allowed in your home? ..                        | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> -7..... | <input type="checkbox"/> -9 |
| f. Smokeless tobacco restrictions at work or public places? ....                    | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> -7..... | <input type="checkbox"/> -9 |
| g. Wanting to set a good example for children? .....                                | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> -7..... | <input type="checkbox"/> -9 |
| h. Close friends and family disapprove(d) of your using<br>smokeless tobacco? ..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> -7..... | <input type="checkbox"/> -9 |

**D16a.** How much do you want to quit using smokeless tobacco? Would you say not at all, a little, somewhat, or a lot?

- NOT AT ALL ..... ☐ 1  
 A LITTLE ..... ☐ 2  
 SOMEWHAT ..... ☐ 3  
 A LOT ..... ☐ 4  
 DON'T KNOW ..... ☐ -7  
 REFUSED ..... ☐ -9

**D16b.** How easy or hard would it be for you to quit using smokeless tobacco if you wanted to? Would you say very easy, somewhat easy, neither easy nor hard, somewhat hard, or very hard?

VERY EASY ..... ☐ 1  
 SOMEWHAT EASY ..... ☐ 2  
 NEITHER EASY NOR HARD .... ☐ 3  
 SOMEWHAT HARD ..... ☐ 4  
 VERY HARD ..... ☐ 5  
 DON'T KNOW ..... ☐ -7  
 REFUSED ..... ☐ -9

**D16c.** How worried are you that using smokeless tobacco will damage your health in the future? Would you say not at all worried, a little worried, moderately worried, or very worried?

NOT AT ALL WORRIED ..... ☐ 1  
 A LITTLE WORRIED ..... ☐ 2  
 MODERATELY WORRIED ..... ☐ 3  
 VERY WORRIED ..... ☐ 4  
 DON'T KNOW ..... ☐ -7  
 REFUSED ..... ☐ -9

## 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

**E15a.** During the past 30 days, did you visit any cafes, coffee shops, or tea houses?

YES ..... ☐ 1  
 NO ..... ☐ 2 → **SKIP OVER E16a**  
 DON'T KNOW ..... ☐ -7 → **SKIP OVER E16a**  
 REFUSED ..... ☐ -9 → **SKIP OVER E16a**

**E16a.** 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

**E20a. [ADMINISTERED IF E19 = YES]**

Did anyone smoke on the grounds of any universities that you visited in the past 30 days?

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

**E22a. [ADMINISTERED IF E21 = YES]**

Did anyone smoke on the grounds of any schools that you visited in the past 30 days?

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

**E24.** Based on what you know or believe, does breathing other people's smoke 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 .....

**E25.** For each of the following public places, please tell me if you think smoking should or should not be allowed in indoor areas:

[or]

Do you support the law that prohibits smoking in indoor areas at the following public places:

	SHOULD BE ALLOWED YES ▼	SHOULD NOT BE ALLOWED NO ▼	DON'T KNOW ▼	REFUSED ▼
a. Hospitals? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2 .....	<input type="checkbox"/> -7 .....	<input type="checkbox"/> -9 .....
b. Workplaces? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2 .....	<input type="checkbox"/> -7 .....	<input type="checkbox"/> -9 .....
c. Restaurants? .....	<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. Schools? .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2 .....	<input type="checkbox"/> -7 .....	<input type="checkbox"/> -9 .....
g. Universities? .....	<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 .....

## Section F. Economics

---

**F03b.** Do the cigarettes in the {FILL: NAME OF BRAND IN F03} brand you last purchased have a capsule in the filter that releases a flavor when it is crushed?"

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

**F03b1.** **[IF F03b=1:]** What flavor was in the capsules of the last pack of {FILL: NAME OF BRAND IN F03} you purchased?

**[RESPONSE CATEGORIES = LIST OF AVAILABLE FLAVORS]**

**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

**F07.** In the last 6 months, has there been a time when the money you spent on cigarettes resulted in not having enough money for household essentials such as food?

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

## Section G. Media

---

**G05a.** In the last 30 days, have you noticed any music, theatre, art, or fashion events that are 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 music, theatre, art, or fashion events that are associated with any tobacco product brand or company (smoked and/or smokeless)?

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

## Section H. Knowledge, Attitudes & Perceptions

---

**H02x1.** **[ONLY FOR CURRENT MANUFACTURED CIGARETTE SMOKERS:]** 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  
NO DIFFERENT ..... ☐ 2  
A LITTLE MORE HARMFUL ..... ☐ 3  
DON'T KNOW..... ☐ -7  
REFUSED..... ☐ -9

**H02x2.** 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

**H02x3.** Do you believe cigarettes are addictive?

**[H02x3 CAN BE REPEATED FOR OTHER RELEVANT PRODUCTS SUCH AS BIDIS, SMOKELESS, ETC.]**

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

**H02x4.** As far as you know, does your religion discourage smoking?

YES..... ☐ 1  
NO ..... ☐ 2 → **SKIP OVER H02x5**  
DON'T KNOW.. ☐ -7  
REFUSED..... ☐ -9

**H02x5.** 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 → **H02x5a.** [SPECIFY]: \_\_\_\_\_  
THERE ISN'T ANY RULING ON CIGARETTE SMOKING ..... ☐ 4  
DON'T KNOW..... ☐ -7  
REFUSED..... ☐ -9

**H02x6.** Based on what you know or believe, does smoking waterpipe with tobacco cause serious illness?

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

**H02x7.** Compared to smoking cigarettes, do you think smoking waterpipe with tobacco is less harmful, no different, or more harmful?

LESS HARMFUL THAN CIGARETTES ..... ☐ 1  
NO DIFFERENT ..... ☐ 2  
MORE HARMFUL THAN CIGARETTES ... ☐ 3  
DON'T KNOW..... ☐ -7  
REFUSED..... ☐ -9

**H02x8.** **[ONLY ADMINISTERED IF EC1 = YES]**

Compared to smoking ordinary cigarettes, would you say that using electronic cigarettes or any other vaping device is much less harmful than smoking ordinary cigarettes; a little less harmful than smoking ordinary cigarettes; about as harmful as smoking ordinary cigarettes; a little more harmful than smoking ordinary cigarettes; or more harmful than smoking ordinary cigarettes?

MUCH LESS HARMFUL ..... ☐ 1  
A LITTLE LESS HARMFUL ..... ☐ 2  
ABOUT AS HARMFUL ..... ☐ 3  
A LITTLE MORE HARMFUL ..... ☐ 4  
MUCH MORE HARMFUL..... ☐ 5  
DON'T KNOW..... ☐ -7  
REFUSED..... ☐ -9

**H02x9. [ONLY ADMINISTERED IF HTP1 = YES]**

Compared to smoking ordinary cigarettes, would you say that using heated tobacco products is much less harmful than smoking ordinary cigarettes; a little less harmful than smoking ordinary cigarettes; about as harmful as smoking ordinary cigarettes; a little more harmful than smoking ordinary cigarettes; or much more harmful than smoking ordinary cigarettes?

- MUCH LESS HARMFUL ..... ☐ 1  
A LITTLE LESS HARMFUL ..... ☐ 2  
ABOUT AS HARMFUL ..... ☐ 3  
A LITTLE MORE HARMFUL ..... ☐ 4  
MUCH MORE HARMFUL ..... ☐ 5  
DON'T KNOW..... ☐ -7  
REFUSED..... ☐ -9

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

- FAVOR ..... ☐ 1  
OPPOSE..... ☐ 2  
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  
OPPOSE..... ☐ 2  
DON'T KNOW.. ☐ -7  
REFUSED..... ☐ -9

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

- FAVOR ..... ☐ 1  
OPPOSE..... ☐ 2  
DON'T KNOW.. ☐ -7  
REFUSED..... ☐ -9

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

- FAVOR ..... ☐ 1  
OPPOSE..... ☐ 2  
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 – Waterpipe (Shisha/Nargile) Module

*[WATERPIPE MODULE PLACED AFTER SECTION B]*

*[CORE MODULE QUESTIONS WP0A-WP7; ADDITIONAL OPTIONAL QUESTIONS WP8-WP16]*

### WPCOMP1

**CURRENT WP TOB SMOKERS: IF (B01=1 OR 2) AND [(B06f>0 AND <=888) OR (B08f>0 AND <=888)], GO TO WP0a  
ELSE, GO TO WP0b**

**WP0a.** I would now like to ask you some questions about smoking waterpipe. You have previously indicated you currently smoke waterpipe with tobacco. Do you also, at times, smoke waterpipe without tobacco?

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

**[GO TO WPCOMP2]**

**WP0b.** I would now like to ask you a question about smoking waterpipe without tobacco. Do you currently smoke waterpipe without tobacco on a daily basis, less than daily, or not at all?

DAILY ..... ☐ 1  
LESS THAN DAILY ..... ☐ 2  
NOT AT ALL ..... ☐ 3  
DON'T KNOW..... ☐ -7  
REFUSED..... ☐ -9

**[GO TO WPCOMP2]**

## WPCOMP2

### CURRENT DAILY WP TOB SMOKERS

– CURRENT DAILY WP SMOKERS: IF B01=1 AND (B06f>0 AND <888), GO TO WP3

### CURRENT LESS THAN DAILY WP TOB SMOKERS

– CURRENT DAILY SMOKERS BUT LESS THAN DAILY WP: IF B01=1 AND B06f=888, GO TO WP1

– CURRENT LESS THAN DAILY WP SMOKERS, DAILY SMOKERS IN THE PAST: IF B01=2 AND B02=1 AND (B08f>0 AND <=888), GO TO WP1

– CURRENT LESS THAN DAILY WP SMOKERS, NOT DAILY SMOKERS IN THE PAST: IF B01=2 AND B02=2 AND (B08f>0 AND <=888), GO TO WP3

### NOT CURRENT WP TOB SMOKERS

– CURRENT DAILY SMOKERS, NOT CURRENTLY SMOKING WP: IF B01=1 AND B06f=0, GO TO WP2a

– CURRENT LESS THAN DAILY SMOKERS BUT NOT WP, DAILY SMOKERS IN THE PAST: IF B01=2 AND B02=1 AND B08f=0, GO TO WP2a

– CURRENT LESS THAN DAILY SMOKERS BUT NOT WP, NOT DAILY SMOKERS IN THE PAST: IF B01=2 AND B02=2 AND B08f=0, GO TO WP2b

– CURRENT NON-SMOKERS, DAILY SMOKERS IN THE PAST: IF B01=3 AND B03=1, GO TO WP2a

– CURRENT NON-SMOKERS, LESS THAN DAILY SMOKERS IN THE PAST: IF B01=3 AND B03=2, GO TO WP2b

– NEVER SMOKERS: IF B01=3 AND B03=3, GO TO NEXT SECTION

– ELSE, GO TO NEXT SECTION

**WP1.** I would now like to ask you some questions about smoking waterpipe with tobacco. Have you smoked a waterpipe with tobacco daily in the past?

YES..... ☐ 1 → **GO TO WP3**  
NO ..... ☐ 2 → **GO TO WP3**  
DON'T KNOW..... ☐ -7 → **GO TO WP3**  
REFUSED..... ☐ -9 → **GO TO WP3**

**WP2a.** I would now like to ask you some questions about smoking waterpipe with tobacco. In the past, have you smoked a waterpipe with tobacco on a daily basis, less than daily basis, or not at all?

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

DAILY ..... ☐ 1 → **GO TO WP3**  
LESS THAN DAILY ..... ☐ 2 → **GO TO WP3**  
NOT AT ALL ..... ☐ 3 → **GO TO NEXT SECTION**  
DON'T KNOW..... ☐ -7 → **GO TO NEXT SECTION**  
REFUSED..... ☐ -9 → **GO TO NEXT SECTION**

**WP2b.** I would now like to ask you some questions about smoking waterpipe with tobacco. In the past, have you smoked a waterpipe with tobacco on a less than daily basis or not at all?

LESS THAN DAILY ..... ☐ 1 → **GO TO WP3**  
NOT AT ALL ..... ☐ 2 → **GO TO NEXT SECTION**  
DON'T KNOW..... ☐ -7 → **GO TO NEXT SECTION**  
REFUSED..... ☐ -9 → **GO TO NEXT SECTION**

**WP3.** How old were you when you first tried smoking a waterpipe with tobacco, even once?

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**[IF WP3 = DK OR REF, ASK WP4. OTHERWISE SKIP TO WPCOMP3.]**

**WP4.** How many years ago did you first try smoking a waterpipe with tobacco, even once?

--	--

**WPCOMP3**

**CURRENT WP TOB SMOKERS: IF (B01=1 OR 2) AND [(B06f>0 AND <=888) OR (B08f>0 AND <=888)], GO TO WP5a  
ELSE, GO TO NEXT SECTION**

**WP5a.** The last time you smoked waterpipe with tobacco, how long did you participate in the waterpipe 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**

**WP5b.** [ENTER NUMBER OF (HOURS/MINUTES)]

**[NO DK/REF]**

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

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**WP7.** The last time you smoked a waterpipe with tobacco, where did you smoke it?

HOME..... ☐ 1  
SHISHA BAR..... ☐ 2  
OTHER BAR/CLUB..... ☐ 3  
CAFE/RESTAURANT... ☐ 4  
OTHER..... ☐ 5 → **WP7a.** Specify other place: \_\_\_\_\_  
DON'T KNOW..... ☐ -7  
REFUSED..... ☐ -9

**[WP8 – WP16 ARE ADDITIONAL OPTIONAL ITEMS]**

**WP8.** The last time you smoked a waterpipe with tobacco, did you smoke it with flavored tobacco, unflavored tobacco, or both?

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

**WP9.** How soon after you finish smoking waterpipe with tobacco do you usually start to feel a strong desire, which is hard to ignore, to use waterpipe with tobacco or any other form of tobacco? Would you say within 60 minutes; after 1 to 3 hours; more than 3 hours but less than one full day; 1 day or more; or never?

WITHIN 60 MINUTES ..... ☐ 1  
 AFTER 1 TO 3 HOURS ..... ☐ 2  
 MORE THAN 3 HOURS BUT LESS THAN ONE FULL DAY ..... ☐ 3  
 1 DAY OR MORE ..... ☐ 4  
 NEVER ..... ☐ 5  
 DON'T KNOW ..... ☐ -7  
 REFUSED ..... ☐ -9

**WP10.** During the past 12 months, have you tried to quit smoking waterpipe with tobacco?

YES ..... ☐ 1  
 NO ..... ☐ 2 → **SKIP TO WP12**  
 REFUSED ..... ☐ -9 → **SKIP TO WP12**

**WP11a.** Thinking about the last time you tried to quit smoking waterpipe with tobacco, how long did you stop?

[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 WP12**  
 DON'T KNOW ..... ☐ -7 → **SKIP TO WP12**  
 REFUSED ..... ☐ -9 → **SKIP TO WP12**

**WP11b.** [ENTER NUMBER OF (MONTHS/WEEKS/DAYS)]

**[NO DK/REF]**

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**WP12.** Which of the following best describes your thinking about quitting smoking waterpipe with 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

**WP13.** In the last 30 days, did you notice any health warnings on packages of waterpipe tobacco or charcoal, or on the waterpipe instrument?

YES..... ☐ 1  
 NO ..... ☐ 2 → **SKIP TO WP15**  
 DID NOT SEE ANY PACKAGES/INSTRUMENTS .... ☐ 3 → **SKIP TO WP15**  
 REFUSED..... ☐ -9 → **SKIP TO WP15**

**WP14.** In the last 30 days, have these health warnings led you to think about quitting smoking waterpipe with tobacco?

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

## Optional Section **HTP** – Heated Tobacco Products

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*[HTP MODULE PLACED AFTER SECTION EC]*

### *[CORE MODULE QUESTIONS HTP1-HTP6]*

**HTP1.** *[MODIFY BASED ON COUNTRY SITUATION:]* Now I want to ask you about heated tobacco products. These are products that heat tobacco sticks or capsules to produce vapor or aerosol. Examples of these products include *[NAME LEADING BRANDS]*.

Prior to today, have you ever heard of heated tobacco products?

YES..... ☐ 1  
NO ..... ☐ 2 → **SKIP TO NEXT SECTION**  
REFUSED..... ☐ -9 → **SKIP TO NEXT SECTION**

**HTP2.** Do you currently use heated tobacco products on a daily basis, less than daily, or not at all?

DAILY ..... ☐ 1 → **SKIP TO HTP5a**  
LESS THAN DAILY ..... ☐ 2 → **SKIP TO HTP4**  
NOT AT ALL ..... ☐ 3  
DON'T KNOW..... ☐ -7 → **SKIP TO NEXT SECTION**  
REFUSED..... ☐ -9 → **SKIP TO NEXT SECTION**

**HTP3.** Have you ever, even once, used a heated tobacco product?

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

**HTP4.** Have you ever used heated tobacco products daily in the past?

YES..... ☐ 1 → **GO TO HTP5b**  
NO ..... ☐ 2 → **SKIP TO HTPCOMP1**  
DON'T KNOW..... ☐ -7 → **SKIP TO HTPCOMP1**  
REFUSED..... ☐ -9 → **SKIP TO HTPCOMP1**

**HTP5a.** {**IF HTP2=1:** For how long have you been using heated tobacco products on a daily basis?}

**HTP5b.** {**IF HTP4=1:** For how long did you use heated tobacco products on a daily basis?}

Would you say less than 1 month, 1 to 3 months, 4 to 11 months, 1 to 2 years, or more than 2 years?

- LESS THAN 1 MONTH ..... ☐ 1  
 1 TO 3 MONTHS ..... ☐ 2  
 4 TO 11 MONTHS ..... ☐ 3  
 1 TO 2 YEARS..... ☐ 4  
 MORE THAN 2 YEARS..... ☐ 5  
 DON'T KNOW..... ☐ -7  
 REFUSED..... ☐ -9

#### HTPCOMP1

**IF HTP2 = 1 OR 2, GO TO HTP6**

**ELSE SKIP TO NEXT SECTION (TBD BASED ON OTHER QUESTIONS)**

**HTP6.** Which of the following are reasons that you use a heated tobacco product?

- |  | YES<br>▼                        | NO<br>▼                         | REFUSED<br>▼                |
|--|---------------------------------|---------------------------------|-----------------------------|
| a. <b>[IF B01=1 OR 2:]</b> To quit smoking tobacco?.....                                 | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> -9 |
| b. <b>[IF B03=1 OR 2:]</b> To avoid going back to smoking tobacco? .....                 | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> -9 |
| c. Because I enjoy it? .....   | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> -9 |
| d. Because I'm addicted to it? .....   | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> -9 |
| e. I can use it at times when or in places where tobacco smoking is<br>not allowed?..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> -9 |
| f. It is less harmful than smoking tobacco?.....   | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> -9 |
| g. It comes in flavors I like? .....   | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> -9 |
| h. A friend or family member uses it? .....  | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> -9 |



**[ADDITIONAL OPTIONAL QUESTIONS]**

**(ASK OF ALL WHO'VE EVER TRIED A HTP)**

**HTP5x1a.** How old were you when you first tried using a heated tobacco product, even once?

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**[IF HTP5x1a = DK OR REF, ASK HTP5x1b. OTHERWISE SKIP TO NEXT QUESTION.]**

**HTP5x1b.** How many years ago did you first try using a heated tobacco product, even once?

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**(ASK OF FORMER DAILY USERS)**

**HTP5x2a.** How long has it been since you stopped using heated tobacco products?

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

ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

- YEARS ..... ☐ 1  
MONTHS ..... ☐ 2  
WEEKS ..... ☐ 3  
DAYS ..... ☐ 4  
LESS THAN 1 DAY ..... ☐ 5 → **SKIP TO NEXT QUESTION**  
DON'T KNOW ..... ☐ -7 → **SKIP TO NEXT QUESTION**  
REFUSED ..... ☐ -9 → **SKIP TO NEXT QUESTION**

**HTP5x2b.** [ENTER NUMBER OF (YEARS/MONTHS/WEEKS/DAYS)]

**[NO DK/REF]**

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**(ASK OF CURRENT USERS)**

**HTP7.** What brand of heated tobacco products do you currently use?

[IF MORE THAN ONE TYPE IS USED, SELECT BRAND USED MOST RECENTLY]

**[RESPONSE CATEGORIES WILL BE DEVELOPED BY COUNTRY]**

- |                  |                          |    |                                  |
|------------------|--------------------------|----|----------------------------------|
| IQOS .....       | <input type="checkbox"/> | 1  |                                  |
| GLO .....        | <input type="checkbox"/> | 2  |                                  |
| PLOOM TECH ..... | <input type="checkbox"/> | 3  |                                  |
| OTHER .....      | <input type="checkbox"/> | 4  | → <b>HTP7a.</b> [SPECIFY]: _____ |
| DON'T KNOW ..... | <input type="checkbox"/> | -7 |                                  |
| REFUSED .....    | <input type="checkbox"/> | -9 |                                  |

**(ASK OF CURRENT USERS)**

**HTP8.** What is the primary flavor of the heated tobacco product you currently use?

[IF MORE THAN ONE FLAVOR IS USED, SELECT FLAVOR USED MOST RECENTLY]

**[RESPONSE CATEGORIES WILL BE DEVELOPED BY COUNTRY]**

- |                         |                          |    |                                   |
|-------------------------|--------------------------|----|-----------------------------------|
| REGULAR TOBACCO .....   | <input type="checkbox"/> | 1  |                                   |
| MENTHOL OR MINT .....   | <input type="checkbox"/> | 2  |                                   |
| SOME OTHER FLAVOR ..... | <input type="checkbox"/> | 3  | → <b>HTP8.a.</b> [SPECIFY]: _____ |
| DON'T KNOW .....        | <input type="checkbox"/> | -7 |                                   |
| REFUSED .....           | <input type="checkbox"/> | -9 |                                   |

**(ASK OF CURRENT USERS)**

**HTP9.** In the past 30 days, how much money did you spend on heated tobacco products?

[INCLUDE PURCHASE OF DEVICES AND ALL CONSUMABLES INCLUDING HEAT STICKS]

**[RESPONSE CATEGORIES WILL BE DEVELOPED BY COUNTRY]**

- |                   |                          |    |  |
|-------------------|--------------------------|----|--|
| LESS THAN X ..... | <input type="checkbox"/> | 1  |  |
| X TO X .....      | <input type="checkbox"/> | 2  |  |
| X TO X .....      | <input type="checkbox"/> | 3  |  |
| X TO X .....      | <input type="checkbox"/> | 4  |  |
| MORE THAN X ..... | <input type="checkbox"/> | 5  |  |
| DON'T KNOW .....  | <input type="checkbox"/> | -7 |  |
| REFUSED .....     | <input type="checkbox"/> | -9 |  |

**(ASK OF EVER HTP USERS WHO CURRENTLY SMOKE CIGARETTES)**

**HTP10.** How satisfying is using heated tobacco products compared to smoking ordinary cigarettes? Would you say that using heated tobacco products is much less satisfying than smoking ordinary cigarettes; a little less satisfying than smoking ordinary cigarettes; about as satisfying as smoking ordinary cigarettes; a little more satisfying than smoking ordinary cigarettes; or much more satisfying than smoking ordinary cigarettes?

- |                                |                          |    |
|--------------------------------|--------------------------|----|
| MUCH LESS SATISFYING .....     | <input type="checkbox"/> | 1  |
| A LITTLE LESS SATISFYING ..... | <input type="checkbox"/> | 2  |
| ABOUT AS SATISFYING .....      | <input type="checkbox"/> | 3  |
| A LITTLE MORE SATISFYING ..... | <input type="checkbox"/> | 4  |
| MUCH MORE SATISFYING .....     | <input type="checkbox"/> | 5  |
| DON'T KNOW .....               | <input type="checkbox"/> | -7 |
| REFUSED .....                  | <input type="checkbox"/> | -9 |

**(ASK OF EVER HTP USERS WHO CURRENTLY SMOKE CIGARETTES)**

**HTP11.** Overall, how expensive do you think using heated tobacco products is compared to smoking ordinary cigarettes? Would you say that using heated tobacco products is much less expensive than smoking ordinary cigarettes; a little less expensive than smoking ordinary cigarettes; about as expensive as smoking ordinary cigarettes; a little more expensive than smoking ordinary cigarettes; or much more expensive than smoking ordinary cigarettes?

- |                               |                          |    |
|-------------------------------|--------------------------|----|
| MUCH LESS EXPENSIVE .....     | <input type="checkbox"/> | 1  |
| A LITTLE LESS EXPENSIVE ..... | <input type="checkbox"/> | 2  |
| ABOUT AS EXPENSIVE .....      | <input type="checkbox"/> | 3  |
| A LITTLE MORE EXPENSIVE ..... | <input type="checkbox"/> | 4  |
| MUCH MORE EXPENSIVE .....     | <input type="checkbox"/> | 5  |
| DON'T KNOW .....              | <input type="checkbox"/> | -7 |
| REFUSED .....                 | <input type="checkbox"/> | -9 |

## Optional Section **FA**. Economics

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



## Global Adult Tobacco Survey (GATS)