

Core Questionnaire Programming Specifications

Global Adult Tobacco Survey (GATS) Core Questionnaire Programming Specifications

Version 2.1 June 2014

Global Adult Tobacco Survey (GATS) Comprehensive Standard Protocol

GATS Questionnaire

Core Questionnaire with Optional Questions Question by Question Specifications

GATS Sample Design

Sample Design Manual Sample Weights Manual

GATS Fieldwork Implementation Field Interviewer Manual

Field Supervisor Manual Mapping and Listing Manual

GATS Data Management

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

GATS Quality Assurance: Guidelines and Documentation

GATS Analysis and Reporting Package Fact Sheet Template Country Report: Tabulation Plan and Guidelines Indicator Definitions

GATS Data Release and Dissemination

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

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

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

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1. Introduction

Tobacco use is a major preventable cause of premature death and disease worldwide. Approximately 5.4 million people die each year due to tobacco-related illnesses – a figure expected to increase to more than 8 million a year by 2030. If current trends continue, tobacco use may kill a billion people by the end of this century. It is estimated that more than three quarters of these deaths will be in low- and middle-income countries¹. An efficient and systematic surveillance mechanism is essential to monitor and manage the epidemic.

The *Global Adult Tobacco Survey* (GATS), a component of Global Tobacco Surveillance System (GTSS), is a global standard for systematically monitoring adult tobacco use and tracking key tobacco control indicators. GATS is a nationally representative household survey of adults 15 years of age or older using a standard core questionnaire, sample design, and data collection and management procedures that were reviewed and approved by international experts. GATS is intended to enhance the capacity of countries to design, implement and evaluate tobacco control interventions.

In order to maximize the efficiency of the data collected from GATS, a series of manuals has been created. These manuals are designed to provide countries with standard requirements as well as several recommendations on the design and implementation of the survey in every step of the GATS process. They are also designed to offer guidance on how a particular country might

GATS manuals provide systematic guidance on the design and implementation of the survey.

adjust features of the GATS protocol in order to maximize the utility of the data within the country. In order to maintain consistency and comparability across countries, following the standard protocol is strongly encouraged.

1.1 Overview of the Global Adult Tobacco Survey

GATS is designed to produce national and sub-national estimates among adults across countries. The target population includes all non-institutionalized men and women 15 years of age or older who consider the country to be their usual place of residence.

All members of the target population will be sampled from the household that is their usual place of residence.

GATS uses a geographically clustered multistage sampling methodology to identify the specific households that Field Interviewers will contact. First, a country is divided into Primary Sampling Units, segments within these Primary Sampling Units, and households within the segments. Then, a random sample of households is selected to participate in GATS.

The GATS interview consists of two parts: the *Household Questionnaire* and the *Individual Questionnaire*. The *Household Questionnaire* (household screening) and the *Individual Questionnaire* (individual interview) will be conducted using an electronic data collection device.

The GATS interview is composed of two parts: *Household Questionnaire* and *Individual Questionnaire*. These questionnaires are administered using an electronic data collection device.

¹ Mathers, C.D., and Loncar D. Projections of Global Mortality and Burden of Disease from 2002 to 2030. *PLoS Medicine*, 2006, 3(11):e442.

At each address in the sample, Field Interviewers will administer the *Household Questionnaire* to one adult who resides in the household. The purposes of the *Household Questionnaire* are to determine if the selected household meets GATS eligibility requirements and to make a list, or roster, of all eligible members of the household. Once a roster of eligible residents of the household is completed, one individual will be randomly selected to complete the *Individual Questionnaire*. The *Individual Questionnaire* asks questions about background characteristics; tobacco smoking; smokeless tobacco; cessation; secondhand smoke; economics; media; and knowledge, attitudes, and perceptions about tobacco.

1.2 Use of this Manual

This manual provides programming specifications for the GATS Core Household and Individual Questionnaires using handheld computer administration. This chapter provides background information on the GATS. **Chapters 2** and **3** of this manual provide specific details for all of the core household and individual survey questions including question (variable) number, question text, answer categories and values, range information, and routing/skip logic. **Chapter 4** lists the QxQ help screens that are provided for some of the GATS core questions. Finally, **Chapter 5** lists the standard result codes that are provided in the GATS GSS Case Management System². Note that these GATS core questionnaire programming specifications will be modified for each GATS country to match their country-adapted questionnaire.

² GATS uses General Survey System (GSS) software, which is designed to run on a Windows Mobile platform and has been tested and implemented using a Hewlett-Packard (HP) iPAQ© handheld PDA computer. Use of "iPAQ" is for identification only and does not imply endorsement by any of the GATS collaborating organizations.

2. 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 NAME) 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]

____ [RANGE: 0 – 50]

[IF HH1 = 00, GO TO NOELIGIBLE]

HH2

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

____ [RANGE: 0 – 20]

[VALIDATION: HH2 <= HH1 (IF NOT, GO TO TooMany)] [IF HH2 = 00, GO TO NOELIGIBLE] [IF HHType=MALE OR FEMALE, GO TO HH3. IF HHType=BOTH, GO TO HH4both]

TooMany

[YOU CAN'T/SHOULDN'T HAVE MORE PEOPLE >= 15 YEARS OLD THAN THERE ARE TOTAL HH MEMBERS; PLEASE DOUBLE CHECK THE ANSWERS SO FAR.]

[GO TO HH2]

HH3

How many {FILL HHType: male/female} household members are 15 years of age or older?

____ [RANGE: 0 – 20]

[VALIDATION: HH3 <= HH2 (IF NOT, GO TO TooMany2)] [IF HH3 = 00, GO TO NOELIGIBLE] [ELSE, GO TO HH4]

TooMany2

[YOU CAN'T/SHOULDN'T HAVE MORE {HHtype}s >=15 THAN THERE ARE TOTAL HH MEMBERS >=15. PLEASE DOUBLE CHECK THE ANSWERS SO FAR.]

[GO TO HH3]

HH4

I now would like to collect information about the {FILL HH3} {FILL HHType: male(s)/female(s)} that live in this household who are 15 years of age or older.

Let's start listing the {FILL HHType: male(s)/female(s)} from oldest to youngest.

[GO TO HH4a]

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 {FILL: oldest/next oldest} person's first name?

HH4b

What is this person's age?

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

[RANGE: 15 – 110] [IF HH4b >= 15 and <=17, GO TO HH4c. OTHERWISE, GO TO HH4d]

HH4c

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

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

HH4cYEAR

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

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

[RANGE: 1900 – 2000, 7777, 9999]

[IF HH4c = 77 OR HH4c = 99 OR HH4cYear = 7777 OR HH4cYear = 9999, THEN GO TO HH4d] [VALIDATION: CALCULATED DATE OF BIRTH >= 15 YEARS OLD (IF NOT, GO TO ValidateAge)] [ELSE, GO TO HH4d]

ValidateAge

[AGE CALCULATED FROM BIRTH MONTH AND BIRTH YEAR IS LESS THAN 15. PLEASE DOUBLE CHECK THESE ANSWERS.]

[GO TO HH4c]

HH4d

{IF HHType = BOTH: Is this person male or female?}

{IF HHType = MALE OR FEMALE: [RECORD GENDER (FOR VERIFICATION IF NECESSARY)]}

MALE] 1
FEMALE] 2

[IF HHType = BOTH, GO TO HH4e]

[IF	HHType =	MALE OR FE	MALE, DO VAL	IDATION: HH4d :	= HHType (IF NOT	, GO TO WrongGender)]

WrongGender

[YOU SHOULD BE ROSTERING ONLY {HHType_0}s; PLEASE DOUBLE CHECK THIS DATA.]

[GO TO HH4d]

HH4e

Does this person currently smoke tobacco, including (FILL APPROPRIATE COUNTRY EXAMPLES: cigarettes, cigars, pipes)?

YES	1
NO	
DON'T KNOW	
REFUSED	9

EDITROSTERINTRO

[IF YOU NEED TO REVIEW THE ROSTER, SELECT "ROSTER" FROM THE TOOLS MENU.

TAP THE BACK BUTTON IF YOU NEED TO MAKE CHANGES.

TAP THE NEXT BUTTON TO SELECT THE RESPONDENT.]

HH5

[NAME OF THE SELECTED ELIGIBLE PERSON IS:

{FILL SELECTED HH MEMBER'S FIRST NAME}

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

IF THE SELECTED RESPONDENT IS NOT AVAILABLE, MAKE AN APPOINTMENT AND RECORD IT AS A COMMENT ON RECORD OF CALLS.]

[PROGRAM: DON'T ALLOW BREAK-OFF FROM TOOLS MENU] [SET {HH5Flag}="1"] [GO TO CodeEvents]

NOELIGIBLE

[THERE ARE NO ELIGIBLE HOUSEHOLD MEMBERS.

THANK THE RESPONDENT FOR HIS/HER TIME.

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

[Set {NoEFlag}="1";]

CodeEvents

if {HH5Flag} = "1" then set {EventCode} = "200";

if {NoEflag} = "1" then set {EventCode} = "201";

if {HH5Flag} = "1" then set {EventComment} = "Screener Complete";

if {NoEflag} = "1" then set {EventComment} = "Screener Complete No Eligibles";

3. Individual Questionnaire

Consent

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 survey 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 survey 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.

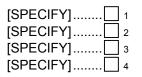
CONSENT6

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

YES 1 [GO TO INTLANG] NO 2 [GO TO END INTERVIEW]

INTLANG

[INTERVIEW LANGUAGE]



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

[IF HHType = BOTH, GO TO A02a] [IF HHType = MALE OR FEMALE, DO VALIDATION: A01 = HHType (IF NOT, GO TO A01a)]

A01a

[THIS QUESTIONNAIRE IS SUPPOSED TO BE ASKED TO A {FILL HHType}. YOU CHECKED {FILL A01= MALE/FEMALE} ON THE PREVIOUS QUESTION.

IF RESPONDENT IS A {FILL A01= MALE/FEMALE}, SELECT "NEXT" TO END INTERVIEW AND TALK TO YOUR SUPERVISOR.

OTHERWISE SELECT "BACK" TO CORRECT THE GENDER]

[GO TO 101]

A02a

What is the month of your date of birth?

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

A02b

What is the year of your date of birth?

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

____ [RANGE: 1900 – 2000, 7777, 9999]

[IF A02a = 77 OR A02b = 7777 OR A02a = 99 OR A02b = 9999, THEN GO TO A03] [VALIDATION: CALCULATED DATE OF BIRTH >= 15 YEARS OLD (IF NOT, GO TO ValidateAge)] [OTHERWISE, GO 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]

____ [RANGE: 5 – 110]

[VALIDATION: A03 >= 15 (IF NOT, GO TO ValidateAge2)] [OTHERWISE GO TO A03a]

ValidateAge

[MUST BE GREATER THAN OR EQUAL TO 15 YEARS OF AGE TO PARTICIPATE. SYSTEM AGE CALCULATED TO BE {CalcYears}

IF AGE IS CORRECT, SELECT "NEXT" TO END INTERVIEW AND TALK TO YOUR SUPERVISOR

OTHERWISE SELECT "BACK" TO CORRECT THE DATE OF BIRTH]

[GO TO I01]

ValidateAge2

[MUST BE GREATER THAN OR EQUAL TO 15 YEARS OF AGE TO PARTICIPATE. AGE IS REPORTED AS {A03}

IF AGE IS CORRECT, SELECT "NEXT" TO END INTERVIEW AND TALK TO YOUR SUPERVISOR

OTHERWISE SELECT "BACK" TO CORRECT THE AGE]

[GO TO I01]

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
LESS THAN PRIMARY SCHOOL COMPLETED
PRIMARY SCHOOL COMPLETED
LESS THAN SECONDARY SCHOOL COMPLETED 4
SECONDARY SCHOOL COMPLETED
COLLEGE/UNIVERSITY COMPLETED
POST GRADUATE DEGREE COMPLETED
DON'T KNOW
REFUSED

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]

	1
NON-GOVERNMENT EMPLOYEE 2	2
SELF-EMPLOYED	3
STUDENT	ŧ
	5
	5
UNEMPLOYED, ABLE TO WORK	7
UNEMPLOYED, UNABLE TO WORK	3
DON'T KNOW 7	77
REFUSED	99

A06a

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

Electricity?

YES] 1
NO	
DON'T KNOW	7
REFUSED	9

A06b

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

Flush toilet?

YES 1	
NO 2	
DON'T KNOW 7	
REFUSED	

A06c

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

Fixed telephone?

YES 1	
NO 2	
DON'T KNOW 7	
REFUSED 9	

A06d

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

Cell telephone?

YES 1	
NO 2	
DON'T KNOW	,
REFUSED)

A06e

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

Television?

YES[1
NO[
DON'T KNOW	7
REFUSED	9

A06f

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

Radio?

YES 1	
NO 2	
DON'T KNOW	
REFUSED 9	

A06g

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

Refrigerator?

YES 1	
NO 2	
DON'T KNOW	
REFUSED	

A06h

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

Car?

YES 1	
NO 2	
DON'T KNOW 7	
REFUSED	

A06i

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

Moped/scooter/motorcycle?

YES	1
NO	
DON'T KNOW	
REFUSED	9

A06j

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

Washing machine?

YES 1	
NO 2	
DON'T KNOW 7	
REFUSED 9	

Section B. Tobacco Smoking

B00

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

Please do not answer about smokeless tobacco at this time.

B01

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

DAILY \Box 1 \rightarrow GO TO B04
LESS THAN DAILY 2
NOT AT ALL \Box 3 \rightarrow GO TO B03
DON'T KNOW 7 \rightarrow GO TO NEXT SECTION
REFUSED

B02

Have you smoked tobacco daily in the past?

YES	
NO	$\Box 2 \rightarrow \text{GO TO B10a}$
DON'T KNOW[$7 \rightarrow \text{GO TO B10a}$
REFUSED	\bigcirc 9 \rightarrow GO TO B10a

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 \Box 1 \rightarrow GO TO B11
LESS THAN DAILY \Box 2 \rightarrow GO TO B13a
NOT AT ALL
DON'T KNOW \Box 7 \rightarrow GO TO NEXT SECTION
$REFUSED \dots \square \mathfrak{g} \to GO TO NEXT SECTION$

[Current Daily Smokers]

B04

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

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

_____ [RANGE: 1 – 98, 99]

[IF B04 = 99, GO TO B05] [IF B04 = 1 – 4, GO TO CheckDailyAge1] [IF B04 > R'S AGE, GO TO ValDailyAge1A] [OTHERWISE GO TO B06a]

B05

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

[IF REFUSED, ENTER 99]

_ [RANGE: 0 – 98, 99]

[IF B05 = 99, GO TO B06a] [R'S AGE - B05 = AGE OF DAILY SMOKING INITIATION] [IF AGE OF DAILY SMOKING INITIATION = 1 - 4, GO TO CheckDailyAge1] [IF AGE OF DAILY SMOKING INITIATION IS <= 0, GO TO ValDailyAge1B] [ELSE, GO TO B06a]

CheckDailyAge1

[YOU HAVE ENTERED AN AGE OF DAILY SMOKING INITIATION THAT IS LESS THAN 5

IF NOT CORRECT, SELECT BACK TO CHANGE

IF CORRECT, SELECT NEXT TO CONTINUE]

[GO TO B06a]

ValDailyAge1A

[THE AGE OF DAILY SMOKING INITIATION CANNOT BE MORE THAN THE RESPONDENT'S AGE

GO BACK TO CORRECT AGE OF DAILY SMOKING INITIATION OR RESPONDENT'S AGE]

[GO TO B04]

ValDailyAge1B

[THE AGE OF DAILY SMOKING INITIATION CANNOT BE ZERO OR NEGATIVE

GO BACK TO CORRECT AGE OF DAILY SMOKING INITIATION OR RESPONDENT'S AGE]

[GO TO B05]

B06a

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.

Manufactured cigarettes?

[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]

____ [RANGE: 0 – 200, 888, 999]

[IF B06a = 888, GO TO B06a1] [IF B06a = 999, GO TO B06b] [IF B06a = 1-3 or 100-200, GO TO ValidateB06a] [OTHERWISE GO TO B06b]

ValidateB06a

[CONFIRM THAT THE RESPONDENT SMOKES {B06a} CIGARETTES PER DAY. (THIS SHOULD NOT BE REPORTED IN PACKS)

IF NOT CORRECT, SELECT BACK TO CHANGE

IF CORRECT, SELECT NEXT TO CONTINUE]

[GO TO B06b]

B06a1

On average, how many manufactured cigarettes do you currently smoke each week?

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

____ [RANGE: 0 – 200, 999]

[IF B06a1 = 1-3 or 100-200, GO TO ValidateB06a1] [OTHERWISE GO TO B06b]

ValidateB06a1

[CONFIRM THAT THE RESPONDENT SMOKES {B06a1} CIGARETTES PER WEEK (THIS SHOULD NOT BE REPORTED IN PACKS)

IF NOT CORRECT, SELECT BACK TO CHANGE

IF CORRECT, SELECT NEXT TO CONTINUE]

[GO TO B06b]

B06b

(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.)

Hand-rolled cigarettes?

[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]

[RANGE: 0 – 200, 888, 999] [IF B06b = 888, GO TO B06b1. OTHERWISE GO TO B06c]

B06b1

On average, how many hand-rolled cigarettes do you currently smoke each week?

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

_____ [RANGE: 0 – 200, 999]

B06c

(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.)

Kreteks?

[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]

[RANGE: 0 – 200, 888, 999] [IF B06c = 888, GO TO B06c1. OTHERWISE GO TO B06d]

B06c1

On average, how many kreteks do you currently smoke each week?

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

____ [RANGE: 0 – 200, 999]

B06d

(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.)

Pipes full of tobacco?

[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]

____ [RANGE: 0 – 100, 888, 999] [IF B06d = 888, GO TO B06d1. OTHERWISE GO TO B06e]

B06d1

On average, how many pipes full of tobacco do you currently smoke each week?

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

_____ [RANGE: 0 – 100, 999]

B06e

(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.)

Cigars, cheroots, or cigarillos?

[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]

_____ [RANGE: 0 – 100, 888, 999] [IF B06e = 888, GO TO B06e1. OTHERWISE GO TO B06f]

B06e1

On average, how many cigars, cheroots, or cigarillos do you currently smoke each week?

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

____ [RANGE: 0 – 100, 999]

B06f

(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.)

Number of water pipe sessions per day?

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

_ [RANGE: 0 – 100, 888, 999] [IF B06f = 888, GO TO B06f1. OTHERWISE GO TO B06g]

B06f1

On average, how many water pipe sessions do you currently participate in each week?

_____ [RANGE: 0 – 100, 999]

B06g

(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.)

Any others?

[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]

[RANGE: 0 – 200, 888, 999] [IF B06g = 1 – 200 OR 888, GO TO B06g1. OTHERWISE GO TO B06comp]

B06g1

Please specify the other type you currently smoke each day.

[IF B06g = 888, GO TO B06g2. OTHERWISE GO TO B07]

B06g2

On average, how many {FILL ANSWER FROM B06g1} do you currently smoke each week?

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

_____ [RANGE: 0 – 200, 999]

[GO TO B07]

B06comp

[If B06a=0 and B06b=0 and B06c=0 and B06d=0 and B06e=0 and B06f=0 and B06g=0, then go to B06valid. Otherwise, go to B07]

B06valid

[RESPONDENT HAS REPORTED SMOKING NO PRODUCTS DAILY, BUT SAID HE/SHE WAS A DAILY SMOKER

GO BACK TO CORRECT]

[GO TO B06a]

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

[GO TO NEXT SECTION]

[Current Less Than Daily Smokers]

B08

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

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

_____ [RANGE: 1 – 98, 99]

[IF B08 = 99, GO TO B09] [IF B08 = 1 – 4, GO TO CheckDailyAge2] [IF B08 > R'S AGE, GO TO ValDailyAge2A] OTHERWISE GO TO B10a]

B09

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

[IF REFUSED, ENTER 99]

_ [RANGE: 0 – 98, 99]

[IF B09 = 99, GO TO B10a] [R'S AGE - B09 = AGE OF DAILY SMOKING INITIATION] [IF AGE OF DAILY SMOKING INITIATION = 1 - 4, GO TO CheckDailyAge2] [IF AGE OF DAILY SMOKING INITIATION IS <= 0, GO TO ValDailyAge2B] [ELSE, GO TO B10a]

CheckDailyAge2

[YOU HAVE ENTERED AN AGE OF DAILY SMOKING INITIATION THAT IS LESS THAN 5

IF NOT CORRECT, SELECT BACK TO CHANGE

IF CORRECT, SELECT NEXT TO CONTINUE]

[GO TO B10a]

ValDailyAge2A

[THE AGE OF DAILY SMOKING INITIATION CANNOT BE MORE THAN THE RESPONDENT'S AGE

GO BACK TO CORRECT AGE OF DAILY SMOKING INITIATION OR RESPONDENT'S AGE]

[GO TO B08]

ValDailyAge2B

[THE AGE OF DAILY SMOKING INITIATION CANNOT BE ZERO OR NEGATIVE

GO BACK TO CORRECT AGE OF DAILY SMOKING INITIATION OR RESPONDENT'S AGE]

[GO TO B09]

B10a

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

Manufactured cigarettes?

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

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

_____ [RANGE: 0 – 200, 888, 999]

[IF B10a = 1-3 or 100-200, GO TO ValidateB10a] [OTHERWISE GO TO B10b]

ValidateB10a

[CONFIRM THAT THE RESPONDENT SMOKES {B10a} CIGARETTES PER WEEK (THIS SHOULD NOT BE REPORTED IN PACKS)

IF NOT CORRECT, SELECT BACK TO CHANGE

IF CORRECT, SELECT NEXT TO CONTINUE]

[GO TO B10b]

B10b

(How many of the following do you currently smoke during a usual week?)

Hand-rolled cigarettes?

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

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

_____ [RANGE: 0 – 200, 888, 999]

B10c

(How many of the following do you currently smoke during a usual week?)

Kreteks?

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

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

_____ [RANGE: 0 – 200, 888, 999]

B10d

(How many of the following do you currently smoke during a usual week?)

Pipes full of tobacco?

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

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

_____ [RANGE: 0 – 100, 888, 999]

B10e

(How many of the following do you currently smoke during a usual week?)

Cigars, cheroots, or cigarillos?

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

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

_____ [RANGE: 0 – 100, 888, 999]

B10f

(How many of the following do you currently smoke during a usual week?)

Number of water pipe sessions per week?

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

_____ [RANGE: 0 – 100, 888, 999]

B10g

(How many of the following do you currently smoke during a usual week?)

Any others?

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

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

_____ [RAN

[RANGE: 0 – 200, 888, 999] [IF B10g = 1 – 200 OR 888, GO TO B10g1. OTHERWISE GO TO B10comp]

B10g1

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

[GO TO NEXT SECTION]

B10comp

[If B10a=0 and B10b=0 and B10c=0 and B10d=0 and B10e=0 and B10f=0 and B10g=0, then go to B10valid. Otherwise, go to next section]

B10valid

[RESPONDENT HAS REPORTED SMOKING NO PRODUCTS, BUT SAID HE/SHE WAS A LESS THAN DAILY SMOKER

GO BACK TO CORRECT]

[GO TO B10a]

[Former Smokers]

B11

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

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

_____ [RANGE: 1 – 98, 99]

[IF B11 = 99, GO TO B12] [IF B11 = 1 – 4, GO TO CheckDailyAge3] [IF B11 > R'S AGE, GO TO ValDailyAge3A] [OTHERWISE GO TO B13a]

B12

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

[IF REFUSED, ENTER 99]

_ [RANGE: 0 – 98, 99]

[IF B12 = 99, GO TO B13a] [R'S AGE – B12 = AGE OF DAILY SMOKING INITIATION] [IF AGE OF DAILY SMOKING INITIATION = 1 - 4, GO TO CheckDailyAge3] [IF AGE OF DAILY SMOKING INITIATION IS <= 0, GO TO ValDailyAge3B] [ELSE, GO TO B13a]

CheckDailyAge3

[YOU HAVE ENTERED AN AGE OF DAILY SMOKING INITIATION THAT IS LESS THAN 5

IF NOT CORRECT, SELECT BACK TO CHANGE

IF CORRECT, SELECT NEXT TO CONTINUE]

[GO TO B13a]

ValDailyAge3A

[THE AGE OF DAILY SMOKING INITIATION CANNOT BE MORE THAN THE RESPONDENT'S AGE

GO BACK TO CORRECT AGE OF DAILY SMOKING INITIATION OR RESPONDENT'S AGE]

[GO TO B11]

ValDailyAge3B

[THE AGE OF DAILY SMOKING INITIATION CANNOT BE ZERO OR NEGATIVE

GO BACK TO CORRECT AGE OF DAILY SMOKING INITIATION OR RESPONDENT'S AGE]

[GO TO B12]

B13a

How long has it been since you stopped smoking?

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

ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

YEARS
MONTHS
WEEKS
DAYS
LESS THAN 1 DAY
DON'T KNOW
REFUSED
[IF B13a = 1, GO TO B13bYears]
[IF B13a = 1, GO TO B13bYears] [IF B13a = 2, GO TO B13bMonths

[IF B13a = 2, GO TO B13bMonths] [IF B13a = 3, GO TO B13bWeeks] [IF B13a = 4, GO TO B13bDays] [IF B13a = 5, GO TO B14] [IF B13a = 7 OR 9, GO TO NEXT SECTION]

B13bYears

(How long has it been since you stopped smoking?)

[ENTER NUMBER OF YEARS]

_____ [RANGE: 1 – 100]

[IF B13bYears > R'S AGE, GO TO B13bYearsCheck]

[GO TO NEXT SECTION]

B13bYearsCheck

THE NUMBER OF YEARS SINCE QUITTING CANNOT BE GREATER THAN THE RESPONDENT'S AGE.

GO BACK TO CORRECT NUMBER OF YEARS]

[GO TO B13bYears]

B13bMonths

(How long has it been since you stopped smoking?)

[ENTER NUMBER OF MONTHS]

_____ [RANGE: 1 – 24]

[IF B13bMonths < 12, GO TO B14. OTHERWISE GO TO NEXT SECTION.]

B13bWeeks

(How long has it been since you stopped smoking?)

[ENTER NUMBER OF WEEKS]

_____ [RANGE: 1 – 51]

[GO TO B14]

B13bDays

(How long has it been since you stopped smoking?)

[ENTER NUMBER OF DAYS]

_____ [RANGE: 1 – 60]

[GO TO B14]

B14

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

YES 1 NO $2 \rightarrow GO TO B18a$ REFUSED $9 \rightarrow GO TO B18a$

B15

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

1 OR 2 1	
3 TO 5 2	
6 OR MORE 3	6
REFUSED)

B16

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

YES] 1
NO	$]_2 \rightarrow \text{GO TO B18a}$
REFUSED	$] 9 \rightarrow GO TO B18a$

B17

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

YES	1
NO	2
REFUSED	9

B18a

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

Counseling, including at a smoking cessation clinic?

YES[1
NO	
REFUSED	9

B18b

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

Nicotine replacement therapy, such as the patch or gum?

YES	1
NO	2
REFUSED	9

B18c

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

Other prescription medications, for example (FILL EXAMPLES RELEVANT TO THE COUNTRY)?

YES	1
NO	
REFUSED	9

B18d

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

Traditional medicines, for example (FILL EXAMPLES RELEVANT TO THE COUNTRY)?

YES[1
NO[2
REFUSED[9

B18e

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

A quit line or a smoking telephone support line?

YES 1 NO 2 REFUSED 9

B18f

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

Switching to smokeless tobacco?

YES 1 NO 2 REFUSED 9

B18g

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

Anything else?

YES[1
NO[2
REFUSED	9

[IF B18g = 1, GO TO B18g1. OTHERWISE GO TO NEXT SECTION.]

B18g1

Please specify what you used to try to stop smoking.

Section C. Smokeless Tobacco

C00

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

C01

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

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

DAILY \Box 1 \rightarrow GO TO CO	4
LESS THAN DAILY 2	
NOT AT ALL \Box 3 \rightarrow GO TO CO	
DON'T KNOW \Box 7 \rightarrow GO TO NE	XT SECTION
$REFUSED \dots \square \mathfrak{9} \to GO TO NE$	XT SECTION

C02

Have you used smokeless tobacco daily in the past?

YES	\Box 1 \rightarrow GO TO C08
NO	$\square 2 \rightarrow \text{GO TO C10a}$
DON'T KNOW	\Box 7 \rightarrow GO TO C10a
REFUSED	\bigcirc 9 \rightarrow GO TO C10a

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 \Box 1 \rightarrow GO TO C11
LESS THAN DAILY $\square 2 \rightarrow GO TO C13a$
NOT AT ALL \Box 3 \rightarrow GO TO NEXT SECTION
DON'T KNOW \Box 7 \rightarrow GO TO NEXT SECTION
REFUSED \bigcirc 9 \rightarrow GO TO NEXT SECTION

[Current Daily Smokeless Tobacco Users]

C04

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

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

_____ [RANGE: 1 – 98, 99]

[IF C04 = 99, GO TO C05] [IF C04 = 1 – 4, GO TO CheckDailyAgeSL1] [IF C04 > R'S AGE, GO TO ValDailyAgeSL1A] [OTHERWISE GO TO C06a]

C05

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

[IF REFUSED, ENTER 99]

_ [RANGE: 0 – 98, 99]

[IF C05 = 99, GO TO C06a] [R'S AGE - C05 = AGE OF DAILY SMOKELESS INITIATION] [IF AGE OF DAILY SMOKELESS INITIATION = 1 - 4, GO TO CheckDailyAgeSL1] [IF AGE OF DAILY SMOKELESS INITIATION IS <= 0, GO TO ValDailyAgeSL1B] [ELSE, GO TO C06a]

CheckDailyAgeSL1

[YOU HAVE ENTERED AN AGE OF DAILY SMOKELESS INITIATION THAT IS LESS THAN 5

IF NOT CORRECT, SELECT BACK TO CHANGE

IF CORRECT, SELECT NEXT TO CONTINUE]

[GO TO C06a]

ValDailyAgeSL1A

[THE AGE OF DAILY SMOKELESS INITIATION CANNOT BE MORE THAN THE RESPONDENT'S AGE

GO BACK TO CORRECT AGE OF DAILY SMOKELESS INITIATION OR RESPONDENT'S AGE]

[GO TO C04]

ValDailyAgeSL1B

[THE AGE OF DAILY SMOKELESS INITIATION CANNOT BE ZERO OR LESS

GO BACK TO CORRECT AGE OF DAILY SMOKELESS INITIATION OR RESPONDENT'S AGE]

[GO TO C05]

C06a

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.

Snuff, by mouth?

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

____ [RANGE: 0 – 85, 888, 999] [IF C06a = 888, GO TO C06a1. OTHERWISE GO TO C06b]

C06a1

On average, how many times a week do you currently use snuff, by mouth?

_____ [RANGE: 0 – 85, 999]

C06b

(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.)

Snuff, by nose?

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

_ [RANGE: 0 – 85, 888, 999] [IF C06b = 888, GO TO C06b1. OTHERWISE GO TO C06c]

C06b1

On average, how many times a week do you currently use snuff, by nose?

_____ [RANGE: 0 – 85, 999]

C06c

(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.)

Chewing tobacco?

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

[RANGE: 0 – 85, 888, 999] [IF C06c = 888, GO TO C06c1. OTHERWISE GO TO C06d]

C06c1

On average, how many times a week do you currently use chewing tobacco?

_____ [RANGE: 0 – 85, 999]

C06d

(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.)

Betel quid with tobacco?

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

[RANGE: 0 – 85, 888, 999] [IF C06d = 888, GO TO C06d1. OTHERWISE GO TO C06e]

C06d1

On average, how many times a week do you currently use betel quid with tobacco?

_____ [RANGE: 0 – 85, 999]

C06e

(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.)

Any others?

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

[RANGE: 0 – 85, 888, 999] [IF C06e = 1 – 85 OR 888, GO TO C06e1. OTHERWISE GO TO C06comp]

C06e1

Please specify the other type you currently use each day.

[IF C06e = 888, GO TO C06e2. OTHERWISE GO TO C07]

C06e2

On average, how many times a week do you currently use {FILL ANSWER FROM C06e1}?

_____ [RANGE: 0 – 85, 999]

[GO TO C07]

C06comp

[If C06a=0 and C06b=0 and C06c=0 and C06d=0 and C06e=0, then go to C06valid. Otherwise, go to C07]

C06valid

[RESPONDENT HAS REPORTED USING NO SMOKELESS PRODUCTS DAILY, BUT SAID HE/SHE WAS A DAILY USER

GO BACK TO CORRECT]

[GO TO C06a]

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

[GO TO NEXT SECTION]

[Current Less Than Daily Smokeless Tobacco Users]

C08

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

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

_____ [RANGE: 1 – 98, 99]

[IF C08 = 99, GO TO C09] [IF C08 = 1 – 4, GO TO CheckDailyAgeSL2] [IF C08 > R'S AGE, GO TO ValDailyAgeSL2A] [OTHERWISE GO TO C10a]

C09

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

[IF REFUSED, ENTER 99]

_ [RANGE: 0 – 98, 99]

[IF C09 = 99, GO TO C10a] [R'S AGE - C09 = AGE OF DAILY SMOKELESS INITIATION] [IF AGE OF DAILY SMOKELESS INITIATION = 1 - 4, GO TO CheckDailyAgeSL2] [IF AGE OF DAILY SMOKELESS INITIATION IS <= 0, GO TO ValDailyAgeSL2B] [ELSE, GO TO C10a]

CheckDailyAgeSL2

[YOU HAVE ENTERED AN AGE OF DAILY SMOKELESS INITIATION THAT IS LESS THAN 5

IF NOT CORRECT, SELECT BACK TO CHANGE

IF CORRECT, SELECT NEXT TO CONTINUE]

[GO TO C10a]

ValDailyAgeSL2A

[THE AGE OF DAILY SMOKELESS INITIATION CANNOT BE MORE THAN THE RESPONDENT'S AGE

GO BACK TO CORRECT AGE OF DAILY SMOKELESS INITIATION OR RESPONDENT'S AGE]

[GO TO C08]

ValDailyAgeSL2B

[THE AGE OF DAILY SMOKELESS INITIATION CANNOT BE ZERO OR LESS

GO BACK TO CORRECT AGE OF DAILY SMOKELESS INITIATION OR RESPONDENT'S AGE]

[GO TO C09]

C10a

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

Snuff, by mouth?

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

_____ [RANGE: 0 – 85, 888, 999]

C10b

(How many times a week do you usually use the following?)

Snuff, by nose?

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

_____ [RANGE: 0 – 85, 888, 999]

C10c

(How many times a week do you usually use the following?)

Chewing tobacco?

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

_____ [RANGE: 0 – 85, 888, 999]

C10d

(How many times a week do you usually use the following?)

Betel quid with tobacco?

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

_____ [RANGE: 0 – 85, 888, 999]

C10e

(How many times a week do you usually use the following?)

Any others?

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

[RANGE: 0 – 85, 888, 999] [IF C10e = 1 – 85 OR 888, GO TO C10e1. OTHERWISE GO TO C10comp]

C10e1

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

[GO TO NEXT SECTION]

C10comp

[If C10a=0 and C10b=0 and C10c=0 and C10d=0 and C10e=0, then go to C10valid. Otherwise, go to next section]

C10valid

[RESPONDENT HAS REPORTED USING NO SMOKELESS PRODUCTS, BUT SAID HE/SHE WAS A LESS THAN DAILY USER

GO BACK TO CORRECT]

[GO TO C10a]

[Former Smokeless Tobacco Users]

C11

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

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

_____ [RANGE: 1 – 98, 99]

[IF C11 = 99, GO TO C12] [IF C11 = 1 – 4, GO TO CheckDailyAgeSL3] [IF C11 > R'S AGE, GO TO ValDailyAgeSL3A] [OTHERWISE GO TO C13a]

C12

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

[IF REFUSED, ENTER 99]

___ [RANGE: 0 – 98, 99]

[IF C12 = 99, GO TO C13a] [R'S AGE – C12 = AGE OF DAILY SMOKELESS INITIATION] [IF AGE OF DAILY SMOKELESS INITIATION = 1 - 4, GO TO CheckDailyAgeSL3] [IF AGE OF DAILY SMOKELESS INITIATION IS <= 0, GO TO ValDailyAgeSL3B] [ELSE, GO TO C13a]

CheckDailyAgeSL3

[YOU HAVE ENTERED AN AGE OF DAILY SMOKELESS INITIATION THAT IS LESS THAN 5

IF NOT CORRECT, SELECT BACK TO CHANGE

IF CORRECT, SELECT NEXT TO CONTINUE]

[GO TO C13a]

ValDailyAgeSL3A

[THE AGE OF DAILY SMOKELESS INITIATION CANNOT BE MORE THAN THE RESPONDENT'S AGE

GO BACK TO CORRECT AGE OF DAILY SMOKELESS INITIATION OR RESPONDENT'S AGE]

[GO TO C11]

ValDailyAgeSL3B

[THE AGE OF DAILY SMOKELESS INITIATION CANNOT BE ZERO OR LESS

GO BACK TO CORRECT AGE OF DAILY SMOKELESS INITIATION OR RESPONDENT'S AGE]

[GO TO C12]

C13a

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

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

ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

YEARS
MONTHS
WEEKS
DAYS
LESS THAN 1 DAY
DON'T KNOW
REFUSED
[IF C13a = 1, GO TO C13bYears]
[IF C13a = 2, GO TO C13bMonths]
[IF C13a = 3, GO TO C13bWeeks]
$\begin{bmatrix} -12 \\ -1$

[IF C13a = 4, GO TO C13bDays] [IF C13a = 5, GO TO C13Comp]

[IF C13a = 7 OR 9, GO TO NEXT SECTION]

C13bYears

(How long has it been since you stopped using smokeless tobacco?)

[ENTER NUMBER OF YEARS]

_____ [RANGE: 1 – 100]

[IF C13bYears > R'S AGE, GO TO C13bYearsCheck]

[GO TO NEXT SECTION]

C13bYearsCheck

THE NUMBER OF YEARS SINCE QUITTING CANNOT BE GREATER THAN THE RESPONDENT'S AGE.

GO BACK TO CORRECT NUMBER OF YEARS]

[GO TO C13bYears]

C13bMonths

(How long has it been since you stopped using smokeless tobacco?)

[ENTER NUMBER OF MONTHS]

_____ [RANGE: 1 – 24]

[IF C13bMonths < 12, GO TO C13comp. OTHERWISE GO TO NEXT SECTION.]

C13bWeeks

(How long has it been since you stopped using smokeless tobacco?)

[ENTER NUMBER OF WEEKS]

_____ [RANGE: 1 – 51]

[GO TO C13comp]

C13bDays

(How long has it been since you stopped using smokeless tobacco?)

[ENTER NUMBER OF DAYS]

_____ [RANGE: 1 – 60]

[GO TO C13comp]

C13Comp

[IF B14 HAS NOT BEEN ASKED, GO TO C14] [IF B14 = YES, GO TO C16] [IF B14 = NO OR REFUSED, GO TO C18a]

C14

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

YES 1 NO 2 \rightarrow GO TO C18a REFUSED 9 \rightarrow GO TO C18a C15

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

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

C16

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

YES 1 NO $2 \rightarrow GO TO C18a$ REFUSED $9 \rightarrow GO TO C18a$

C17

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

YES 1 NO 2 REFUSED 9

C18a

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

Counseling, including at a cessation clinic?

YES 1 NO 2 REFUSED 9

C18b

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

Nicotine replacement therapy, such as the patch or gum?

YES 1	
NO 2	2
REFUSED)

C18c

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

Other prescription medications, for example (FILL EXAMPLES RELEVANT TO THE COUNTRY)?

YES	1
NO	2
REFUSED	9

C18d

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

Traditional medicines, for example (FILL EXAMPLES RELEVANT TO THE COUNTRY)?

YES 1 NO 2 REFUSED 9

C18e

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

A quit line or a telephone support line?

YES 1 NO 2 REFUSED 9

C18g

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

Anything else?

YES	1
NO	
REFUSED	9

[IF C18g = 1, GO TO C18g1. OTHERWISE GO TO NEXT SECTION.]

C18g1

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

Section D1. Cessation – Tobacco Smoking

D00Comp

[IF B01 = 1 OR 2, GO TO D01] [OTHERWISE, GO TO NEXT SECTION (D08Comp)]

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	$_2 \rightarrow \text{GO TO D03Comp}$
REFUSED	$9 \rightarrow GO TO D03Comp$

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
WEEKS
DAYS
LESS THAN 1 DAY (24 HOURS)
DON'T KNOW
REFUSED

[IF D02a = 1, GO TO D02bMonths] [IF D02a = 2, GO TO D02bWeeks] [IF D02a = 3, GO TO D02bDays] [IF D02a = 4, 7, OR 9 GO TO D03a]

D02bMonths

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

[ENTER NUMBER OF MONTHS]

_____ [RANGE: 1 – 11]

[GO TO D03a]

D02bWeeks

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

[ENTER NUMBER OF WEEKS]

_____ [RANGE: 1 – 51]

[GO TO D03a]

D02bDays

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

[ENTER NUMBER OF DAYS]

_____ [RANGE: 1 – 60]

[GO TO D03a]

D03a

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

Counseling, including at a smoking cessation clinic?

YES	1
NO	
REFUSED	9

D03b

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

Nicotine replacement therapy, such as the patch or gum?

YES 1 NO 2 REFUSED 9

D03c

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

Other prescription medications, for example (FILL EXAMPLES RELEVANT TO THE COUNTRY)?

YES 1 NO 2 REFUSED 9

D03d

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

Traditional medicines, for example (FILL EXAMPLES RELEVANT TO THE COUNTRY)?

YES	1
NO	2
REFUSED	9

D03e

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

A quit line or a smoking telephone support line?

YES 1 NO 2 REFUSED 9

D03f

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

Switching to smokeless tobacco?

YES 1 NO 2 REFUSED 9

D03g

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

Anything else?

YES[1
NO[2
REFUSED	9

[IF D03g = 1, GO TO D03g1. OTHERWISE GO TO D03Comp.]

D03g1

Please specify what you used to try to stop smoking.

D03Comp

```
[IF C14 HAS NOT BEEN ASKED, GO TO D04]
[IF C14 = YES, GO TO D06]
[IF C14 = NO OR REFUSED, GO TO D08]
```

D04

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

YES 1 NO 2 \rightarrow GO TO D08 REFUSED 9 \rightarrow GO 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	

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 $2 \rightarrow \text{GO TO D08}$ REFUSED $9 \rightarrow \text{GO TO D08}$

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
THINKING WITHIN THE NEXT 12 MONTHS
QUIT SOMEDAY, BUT NOT NEXT 12 MONTHS
NOT INTERESTED IN QUITTING 4
DON'T KNOW
REFUSED

Section D2. Cessation – Smokeless Tobacco

D08Comp

[IF C01 = 1 OR 2, GO TO D09] [OTHERWISE, GO TO NEXT SECTION]

D09

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

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

YES 1	
NO $\square 2 \rightarrow GC$	TO D11Comp
$REFUSED \dots \square 9 \to GC$	TO D11Comp

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	
DAYS	3
LESS THAN 1 DAY (24 HOURS)]4
DON'T KNOW]7
REFUSED	9

[IF D10a = 1, GO TO D10bMonths] [IF D10a = 2, GO TO D10bWeeks] [IF D10a = 3, GO TO D10bDays] [IF D10a = 4, 7, OR 9 GO TO D11a]

D10bMonths

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

[ENTER NUMBER OF MONTHS]

_____ [RANGE: 1 – 11]

[GO TO D11a]

D10bWeeks

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

[ENTER NUMBER OF WEEKS]

_____ [RANGE: 1 – 51]

[GO TO D11a]

D10bDays

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

[ENTER NUMBER OF DAYS]

_____ [RANGE: 1 – 60]

[GO TO D11a]

D11a

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

Counseling, including at a cessation clinic?

YES	1
NO	
REFUSED	9

D11b

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

Nicotine replacement therapy, such as the patch or gum?

YES 1 NO 2 REFUSED 9

D11c

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

Other prescription medications, for example (FILL EXAMPLES RELEVANT TO THE COUNTRY)?

YES 1 NO 2 REFUSED 9

D11d

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

Traditional medicines, for example (FILL EXAMPLES RELEVANT TO THE COUNTRY)?

YES	1
NO	2
REFUSED	9

D11e

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

A quit line or a telephone support line?

YES 1 NO 2 REFUSED 9

D11g

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

Anything else?

YES 1 NO 2 REFUSED 9

[IF D11g = 1, GO TO D11g1. OTHERWISE GO TO D11Comp.]

D11g1

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

D11Comp

[IF BOTH B14 AND D04 HAVE NOT BEEN ASKED, GO TO D12] [IF B14 OR D04 = YES, GO TO D14] [IF B14 OR D04 = NO OR REFUSED, GO TO D16]

D12

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

YES	1
NO	$_2 \rightarrow GO TO D16$
REFUSED	$9 \rightarrow \text{GO TO D16}$

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	$]_2 \rightarrow GO TO D16$
REFUSED	$] 9 \rightarrow GO TO D16$

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	2
REFUSED	,

D16

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

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

Section E. Secondhand Smoke

E01

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

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

ALLOWED	. 🗌 1
NOT ALLOWED, BUT EXCEPTIONS	
NEVER ALLOWED	. \Box 3 \rightarrow GO TO E04
NO RULES	. \Box 4 \rightarrow GO TO E03
DON'T KNOW	. \Box 7 \rightarrow GO TO E03
REFUSED	. \Box 9 \rightarrow GO TO E03

E02

Inside your home, is smoking allowed in every room?

YES	1
NO	
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	
REFUSED	\square 9 \rightarrow GO TO E09

E05

Do you usually work indoors or outdoors?

E06

Are there any indoor areas at your work place?

YES 1 NO 2 \rightarrow GO TO E09 DON'T KNOW ... 7 \rightarrow GO TO E09 REFUSED 9 \rightarrow GO 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 \rightarrow GO TO E11 DON'T KNOW ... 7 \rightarrow GO TO E11 REFUSED 9 \rightarrow GO TO E11

E10

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

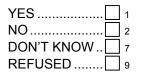
E11

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

YES 1 NO 2 \rightarrow GO TO E13 DON'T KNOW ... 7 \rightarrow GO TO E13 REFUSED 9 \rightarrow GO TO E13

E12

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



E13

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

YES 1 NO 2 \rightarrow GO TO E15 DON'T KNOW ... 7 \rightarrow GO TO E15 REFUSED 9 \rightarrow GO TO E15

E14

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

YES 1	
NO 2	
DON'T KNOW 7	
REFUSED 9	

E15

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

YES] 1
NO	1
DON'T KNOW	$]_7 \rightarrow \text{GO TO E17}$
REFUSED	$] 9 \rightarrow GO TO E17$

E16

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

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

E17

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

YES 1	
NO 2	
DON'T KNOW	
REFUSED 9)

Section F. Economics – Manufactured Cigarettes

F00Comp

```
[(IF B01 = 1 OR 2) AND (B06a OR B10a = 1 - 200 OR 888), GO TO F01a. OTHERWISE GO TO NEXT SECTION]
```

F01a

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

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

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

CIGARETTES \Box 1 \rightarrow GO TO F01bCig
PACKS $\Box 2 \rightarrow GO TO F01bPack$
CARTONS \Box 3 \rightarrow GO TO F01bCart
OTHER (SPECIFY) \Box 4 \rightarrow GO TO F01c
NEVER BOUGHT CIGARETTES
REFUSED

F01c

[SPECIFY THE UNIT]

[GO TO F01bOther]

F01bCig

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

[ENTER NUMBER OF CIGARETTES (NOT IN PACKS OR CARTONS)]

_____ [RANGE: 1 – 250]

[GO TO F02]

F01bPack

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

[ENTER NUMBER OF PACKS]

_____ [RANGE: 1 – 100]

[GO TO F01dPack]

F01bCart

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

[ENTER NUMBER OF CARTONS]

_____ [RANGE: 1 – 65]

[GO TO F01dCart]

F01bOther

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

[ENTER NUMBER OF {F01c}]

_____ [RANGE: 1 – 200]

[GO TO F01dOther]

F01dPack

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

10	1
20	2
OTHER AMOUNT	7
REFUSED	9

[IF F01dPack = 7, GO TO F01dPackA] [ELSE GO TO F02]

F01dPackA

How many cigarettes were in each pack?

_____ [RANGE: 2 – 50]

F01dCart

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

100	1
200	
OTHER AMOUNT	7
REFUSED	9

[IF F01dCart = 7, GO TO F01dCartA] [ELSE GO TO F02]

F01dCartA

How many cigarettes were in each carton?

_____ [RANGE: 50 – 600]

[GO TO F02]

F01dOther

How many cigarettes were in each {F01c}?

[IF REFUSED, ENTER 999]

_____ [RANGE: 1 – 800, 999]

F02

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

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

[NOTE TO PROGRAMMER: ADJUST RANGE AND DK/REF VALUE FOR SPECIFIC COUNTRY]

_ [RANGE: 1 – 500, 999] [ALLOW DECIMAL] F03

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

[INSERT LIST OF BRANDS FOR SPECIFIC COUNTRY]

[NOTE TO PROGRAMMER: ADJUST SKIP FOR OTHER SPECIFY AS ITEMS ARE ADDED]

BRAND A	1
OTHER	2
REFUSED	99

[IF F03 = OTHER, GO TO F03a. OTHERWISE GO TO F04]

F03a

[SPECIFY BRAND]

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
DON'T REMEMBER	77
REFUSED	99

[IF F04 = OTHER, GO TO F04a. OTHERWISE GO TO NEXT SECTION]

F04a

[SPECIFY LOCATION]

Section G. Media

G00

FOR TESTING, STRUCTURE 1 OR 2?

 $\begin{array}{cccc} 1 & \ldots & & \\ 1 & \rightarrow & GO \ TO \ G01 intro \\ 2 & \ldots & & \\ 2 & \rightarrow & GO \ TO \ G201 intro \end{array}$

Structure #1 – Asking About Only One Product

G01intro

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

G01a

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?

In newspapers or in magazines?

YES	1
NO	2
NOT APPLICABLE	7
REFUSED	9

G01b

(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?)

On television?

YES[1
NO[2
NOT APPLICABLE	7
REFUSED	9

G01c

(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?)

On the radio?

YES	1
NO	2
NOT APPLICABLE	7
REFUSED	9

G01d

(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?)

On billboards?

YES	1
NO	2
NOT APPLICABLE	
REFUSED	9

G01e

(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?)

Somewhere else?

[DO NOT INCLUDE HEALTH WARNINGS ON CIGARETTE PACKAGES]

YES	1
NO	2
REFUSED	9

[IF G01e = 1, GO TO G01e1. OTHERWISE GO TO G02.]

G01e1

Please specify where.

G02

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

YES	\square 1 \rightarrow IF B01 = 1 OR 2, GO TO G03. ELSE GO TO G04a
NO	$\Box _2 \rightarrow \text{GO TO G04a}$
DIDN'T SEE ANY CIG PACKAGES	
REFUSED	\Box 9 \rightarrow GO TO G04a

G03

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	

G04a

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

In stores where cigarettes are sold?

YES	1
NO	
NOT APPLICABLE	
REFUSED)

G04bComp

[IF G01b=7, GO TO G04cComp]

G04b

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

On television?

YES		1
NO	_	
NOT APPLICABLE		
REFUSED		9

G04cComp

[IF G01c=7, GO TO G04dComp]

G04c

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

On the radio?

YES	1
NO	
NOT APPLICABLE	
REFUSED	g

G04dComp

[IF G01d=7, GO TO G04e]

G04d

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

On billboards?

YES[1
NO[2
NOT APPLICABLE[7
REFUSED[9

G04e

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

On posters?

YES	1
NO	2
NOT APPLICABLE	7
REFUSED	9

G04fComp

[IF G01a=7, GO TO G04g]

G04f

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

In newspapers or magazines?

YES	
NO	2
NOT APPLICABLE	
REFUSED	9

G04g

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

In cinemas?

YES	1
NO	2
NOT APPLICABLE	7
REFUSED	9

G04h

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

On the internet?

YES 1	
NO 2	
NOT APPLICABLE 7	
REFUSED	

G04i

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

On public transportation vehicles or stations?

YES	1
NO	2
NOT APPLICABLE	7
REFUSED	9

G04j

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

On public walls?

YES	
NO	
NOT APPLICABLE	
REFUSED	_ 0

G04k

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

Anywhere else?

YES	1
NO	2
REFUSED	9

[IF G04k = 1, GO TO G04k1. OTHERWISE GO TO G05]

G04k1

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?

G06a

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

Free samples of cigarettes?

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

G06b

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

Cigarettes at sale prices?

G06c

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

Coupons for cigarettes?

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

G06d

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

Free gifts or special discount offers on other products when buying cigarettes?

YES	1
NO	
DON'T KNOW	7
REFUSED	9

G06e

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

Clothing or other items with a cigarette brand name or logo?

YES 1	
NO 2	
DON'T KNOW	
REFUSED	

G06f

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

Cigarette promotions in the mail?

YES 1	
NO 2	
DON'T KNOW 7	
REFUSED 9	

[GO TO NEXT SECTION H]

Structure #2 – Asking About Two or More Products

G201intro

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

G201a1

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

Cigarettes?

YES	1
NO	2
NOT APPLICABLE	\Box 7 \rightarrow GO TO G201b1
REFUSED	9

G201a2

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

Smokeless tobacco?

YES	1
NO	2
REFUSED	9

G201b1

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

YES	1
NO	2
NOT APPLICABLE	
REFUSED	9

G201b2

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

Smokeless tobacco?

YES	
NO	
REFUSED	9

G201c1

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

Cigarettes?

YES	1
NO	2
NOT APPLICABLE	\Box 7 \rightarrow GO TO G201d1
REFUSED	9

G201c2

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

Smokeless tobacco?

YES	1
NO	
REFUSED	9

G201d1

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

YES	1
NO	2
NOT APPLICABLE	
REFUSED	9

G201d2

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

Smokeless tobacco?

YES	1
NO	
REFUSED	9

G201e1

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

Cigarettes?

[DO NOT INCLUDE HEALTH WARNINGS ON CIGARETTE PACKAGES]

YES	1
NO	2
REFUSED	9

[IF G201e1 = 1, GO TO G201e1a. OTHERWISE GO TO G201e2.]

G201e1a

Please specify where.

G201e2

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

Smokeless tobacco?

[DO NOT INCLUDE HEALTH WARNINGS ON SMOKELESS PACKAGES]

YES	1
NO	
REFUSED	9

[IF G201e2 = 1, GO TO G201e2a. OTHERWISE GO TO G202.]

G201e2a

Please specify where.

G202

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

YES[\Box 1 \rightarrow IF B01 = 1 OR 2, GO TO G203. ELSE GO TO G202a
NO[
DIDN'T SEE ANY CIG PACKAGES[
REFUSED[$]$ 9 \rightarrow GO TO G202a

G203

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

YES 1	
NO 2	
DON'T KNOW 7	
REFUSED 9	

G202a

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

YES 1 \rightarrow IF C01 = 1 OR 2, GO TO G203a. ELSE GO TO G204a1
NO \Box 2 \rightarrow GO TO G204a1
DIDN'T SEE ANY SMOKELESS PRODUCTS \Box 3 \rightarrow GO TO G204a1
REFUSED \Box 9 \rightarrow GO TO G204a1

G203a

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	

G204a1

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

Cigarettes?

YES 1 NO 2 NOT APPLICABLE 7 \rightarrow GO TO G204b1comp REFUSED 9

G204a2

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

Smokeless tobacco?

YES	1
NO	2
REFUSED	9

G204b1comp

G204b1

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

Cigarettes?

YES] 1
NO	2
NOT APPLICABLE] $7 \rightarrow \text{GO TO G204c1comp}$
REFUSED	9

G204b2

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

YES	1
NO	
REFUSED	9

G204c1comp

[IF G201c1=7, GO TO G204d1comp]

G204c1

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

Cigarettes?

YES] 1
NO	2
NOT APPLICABLE] 7 \rightarrow GO TO G204d1comp
REFUSED	9

G204c2

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

Smokeless tobacco?

YES	1
NO	2
REFUSED	

G204d1comp

[IF G201d1=7, GO TO G204e1]

G204d1

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

YES	1
NO	2
NOT APPLICABLE	\Box 7 \rightarrow GO TO G204e1
REFUSED	9

G204d2

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

Smokeless tobacco?

YES	1
NO	
REFUSED	9

G204e1

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

Cigarettes?

YES[1
NO[2
NOT APPLICABLE[\Box 7 \rightarrow GO TO G204f1comp
REFUSED	9

G204e2

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

Smokeless tobacco?

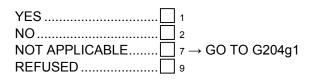
YES	1
NO	2
REFUSED	9

G204f1comp

[IF G201a1=7, GO TO G204g1]

G204f1

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



G204f2

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

Smokeless tobacco?

YES	
NO	
REFUSED	g

G204g1

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

Cigarettes?

YES 1
NO 2
NOT APPLICABLE $7 \rightarrow GO TO G204h1$
REFUSED

G204g2

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

Smokeless tobacco?

YES	1
NO	
REFUSED	9

G204h1

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

YES	
NO	
NOT APPLICABLE	\Box 7 \rightarrow GO TO G204i1
REFUSED	9

G204h2

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

Smokeless tobacco?

YES	1
NO	
REFUSED	9

G204i1

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

Cigarettes?

YES 1
NO 2
NOT APPLICABLE \Box 7 \rightarrow GO TO G204j1
REFUSED

G204i2

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

Smokeless tobacco?

YES	1
NO	
REFUSED	9

G204j1

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

YES	
NO	
NOT APPLICABLE	\Box 7 \rightarrow GO TO G204k1
REFUSED	9

G204j2

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

Smokeless tobacco?

YES	1
NO	
REFUSED	9

G204k1

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

Cigarettes?

YES	1
NO	
REFUSED	9

[IF G204k1 = 1, GO TO G204k1a. OTHERWISE GO TO G204k2.]

G204k1a

Please specify where.

G204k2

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

Smokeless tobacco?

YES	1
NO	2
REFUSED	9

[IF G204k2 = 1, GO TO G204k2a. OTHERWISE GO TO G205.]

G204k2a

Please specify where.

G205

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

G205a

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

YES	1
NO	2
DON'T KNOW	7
REFUSED	9

G206a1

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

Cigarettes?

YES	1
NO	2
DON'T KNOW	7
REFUSED	9

G206a2

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

YES	1
NO	2
DON'T KNOW	7
REFUSED	9

G206b1

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

Cigarettes?

1
2
7
9

G206b2

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

Smokeless tobacco?

YES	1
NO	2
DON'T KNOW	7
REFUSED	9

G206c1

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

Cigarettes?

YES	1
NO	2
DON'T KNOW	7
REFUSED	9

G206c2

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

YES	1
NO	2
DON'T KNOW	7
REFUSED	9

G206d1

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

Cigarettes?

YES	1
NO	2
DON'T KNOW	7
REFUSED	9

G206d2

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

Smokeless tobacco?

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

G206e1

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

Cigarettes?

YES	1
NO	2
DON'T KNOW	7
REFUSED	9

G206e2

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

YES		1
NO	_	
DON'T KNOW	_	
REFUSED		9

G206f1

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

Cigarettes?

1
9

G206f2

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

Smokeless tobacco?

YES	1
NO	2
DON'T KNOW	7
REFUSED	9

[GO TO NEXT SECTION H]

Section H. Knowledge, Attitudes & Perceptions

H01

The next question is asking about *smoking* tobacco.

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

YES 1	
NO 2	
DON'T KNOW	,
REFUSED	,

H02a

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

Stroke (blood clots in the brain that may cause paralysis)?

YES 1	
NO 2	
DON'T KNOW 7	
REFUSED 9	

H02b

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

Heart attack?

YES	1
NO	
DON'T KNOW	
REFUSED	9

H02c

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

Lung cancer?

YES 1
NO 2
DON'T KNOW 7
REFUSED 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

100

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

[SET {I00Flag}="1"] [GO TO I02]

l01

I'm sorry but you are not eligible to participate in this survey. Thank you very much for your time.

[SET {I01Flag}="1"] [GO TO I02]

102

[RECORD ANY NOTES ABOUT INTERVIEW:]

CodeEvents

if {l00Flag} = "1" then set {EventCode} = "400"; if {l01Flag} = "1" then set {EventCode} = "403"; if {l00Flag} = "1" then set {EventComment} = "IQ Complete"; if {l01Flag} = "1" then set {EventComment} = "Respondent determined to be ineligible";

4. QxQ Help Screens

Table 4-1 below provides a list of QxQ help screens for some of the questions in the GATS core questionnaire. These help screens are accessed on the handheld by selecting the "QxQ" option for each of the designated questions.

Qid	QxQ Help Screen Text
B01	Daily means smoking at least one tobacco product every day or nearly every day over a period of a month or more.
B02	Daily means smoking at least one tobacco product every day or nearly every day over a period of a month or more.
B03	Daily means smoking at least one tobacco product every day or nearly every day over a period of a month or more.
	Rare instances of smoking or experimental smoking (tried once or twice in lifetime) should be counted in the NOT AT ALL category.
B04	Daily means smoking at least one tobacco product every day or nearly every day over a period of a month or more.
B05	Daily means smoking at least one tobacco product every day or nearly every day over a period of a month or more.
B06a	IF REFUSED, ENTER 999
B06a1	IF REFUSED, ENTER 999
B06b	IF REFUSED, ENTER 999
B06b1	IF REFUSED, ENTER 999
B06c	IF REFUSED, ENTER 999
B06c1	IF REFUSED, ENTER 999
B06d	IF REFUSED, ENTER 999
B06d1	IF REFUSED, ENTER 999
B06e	IF REFUSED, ENTER 999
B06e1	IF REFUSED, ENTER 999
B06f	IF REFUSED, ENTER 999
B06f1	IF REFUSED, ENTER 999
B06g	IF REFUSED, ENTER 999
B06g2	IF REFUSED, ENTER 999
B08	Daily means smoking at least one tobacco product every day or nearly every day over a period of a month or more.
B09	Daily means smoking at least one tobacco product every day or nearly every day over a period of a month or more.
B10a	IF REFUSED, ENTER 999
B10b	IF REFUSED, ENTER 999
B10c	IF REFUSED, ENTER 999
B10d	IF REFUSED, ENTER 999
B10e	IF REFUSED, ENTER 999
B10f	IF REFUSED, ENTER 999

Table 4-1. List of QxQ Help Screens for Core Questionnaire

Qid	QxQ Help Screen Text
B10g	IF REFUSED, ENTER 999
B11	Daily means smoking at least one tobacco product every day or nearly every day over a period of a month or more.
	Smokeless tobacco is tobacco that is not smoked, but is sniffed through the nose, held in the mouth, or chewed.
C01	Daily means using smokeless tobacco at least one time every day or nearly every day over a period of a month or more.
	Smokeless tobacco is tobacco that is not smoked, but is sniffed through the nose, held in the mouth, or chewed.
C02	Daily means using smokeless tobacco at least one time every day or nearly every day over a period of a month or more.
	Smokeless tobacco is tobacco that is not smoked, but is sniffed through the nose, held in the mouth, or chewed.
C03	Daily means using smokeless tobacco at least one time every day or nearly every day over a period of a month or more.
	Rare instances of smokeless tobacco use or experimental use (tried once or twice in lifetime) should be counted in the NOT AT ALL category.
C04	Daily means using smokeless tobacco at least one time every day or nearly every day over a period of a month or more.
C05	Daily means using smokeless tobacco at least one time every day or nearly every day over a period of a month or more.
C06a	IF REFUSED, ENTER 999
C06a1	IF REFUSED, ENTER 999
C06b	IF REFUSED, ENTER 999
C06b1	IF REFUSED, ENTER 999
C06c	IF REFUSED, ENTER 999
C06c1	IF REFUSED, ENTER 999
C06d	IF REFUSED, ENTER 999
C06d1	IF REFUSED, ENTER 999
C06e	IF REFUSED, ENTER 999
C06e2	IF REFUSED, ENTER 999
C08	Daily means using smokeless tobacco at least one time every day or nearly every day over a period of a month or more.
C09	Daily means using smokeless tobacco at least one time every day or nearly every day over a period of a month or more.
C10a	IF REFUSED, ENTER 999
C10b	IF REFUSED, ENTER 999
C10c	IF REFUSED, ENTER 999
C10d	IF REFUSED, ENTER 999
C10e	IF REFUSED, ENTER 999
C11	Daily means using smokeless tobacco at least one time every day or nearly every day over a period of a month or more.
E01	This question is asking about the rules for inside the respondent's home. This only includes enclosed areas of the home – the respondent should not include areas outside of the home including patios, porches, etc. that are not fully enclosed.
E02	This question is asking about the rules for inside the respondent's home. This only includes enclosed areas of the home – the respondent should not include areas outside of the home including patios, porches, etc. that are not fully enclosed.

Qid	QxQ Help Screen Text
E03	This question is asking about inside the respondent's home. This only includes enclosed areas of the home – the respondent should not include areas outside of the home including patios, porches, etc. that are not fully enclosed.
E08	The respondent should answer yes if he/she saw somebody smoke or smelled the smoke inside the indoor areas where he/she works.
	This question is asking about enclosed indoor areas, not outside areas (such as a courtyard within a complex).
E10	The respondent should answer yes if he/she saw somebody smoke or smelled the smoke inside the place of interest.
	This question is asking about enclosed indoor areas, not outside areas (such as a courtyard within a complex).
E12	The respondent should answer yes if he/she saw somebody smoke or smelled the smoke inside the place of interest.
	This question is asking about enclosed indoor areas, not outside areas (such as a courtyard within a complex).
E14	The respondent should answer yes if he/she saw somebody smoke or smelled the smoke inside the place of interest.
	This question is asking about enclosed indoor areas, not outside areas (such as a courtyard within a complex).
E16	The respondent should answer yes if he/she saw somebody smoke or smelled the smoke inside the place of interest.
	This question is asking about enclosed indoor areas, not outside areas (such as a courtyard within a complex).
F01a	Only report number of cigarettes that the respondent purchased to smoke. Do not include cigarettes purchased by a vendor for resale.
F01bCig	Only report number of cigarettes that the respondent purchased to smoke. Do not include cigarettes purchased by a vendor for resale.
F01bPack	Only report number of cigarettes that the respondent purchased to smoke. Do not include cigarettes purchased by a vendor for resale.
F01bCart	Only report number of cigarettes that the respondent purchased to smoke. Do not include cigarettes purchased by a vendor for resale.
F01bOther	Only report number of cigarettes that the respondent purchased to smoke. Do not include cigarettes purchased by a vendor for resale.
F02	Only report money paid for cigarettes that the respondent purchased to smoke. Do not include cigarettes purchased by a vendor for resale.
F03	Only report brand of cigarettes that the respondent purchased to smoke. Do not include cigarettes purchased by a vendor for resale.
G01a	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G201a1	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G01b	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G201b1	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G01c	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G201c1	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G01d	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G201d1	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.

Qid	QxQ Help Screen Text
G04a	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G204a1	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G04b	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G204b1	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G04c	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G204c1	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G04d	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G204d1	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G04e	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G204e1	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G04f	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G204f1	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G04g	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G204g1	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G04h	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G204h1	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G04i	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G204i1	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G04j	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G204j1	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.

5. Case Management System Result Codes

	Household Questionnaire (HH) Result Codes	
	Pending	
	102: Break-off: HQ not complt (Completed Part of Household Questionnaire, Could Not Finish)	
	103: HH Screening R not avail (Household Questionnaire Not Complete, Could Not Identify An Appropriate Screening Res	spondent)
	104: HH Refusal (Household Refusal)	
	105: Unoccupied/Vacant (Unoccupied/Vacant/Demolished House)	
	106: Selected Address not HH (Selected Address is Not a Household)	
	108: Other HH Nonresponse (Other Household Nonresponse)	
	109: Nobody Home	
-	Final	
	200: Completed Household Questionnaire, One Person Selected	
	201: Completed Household Questionnaire, No One Selected	
	202: Final Break-off: HQ not complt (Completed Part of Household Questionnaire, Could Not Finish)	
	203: Final HH Screening R not avail (Household Questionnaire Not Complete, Could Not Identify An Appropriate Screening Res	spondent)
	204: Final HH Refusal (Household Refusal)	
	205: Final Unoccupied/Vacant (Unoccupied/Vacant/Demolished House)	
	206: Final Selected Address not HH (Selected Address is Not a Household)	
	208: Final Other HH Nonresponse (Other Household Nonresponse)	
	209: Final Nobody Home	
	999: Household Replaced (Household Replaced by Another Randomly Selected Address in the Missed Housing Unit	Procedure)

Individual Questionnaire (IQ) Result Codes

Pending

- 302: Break-off: IQ not complt (Completed Part of Individual Questionnaire)
- 303: IQ R Ineligible (Selected Individual was Later Determine to be Survey Ineligible)
- 304: IQ R Refusal (Selected Respondent Refusal)
- 307: IQ R Incapacitated (Selected Respondent Incapacitated)
- 308: Other IQ Nonresponse (Other Individual Nonresponse)
- 309: IQ R not at home (Selected Respondent Not Home)

Final

- 400: Completed Individual Questionnaire
- 401: Not Eligible for Individual Questionnaire
- 402: Final Break-off: IQ not complt Completed Part of Individual Questionnaire
- 403: Final IQ R Ineligible (Selected Individual Was Later Determine to Be Survey Ineligible)
- 404: Final IQ R Refusal (Selected Respondent Refusal)
- 407: Final IQ R Incapacitated (Selected Respondent Incapacitated)
- 408: Final Other IQ Nonresponse (Other Individual Nonresponse)

409: Final IQ R not at home

999: Household Replaced Household Replaced by Another Randomly Selected Address in the Missed Housing Unit Procedure

CMS Automatic Rules for Record of Calls (ROC)

HH ROC is automatically set as 200 when the HH questionnaire is completed and a respondent is selected to complete the IQ.

HH ROC is automatically set as 201 when the HH questionnaire is completed and no respondent is selected to complete the IQ (no one eligible for IQ).

IQ ROC is automatically set as 401 when the HH ROC is set as 201, 202, 203, 204, 205, 206, 208, or 209.

IQ ROC cannot be accessed by the interviewer until the HH ROC is set as 200.

IQ ROC is automatically set as 400 when the IQ is fully completed.

IQ ROC is automatically set as 403 when answers in the IQ determine that the selected respondent is not eligible to complete the IQ.