

GLOBAL ADULT TOBACCO SURVEY-3

QUESTIONNAIRE



GATS-3 INDIA



सत्यमेव जयते
Ministry of Health and Family Welfare
Govt. of India



(स्थापना/ Established in 1956)
बेहतर भविष्य के लिए क्षमता निर्माण
Capacity Building for a Better Future



World Health
Organization

Contents

GATS-3 Questionnaire Formatting Conventions	3
Household Questionnaire	4
Individual Questionnaire.....	7
Section A. Background Characteristics.....	10
Section B. Tobacco Smoking.....	14
Section WP. Waterpipe Tobacco Smoking/ <i>Hukkah</i>	19
Section EC. Electronic Cigarettes	21
Section C. Smokeless Tobacco	23
Section CC. Use of Other Products.....	28
Section D1. Cessation – Tobacco Smoking	29
Section D2. Cessation – Smokeless Tobacco.....	31
Section E. Secondhand Smoke.....	33
Section F. Economics - Manufactured Cigarettes	38
Section FA. Economics – <i>Bidis</i>	40
Section FB. Economics – Smokeless Tobacco	42
Section G. Media.....	43
Section H. Knowledge, Attitudes & Perceptions	49

GATS-3 Questionnaire Formatting Conventions

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

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

Text underlined = Words that interviewers should emphasize when reading to respondents.

Household Questionnaire

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

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

INTRO1. I am _____ (NAME) representing _____ (NAME OF THE ORGANIZATION) who has been assigned to carry out the third round of the Global Adult Tobacco Survey (GATS-3) in the state of _____ (NAME OF THE STATE), on behalf of the Ministry of Health and Family Welfare (MoHFW), Government of India. The International Institute for Population Sciences (IIPS) Mumbai, a Deemed University under the administrative control of the MoHFW, is the nodal agency for this survey. The World Health Organization and Centers for Disease Control and Prevention (CDC) are providing technical support for this survey. GATS-3 is conducted to assess adult tobacco behaviour in India. The information gathered will be used for policies and programs by the MoHFW, Government of India.

All houses selected for this survey were chosen from a scientific sample and your household has been selected to participate. It is very important to the success of this project that each participates in the survey. All information gathered will be kept strictly confidential. Your participation in the survey is voluntary. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. We will leave the necessary contact information with you. If you have any questions about this survey, please feel free to ask me or contact the concerned authority [INTERVIEWER: PROVIDE CARD]. I have a few questions to find out who in your household is eligible to participate.

Do you agree to participate?

YES

NO

<input type="checkbox"/>
<input type="checkbox"/>

1 → GO TO HH1

2 → END INTERVIEW

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]

<input type="text"/>	<input type="text"/>
----------------------	----------------------

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

--	--

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

[THERE ARE NO ELIGIBLE HOUSEHOLD MEMBERS.

THANK THE RESPONDENT FOR HIS/HER TIME.

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

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

--	--

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

--	--

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

[THERE ARE NO ELIGIBLE HOUSEHOLD MEMBERS.

THANK THE RESPONDENT FOR HIS/HER TIME.

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

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

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

HH4b. What is this person's age?

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

--	--	--

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

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

01	<table border="1"><tr><td></td></tr></table>		1	08	<table border="1"><tr><td></td></tr></table>		8
02	<table border="1"><tr><td></td></tr></table>		2	09	<table border="1"><tr><td></td></tr></table>		9
03	<table border="1"><tr><td></td></tr></table>		3	10	<table border="1"><tr><td></td></tr></table>		10
04	<table border="1"><tr><td></td></tr></table>		4	11	<table border="1"><tr><td></td></tr></table>		11
05	<table border="1"><tr><td></td></tr></table>		5	12	<table border="1"><tr><td></td></tr></table>		12
06	<table border="1"><tr><td></td></tr></table>		6	DON'T KNOW	<table border="1"><tr><td></td></tr></table>		-7
07	<table border="1"><tr><td></td></tr></table>		7	REFUSED	<table border="1"><tr><td></td></tr></table>		-9

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

--	--	--	--

HH4d. [RECORD GENDER (FOR VERIFICATION IF NECESSARY)]

MALE	<input type="checkbox"/>	1
FEMALE	<input type="checkbox"/>	2
OTHER	<input type="checkbox"/>	3

HH4e. Does this person currently smoke tobacco, including *bidis*, cigarettes, *hukkah*, cigars, etc.?

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

HH4f. Does this person currently use smokeless tobacco, including betel quid with tobacco, sada/surti, *khaini* or tobacco lime mixture, *gutkha*, *gul*, *mishri*, etc.?

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

[REPEAT HH4a – HH4f FOR EACH PERSON REPORTED IN HH2]

HH5. [NAME OF THE SELECTED ELIGIBLE PERSON IS:

{FILL SELECTED HH MEMBER'S FIRST NAME}

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

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

Individual Questionnaire

CONSENT 1. [CHECK AGE OF SELECTED RESPONDENT FROM THE HOUSEHOLD QUESTIONNAIRE CASE DETAILS, AND SELECT THE APPROPRIATE CATEGORY BELOW:]

15-17	<input type="checkbox"/>	1 → [GO TO CONSENT2]
18 OR OLDER	<input type="checkbox"/>	2 → [GO TO CONSENT5]
EMANCIPATED MINOR (15-17)	<input type="checkbox"/>	3 → [GO TO CONSENT5]

CONSENT 2. 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.]

CONSENT 3. [READ THE FOLLOWING TO THE PARENT/GUARDIAN AND SELECTED RESPONDENT (IF AVAILABLE):]

I am _____ (NAME) representing _____ (NAME OF THE ORGANIZATION) who has been assigned to carry out the third round of the Global Adult Tobacco Survey (GATS-3) in the state of _____ (NAME OF THE STATE), on behalf of the Ministry of Health and Family Welfare (MoHFW), Government of India. The International Institute for Population Sciences (IIPS) Mumbai, a Deemed University under the administrative control of the MoHFW, is the nodal agency for this survey. The World Health Organization and Centers for Disease Control and Prevention (CDC) are providing technical support for this survey. GATS-3 is conducted to assess adult tobacco behaviour in India. The information gathered will be used for policies and programs by the MoHFW, Government of India.

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

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

We will leave the necessary contact information with you. If you have any questions about this survey, please feel free to ask me or contact the concerned authority [INTERVIEWER: PROVIDE CARD].

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	<input type="checkbox"/>	1 → [GO TO CONSENT4]
NO	<input type="checkbox"/>	2 → [END IN INTERVIEW]

CONSENT 4. [WAS THE SELECTED MINOR RESPONDENT PRESENT?]

PRESENT	<input type="checkbox"/>	1 → [GO TO CONSENT6]
NOT PRESENT	<input type="checkbox"/>	2 → [GO TO CONSENT5]

CONSENT 5. [READ TO THE SELECTED RESPONDENT:]

I am _____ (NAME) representing _____ (NAME OF THE ORGANIZATION) who has been assigned to carry out the third round of the Global Adult Tobacco Survey (GATS-3) in the state of _____ (NAME OF THE STATE), on behalf of the Ministry of Health and Family Welfare (MoHFW), Government of India. The International Institute for Population Sciences (IIPS) Mumbai, a Deemed University under the administrative control of the MoHFW, is the nodal agency for this survey. The World Health Organization and Centers for Disease Control and Prevention (CDC) are providing technical support for this survey. GATS-3 is conducted to assess adult tobacco behaviour in India. The information gathered will be used for policies and programs by the MoHFW, Government of India.

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

We will leave the necessary contact information with you. If you have any questions about this survey, please feel free to ask me or contact the concerned authority [INTERVIEWER: PROVIDE CARD].

{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.

CONSENT 6. [ASK SELECTED RESPONDENT:] Do you agree to participate?

YES ☐ 1 → **[PROCEED WITH INTERVIEW]**
NO ☐ 2 → **[END IN INTERVIEW]**

INTLANG. [INTERVIEW LANGUAGE]

- | | | | | | |
|--------------------------|----|----------|--------------------------|----|--------------------|
| <input type="checkbox"/> | 1 | ASSAMESE | <input type="checkbox"/> | 11 | MALAYALAM |
| <input type="checkbox"/> | 2 | BENGALI | <input type="checkbox"/> | 12 | MANIPURI OR MEITEI |
| <input type="checkbox"/> | 3 | ENGLISH | <input type="checkbox"/> | 13 | MARATHI |
| <input type="checkbox"/> | 4 | GARO | <input type="checkbox"/> | 14 | MIZO |
| <input type="checkbox"/> | 5 | GUJARATI | <input type="checkbox"/> | 15 | NAGAMESE |
| <input type="checkbox"/> | 6 | HINDI | <input type="checkbox"/> | 16 | NEPALESE |
| <input type="checkbox"/> | 7 | KANNADA | <input type="checkbox"/> | 17 | ODIA |
| <input type="checkbox"/> | 8 | KASHMIRI | <input type="checkbox"/> | 18 | PUNJABI |
| <input type="checkbox"/> | 9 | KHASI | <input type="checkbox"/> | 19 | TAMIL |
| <input type="checkbox"/> | 10 | KONKANI | <input type="checkbox"/> | 20 | TELUGU |

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	<input type="checkbox"/>	1
FEMALE	<input type="checkbox"/>	2
OTHER	<input type="checkbox"/>	3

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

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

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

[IF (A02a = DK OR REF) OR (A02b = DK OR REF), GO TO A03]

[IF (A02a = CURRENT MONTH OF INTERVIEW) AND (CURRENT YEAR OF INTERVIEW MINUS A02b = 15), GO TO A02c]

[ELSE GO TO A04]

A02c. Are you 14 or 15 years old?

14	<input type="checkbox"/>	1
15	<input type="checkbox"/>	2

[SKIP TO A04]

A03. How old are you?

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

--	--	--

A03a. [WAS RESPONSE ESTIMATED?]

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

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

[SELECT ONLY ONE CATEGORY]

NO FORMAL SCHOOLING	<input type="checkbox"/>	1
LESS THAN PRIMARY SCHOOL COMPLETED	<input type="checkbox"/>	2
PRIMARY SCHOOL COMPLETED	<input type="checkbox"/>	3
LESS THAN SECONDARY SCHOOL COMPLETED	<input type="checkbox"/>	4
SECONDARY SCHOOL COMPLETED	<input type="checkbox"/>	5
HIGHER SECONDARY SCHOOL COMPLETED	<input type="checkbox"/>	6
COLLEGE/UNIVERSITY COMPLETE	<input type="checkbox"/>	7
POST GRADUATE DEGREE COMPLETED	<input type="checkbox"/>	8
DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

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

[INCLUDE SUBSISTENCE FARMING AS SELF-EMPLOYED]

GOVERNMENT EMPLOYEE	<input type="checkbox"/>	1
NON-GOVERNMENT EMPLOYEE	<input type="checkbox"/>	2
DAILY WAGE/CASUAL LABOURER	<input type="checkbox"/>	3
SELF-EMPLOYED	<input type="checkbox"/>	4
STUDENT	<input type="checkbox"/>	5
HOMEMAKER	<input type="checkbox"/>	6
RETIRED	<input type="checkbox"/>	7
UNEMPLOYED, ABLE TO WORK	<input type="checkbox"/>	8
UNEMPLOYED, UNABLE TO WORK	<input type="checkbox"/>	9
DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

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

	YES ▼		NO ▼		DON'T KNOW ▼		REFUSED ▼	
a. Electricity?	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	-7	<input type="checkbox"/>	-9
b. Flush toilet?	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	-7	<input type="checkbox"/>	-9
c. Fixed telephone?	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	-7	<input type="checkbox"/>	-9
d. Smartphone?	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	-7	<input type="checkbox"/>	-9
e. Television?	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	-7	<input type="checkbox"/>	-9
f. Radio?	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	-7	<input type="checkbox"/>	-9
g. Refrigerator?	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	-7	<input type="checkbox"/>	-9
h. Car?	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	-7	<input type="checkbox"/>	-9
i. Moped/scooter/motorcycle?	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	-7	<input type="checkbox"/>	-9
j. Washing machine?	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	-7	<input type="checkbox"/>	-9
k. Computer/Laptop?	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	-7	<input type="checkbox"/>	-9
l. Internet broadband connection?.....	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	-7	<input type="checkbox"/>	-9
m. Air conditioner?	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	-7	<input type="checkbox"/>	-9
n. Electric fan?	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	-7	<input type="checkbox"/>	-9

A09. Do you belong to a scheduled caste, scheduled tribe, other backward class, or none of these groups?

SCHEDULED CASTE	<input type="checkbox"/>	1
SCHEDULED TRIBE	<input type="checkbox"/>	2
OTHER BACKWARD CLASS	<input type="checkbox"/>	3
NONE OF THESE	<input type="checkbox"/>	4
DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

A10. What is your religion?

HINDU	<input type="checkbox"/>	1
MUSLIM	<input type="checkbox"/>	2
CHRISTIAN	<input type="checkbox"/>	3
BUDDHISM	<input type="checkbox"/>	4
JAIN	<input type="checkbox"/>	5
SIKH	<input type="checkbox"/>	6
OTHER	<input type="checkbox"/>	7 → A10a. [SPECIFY]: _____
NONE	<input type="checkbox"/>	8
DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

A11. What is your marital status? Would you say never married, married, separated, divorced, or widowed?

NEVER MARRIED	<input type="checkbox"/>	1
MARRIED	<input type="checkbox"/>	2
SEPARATED	<input type="checkbox"/>	3
DIVORCED	<input type="checkbox"/>	4
WIDOWED	<input type="checkbox"/>	5
REFUSED	<input type="checkbox"/>	-9

Section B. Tobacco Smoking

B01. The following questions are about the use of different types of tobacco products. There are three categories of products that I will be asking you about separately: smoking tobacco products; electronic cigarettes, and smokeless tobacco products.

I would first like to ask you some questions about smoking tobacco, including *bidis*, cigarettes, cigars, cheroots, rolled cigarettes, tobacco rolled in maize leaf and newspaper, *hukkah*, pipes, chillum, chutta. Please do not answer about electronic cigarettes and smokeless tobacco at this time.

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

- | | | |
|-----------------|--------------------------|--------------------------------|
| DAILY | <input type="checkbox"/> | 1 → SKIP TO B04 |
| LESS THAN DAILY | <input type="checkbox"/> | 2 |
| NOT AT ALL | <input type="checkbox"/> | 3 → SKIP TO B03 |
| DON'T KNOW | <input type="checkbox"/> | -7 → SKIP TO NEXT SECTION (WP) |
| REFUSED | <input type="checkbox"/> | -9 → SKIP TO NEXT SECTION (WP) |

B02. Have you smoked tobacco daily in the past?

- | | | |
|------------|--------------------------|--------------------------------|
| YES | <input type="checkbox"/> | 1 → SKIP TO B04 |
| NO | <input type="checkbox"/> | 2 → SKIP TO B04 |
| DON'T KNOW | <input type="checkbox"/> | -7 → SKIP TO NEXT SECTION (WP) |
| REFUSED | <input type="checkbox"/> | -9 → SKIP TO NEXT SECTION (WP) |

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 | <input type="checkbox"/> | 1 |
| LESS THAN DAILY | <input type="checkbox"/> | 2 |
| NOT AT ALL | <input type="checkbox"/> | 3 → SKIP TO NEXT SECTION (WP) |
| DON'T KNOW | <input type="checkbox"/> | -7 → SKIP TO NEXT SECTION (WP) |
| REFUSED | <input type="checkbox"/> | -9 → SKIP TO NEXT SECTION (WP) |

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

--	--

[IF B04 = DON'T KNOW OR REFUSED, ASK B04a.]

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

--	--

BCOMP1

IF B01 = 1, GO TO B05

IF B02 = 1, GO TO B05

IF B02 = 2, GO TO B08

IF B03 = 1, GO TO B05

IF B03 = 2, GO TO B09a

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

--	--

[IF B05 = DK/REF, ASK B05a. OTHERWISE, SKIP TO BCOMP2.]

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

--	--

BCOMP2

IF B01 = 1, GO TO B06

IF B02 = 1, GO TO B08

IF B03 = 1, GO TO B09a

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

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

QxQ: IF RESPONDENT REPORTS SMOKING THE PRODUCT BUT NOT EVERY DAY, ENTER 888

- | | | |
|-----|--|-----------------|
| a. | Manufactured cigarettes? | <i>PER DAY</i> |
| a1. | [IF B06a=888] On average, how many manufactured cigarettes do you currently smoke each week? | <i>PER WEEK</i> |
| b. | Rolled tobacco in paper or leaf? | <i>PER DAY</i> |
| b1. | [IF B06b=888] On average, how many rolled tobacco in paper or leaf do you currently smoke each week? | <i>PER WEEK</i> |
| c. | <i>Bidis</i> ? | <i>PER DAY</i> |
| c1. | [IF B06c=888] On average, how many <i>bidis</i> do you currently smoke each week? | <i>PER WEEK</i> |
| e. | Cigars, cheroots, or cigarillos? | <i>PER DAY</i> |
| e1. | [IF B06e=888] On average, how many cigars, cheroots, or cigarillos do you currently smoke each week? | <i>PER WEEK</i> |
| f. | Number of <i>hukkah</i> sessions per day? | <i>PER DAY</i> |
| f1. | [IF B06f=888] On average, how many <i>hukkah</i> sessions do you currently participate in each week? | <i>PER WEEK</i> |
| g. | Any others? (→ g1. Please specify the other type you currently smoke: _____) | <i>PER DAY</i> |

g2. **[IF B06g=888]** On average, how many **[FILL PRODUCT]** do you currently smoke each week? *PER WEEK*

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

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

[SKIP TO NEXT SECTION (WP)]

[CURRENT LESS THAN DAILY SMOKERS]

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

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

QxQ: IF RESPONDENT REPORTS SMOKING THE PRODUCT WITHIN THE PAST 30 DAYS, BUT LESS THAN ONCE PER WEEK, ENTER 888

- | | | | | |
|---|----------------------|----------------------|----------------------|-----------------|
| a. Manufactured cigarettes? | <input type="text"/> | <input type="text"/> | <input type="text"/> | <i>PER WEEK</i> |
| b. Rolled tobacco in paper or leaf? | <input type="text"/> | <input type="text"/> | <input type="text"/> | <i>PER WEEK</i> |
| c. <i>Bidis</i> ? | <input type="text"/> | <input type="text"/> | <input type="text"/> | <i>PER WEEK</i> |
| e. Cigars, cheroots, or cigarillos? | <input type="text"/> | <input type="text"/> | <input type="text"/> | <i>PER WEEK</i> |
| f. Number of <i>hukkah</i> sessions per week? | <input type="text"/> | <input type="text"/> | <input type="text"/> | <i>PER WEEK</i> |
| g. Any others? | <input type="text"/> | <input type="text"/> | <input type="text"/> | <i>PER WEEK</i> |

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

[SKIP TO NEXT SECTION (WP)]

[FORMER SMOKERS]

B09a. How long has it been since you stopped smoking?

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

ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

- | | | |
|-----------------|----------------------|---------------------------------------|
| YEARS | <input type="text"/> | 1 |
| MONTHS | <input type="text"/> | 2 |
| WEEKS | <input type="text"/> | 3 |
| DAYS | <input type="text"/> | 4 |
| LESS THAN 1 DAY | <input type="text"/> | 5 → SKIP TO B10 |
| DON'T KNOW | <input type="text"/> | -7 → SKIP TO NEXT SECTION (WP) |
| REFUSED | <input type="text"/> | -9 → SKIP TO NEXT SECTION (WP) |

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

--	--	--

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

B10. Have you visited a doctor or other health care provider in the past 12 months for any reason of personal health?

YES	<input type="text"/> 1
NO	<input type="text"/> 2 → SKIP TO B14
REFUSED	<input type="text"/> -9 → SKIP TO B14

B11. How many times did you visit a doctor or health care provider in the past 12 months? Would you say 1 or 2 times, 3 to 5 times, or 6 or more times?

1 TO 2	<input type="text"/> 1
3 TO 5	<input type="text"/> 2
6 OR MORE	<input type="text"/> 3
REFUSED	<input type="text"/> -9

B12. During any visit to a doctor or health care provider in the past 12 months, were you asked if you smoke tobacco?

YES	<input type="text"/> 1
NO	<input type="text"/> 2 → SKIP TO B14
REFUSED	<input type="text"/> -9 → SKIP TO B14

B13. During any visit to a doctor or health care provider in the past 12 months, were you advised to quit smoking tobacco?

YES	<input type="text"/> 1
NO	<input type="text"/> 2
REFUSED	<input type="text"/> -9

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

- a. Counseling at a smoking cessation clinic?
- a1. Counseling by a health professional at a health clinic or hospital?
- b. Nicotine replacement therapy, such as the patch or gum?
- c. Other prescription medications?
- d. Traditional medicines, for example Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy?
- d1. m-Cessation?

YES ▼	NO ▼	REFUSED ▼
<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> -9
<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> -9
<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> -9
<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> -9
<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> -9
<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> -9

- | | | | | | | |
|---|--------------------------|---|--------------------------|---|--------------------------|----|
| e. A quit line or a smoking telephone support line? | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | -9 |
| f. Using electronic cigarettes instead? | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | -9 |
| g. Switching to smokeless tobacco? | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | -9 |
| h. Try to quit without assistance? | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | -9 |
| i. Anything else? | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | -9 |
- i1. Please specify what you used to try to stop smoking: _____

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

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

Section WP. Waterpipe Tobacco Smoking/Hukkah

ROUTING: B06F/B08F ASK FOR THE NUMBER OF WATER PIPE SMOKING SESSIONS PER DAY/WEEK.

IF B01=1 AND B06f>0 AND <888 (CURRENT DAILY WATER PIPE SMOKERS), GO TO WP5
IF B01=1 AND B06f=888 (CURRENT LESS THAN DAILY WATER PIPE SMOKERS), GO TO WP5
IF B01=2 AND B08f>0 AND <888 (CURRENT LESS THAN DAILY WATER PIPE SMOKERS), GO TO WP5
IF B01=2 AND B08f=888 (CURRENT LESS THAN WEEKLY WATER PIPE SMOKERS), GO TO WP5
ELSE, GO TO THE NEXT SECTION EC

WP5. I would now like to ask you some questions about smoking *hukkah*, that is, using a waterpipe to smoke tobacco.

The last time you smoked *hukkah*, how long did you participate in the *hukkah* smoking session?
[ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

HOURS	<input type="text"/>	1
MINUTES	<input type="text"/>	2
DON'T KNOW	<input type="text"/>	-7 → SKIP TO WP6
REFUSED	<input type="text"/>	-9 → SKIP TO WP6

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

<input type="text"/>	<input type="text"/>
----------------------	----------------------

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

<input type="text"/>	<input type="text"/>
----------------------	----------------------

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

HOME	<input type="text"/>	1
COFFEE SHOP	<input type="text"/>	2
BAR/CLUB	<input type="text"/>	3
RESTAURANT	<input type="text"/>	4
OTHER	<input type="text"/>	5 → WP8a. [SPECIFY OTHER PLACE] _____
DON'T KNOW	<input type="text"/>	-7
REFUSED	<input type="text"/>	-9

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

FLAVORED	<input type="text"/>	1
UNFLAVORED	<input type="text"/>	2

BOTH	<input type="checkbox"/>	3
DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

WP10. Do you believe that smoking *hukkah* is less harmful than smoking cigarettes?

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

Section EC. Electronic Cigarettes

EC1. Now I want to ask you about electronic cigarettes, which are also called e-cigarettes, e-pens, vaping devices, e-shisha, e-pipes. These devices are battery powered and heat a liquid to produce vapor or aerosol instead of smoke.

Before today, have you ever heard of or seen an electronic cigarette?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2 → SKIP TO NEXT SECTION (C)
REFUSED	<input type="checkbox"/>	-9 → SKIP TO NEXT SECTION (C)

EC2. Do you currently use electronic cigarettes on a daily basis, less than daily, or not at all?

DAILY	<input type="checkbox"/>	1 → SKIP TO EC4
LESS THAN DAILY	<input type="checkbox"/>	2 → SKIP TO EC4
NOT AT ALL	<input type="checkbox"/>	3
DON'T KNOW	<input type="checkbox"/>	7 → SKIP TO EC15
REFUSED	<input type="checkbox"/>	-9 → SKIP TO EC15

EC3. Have you ever, even once, used an electronic cigarette?

YES	<input type="checkbox"/>	1 → SKIP TO EC15
NO	<input type="checkbox"/>	2 → SKIP TO EC15
DON'T KNOW	<input type="checkbox"/>	7 → SKIP TO EC15
REFUSED	<input type="checkbox"/>	-9 → SKIP TO EC15

EC4. Which of the following are reasons why you use electronic cigarettes?

- a. **[IF B01=1 OR 2:]** To quit smoking tobacco?
- b. **[IF B03=1 OR 2:]** To avoid going back to smoking tobacco?
- c. Because I enjoy it?
- d. Because I'm addicted to it?
- e. I can use it at times when or in places where tobacco smoking is not allowed?
- f. It is less harmful than smoking tobacco?
- g. It comes in flavors I like?
- h. A friend or family member uses them?

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

EC8. What is the primary flavor of the electronic cigarette you currently use?

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

TOBACCO FLAVOR	<input type="checkbox"/>	1
MENTHOL OR MINT	<input type="checkbox"/>	2

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

EC10. Does the electronic cigarette that you currently use contain nicotine?
[IF MORE THAN ONE DEVICE IS USED, REFER TO DEVICE USED MOST RECENTLY]

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

EC14. The last time you purchased electronic cigarettes for yourself, where did you buy them?

STORE	<input type="checkbox"/>	2
STREET VENDOR	<input type="checkbox"/>	3
DUTY-FREE SHOP	<input type="checkbox"/>	5
OUTSIDE THE COUNTRY	<input type="checkbox"/>	6
KIOSKS/PAN SHOP	<input type="checkbox"/>	7
ONLINE/HOME DELIVERY	<input type="checkbox"/>	8
FROM ANOTHER PERSON	<input type="checkbox"/>	9
OTHER	<input type="checkbox"/>	10 → EC14a. [SPECIFY LOCATION]: _____
DON'T REMEMBER	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

EC15. Are you aware that electronic cigarettes are banned by the Government of India?

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

Section C. Smokeless Tobacco

C01. The next questions are about using smokeless tobacco, such as tobacco leaf, betel quid with tobacco, sada/surti, *khaini* or tobacco lime mixture, *gutkha*, *paan masala* with *zarda*, *mawa*, *gul*, *gudakhu*, *mishri*. Smokeless tobacco is tobacco that is not smoked, but is sniffed through the nose, held in the mouth, or chewed. Please do not answer about chewing of products without tobacco at this time.

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	<input type="checkbox"/>	1 → SKIP TO C04
LESS THAN DAILY	<input type="checkbox"/>	2
NOT AT ALL	<input type="checkbox"/>	3 → SKIP TO C03
DON'T KNOW	<input type="checkbox"/>	-7 → SKIP TO NEXT SECTION (CC)
REFUSED	<input type="checkbox"/>	-9 → SKIP TO NEXT SECTION (CC)

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

YES	<input type="checkbox"/>	1 → SKIP TO C04
NO	<input type="checkbox"/>	2 → SKIP TO C04
DON'T KNOW	<input type="checkbox"/>	-7 → SKIP TO NEXT SECTION (CC)
REFUSED	<input type="checkbox"/>	-9 → SKIP TO NEXT SECTION (CC)

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” AND FOLLOW DAILY ROUTING]

DAILY	<input type="checkbox"/>	1
LESS THAN DAILY	<input type="checkbox"/>	2
NOT AT ALL	<input type="checkbox"/>	3 → SKIP TO NEXT SECTION (CC)
DON'T KNOW	<input type="checkbox"/>	-7 → SKIP TO NEXT SECTION (CC)
REFUSED	<input type="checkbox"/>	-9 → SKIP TO NEXT SECTION (CC)

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

<input type="text"/>	<input type="text"/>
----------------------	----------------------

[IF C04 = DON'T KNOW OR REFUSED, ASK C04a. OTHERWISE GO TO CCOMP1.]

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

<input type="text"/>	<input type="text"/>
----------------------	----------------------

CCOMP1

IF C01 = 1, GO TO C05

IF C02 = 1, GO TO C05

IF C02 = 2, GO TO C08
 IF C03 = 1, GO TO C05
 IF C03 = 2, GO TO C09a

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

--	--

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

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

--	--

CCOMP2

IF C01 = 1, GO TO C06
 IF C02 = 1, GO TO C08
 IF C03 = 1, GO TO C09a

[CURRENT DAILY SMOKELESS TOBACCO USERS]

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

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

a. Betel quid with tobacco?	PER DAY
a1. [IF C06a=888] On average, how many times do you use betel quid with tobacco each week?	PER WEEK
b. <i>Khaini</i> or tobacco lime mixture?	PER DAY
b1. [IF C06b=888] On average, how many times do you use <i>khaini</i> or tobacco lime mixture each week?	PER WEEK
c. Gutka, areca nut—tobacco lime mixture, or <i>mawa</i> ?	PER DAY
c1. [IF C06c=888] On average, how many times do you use gutka, areca nut—tobacco lime mixture, or <i>mawa</i> each week?	PER WEEK
d. Oral tobacco use (as <i>mishri</i> , <i>gul</i> , <i>gudakhu</i>)?	PER DAY
d1. [IF C06d=888] On average, how many times do you use oral tobacco use (as <i>mishri</i> , <i>gul</i> , <i>gudakhu</i>) each week?	PER WEEK
e. <i>Paan</i> masala together with tobacco?	PER DAY
e1. [IF C06e=888] On average, how many times do you use <i>Paan</i> masala together with tobacco each week?	PER WEEK
f. Nasal use of snuff?	PER DAY
f1. [IF C06f=888] On average, how many times do you use nasal use of snuff each week?	PER WEEK
g. Any others? (→ g1. Please specify the other type you currently use: _____)?	PER DAY
g2. [IF C06g=888] On average, how many times week do you currently use [FILL PRODUCT]?	PER WEEK

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

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

[SKIP TO NEXT SECTION (CC)]

[CURRENT LESS THAN DAILY SMOKELESS TOBACCO USERS]

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

QxQ: IF RESPONDENT REPORTS USING THE PRODUCT WITHIN THE PAST 30 DAYS, BUT LESS THAN ONCE PER WEEK, ENTER 888.

a. Betel quid with tobacco?	<input type="text"/>	<input type="text"/>	<input type="text"/>	TIMES PER WEEK
b. <i>Khaini</i> or tobacco lime mixture?	<input type="text"/>	<input type="text"/>	<input type="text"/>	TIMES PER WEEK
c. Gutka, areca nut—tobacco lime mixture, or <i>mawa</i> ?	<input type="text"/>	<input type="text"/>	<input type="text"/>	TIMES PER WEEK
d. Oral tobacco use (as <i>mishri</i> , <i>gul</i> , <i>gudakhu</i>)?	<input type="text"/>	<input type="text"/>	<input type="text"/>	TIMES PER WEEK
e. <i>Paan</i> masala together with tobacco?	<input type="text"/>	<input type="text"/>	<input type="text"/>	TIMES PER WEEK
f. Nasal use of snuff?	<input type="text"/>	<input type="text"/>	<input type="text"/>	TIMES PER WEEK
g. Any others?	<input type="text"/>	<input type="text"/>	<input type="text"/>	TIMES PER WEEK

→ g1. Please specify the other type you currently use: _____

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

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

DAILY	<input type="text"/>	1
LESS THAN DAILY	<input type="text"/>	2
REFUSED	<input type="text"/>	-9

[SKIP TO NEXT SECTION (CC)]

[FORMER SMOKELESS TOBACCO USERS]

C09a. How long has it been since you stopped using smokeless tobacco?

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

ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

YEARS	<input type="text"/>	1
MONTHS	<input type="text"/>	2
WEEKS	<input type="text"/>	3

DAYS	<input type="text"/>	4
LESS THAN 1 DAY	<input type="text"/>	5 → SKIP TO C10
DON'T KNOW	<input type="text"/>	-7 → SKIP TO NEXT SECTION (CC)
REFUSED	<input type="text"/>	-9 → SKIP TO NEXT SECTION (CC)

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

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

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

C10. Have you visited a doctor or other health care provider in the past 12 months for any reason of personal health?

YES	<input type="text"/>	1
NO	<input type="text"/>	2 → SKIP TO C14
REFUSED	<input type="text"/>	-9 → SKIP TO C14

C11. How many times did you visit a doctor or health care provider in the past 12 months? Would you say 1 or 2 times, 3 to 5 times, or 6 or more times?

1 OR 2 TIMES	<input type="text"/>	1
3 TO 5 TIMES	<input type="text"/>	2
6 OR MORE TIMES	<input type="text"/>	3
REFUSED	<input type="text"/>	-9

C12. During any visit to a doctor or health care provider in the past 12 months, were you asked if you used smokeless tobacco?

YES	<input type="text"/>	1
NO	<input type="text"/>	2 → SKIP TO C14
REFUSED	<input type="text"/>	-9 → SKIP TO C14

C13. During any visit to a doctor or health care provider in the past 12 months, were you advised to stop using smokeless tobacco?

YES	<input type="text"/>	1
NO	<input type="text"/>	2
REFUSED	<input type="text"/>	-9

C14. During the past 12 months, did you use any of the following to try to stop using smokeless tobacco?

	YES ▼	NO ▼	REFUSED ▼
a. Counseling at a cessation clinic?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
a1. Counseling by a health professional at a health clinic or hospital?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
b. Nicotine replacement therapy, such as the patch or gum?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
c. Other prescription medications?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
d. Traditional medicines, for example Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
d1. m-Cessation?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
e. A quit line or telephone support line?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
f. Using electronic cigarettes instead?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
g. Chewing non-tobacco substances or mixtures?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
h. Try to quit without assistance?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
i. Anything else?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
→ i1. Please specify what you used to try to stop using smokeless tobacco: _____			

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

	YES ▼	NO ▼	REFUSED ▼
a. Concern for your personal health?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
c. That society disapproves of using smokeless tobacco?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
d. The price of smokeless tobacco products?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
e. Smokeless tobacco use is/was not allowed in your home?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
f. Smokeless tobacco restrictions at work or public places?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
i. Finding a tobacco vendor was difficult?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
g. Wanting to set a good example for children?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
h. Close friends and family disapprove(d) of your using smokeless tobacco?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
j. Concern about the impact of smokeless tobacco on physical appearance?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9

Section CC. Use of Other Products

CC1. The next questions ask about your use of some other products that do not contain tobacco.

Do you consume *paan masala* without tobacco?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2 → SKIP TO CC3
REFUSED	<input type="checkbox"/>	-9

CC2. How frequently do you consume *paan masala* without tobacco, would you say daily, not daily but at least once in a week, or only occasionally?

DAILY	<input type="checkbox"/>	1
NOT DAILY, BUT WEEKLY	<input type="checkbox"/>	2
OCCASIONALLY	<input type="checkbox"/>	3
REFUSED	<input type="checkbox"/>	-9

CC3. Do you consume betel quid without tobacco?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2 → SKIP TO CC5
REFUSED	<input type="checkbox"/>	-9

CC4. How frequently do you consume betel quid without tobacco, would you say daily, not daily but at least once in a week, or only occasionally?

DAILY	<input type="checkbox"/>	1
NOT DAILY, BUT WEEKLY	<input type="checkbox"/>	2
OCCASIONALLY	<input type="checkbox"/>	3
REFUSED	<input type="checkbox"/>	-9

CC5. Do you consume areca nut of any type, plain, powdered or flavored?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2 → SKIP TO NEXT SECTION (D1)
REFUSED	<input type="checkbox"/>	-9

CC6. How frequently do you consume areca nut, would you say daily, not daily but at least once in a week, or only occasionally?

DAILY	<input type="checkbox"/>	1
NOT DAILY, BUT WEEKLY	<input type="checkbox"/>	2
OCCASIONALLY	<input type="checkbox"/>	3
REFUSED	<input type="checkbox"/>	-9

Section D1. Cessation – Tobacco Smoking

D00COMP

IF B01 = 1 OR 2 (RESPONDENT CURRENTLY SMOKES TOBACCO), CONTINUE WITH THIS SECTION
IF B01 = 3, -7, OR -9 (RESPONDENT DOES NOT CURRENTLY SMOKE TOBACCO), SKIP TO NEXT SECTION (D2).

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

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

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2 → SKIP TO INSTRUCTION BEFORE D04
REFUSED	<input type="checkbox"/>	-9 → SKIP TO INSTRUCTION BEFORE D04

D02a. Thinking about the last time you tried to quit, how long did you stop smoking?
[ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

MONTHS	<input type="checkbox"/>	1
WEEKS	<input type="checkbox"/>	2
DAYS	<input type="checkbox"/>	3
LESS THAN 1 DAY	<input type="checkbox"/>	4 → SKIP TO D03
DON'T KNOW	<input type="checkbox"/>	-7 → SKIP TO D03
REFUSED	<input type="checkbox"/>	-9 → SKIP TO D03

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

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

	YES ▼	NO ▼	REFUSED ▼
a. Counseling at a smoking cessation clinic?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
a1. Counseling by a health professional at a health clinic or hospital?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
b. Nicotine replacement therapy, such as the patch or gum?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
c. Other prescription medications?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
d. Traditional medicines, for example Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
d1. m-Cessation?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
e. A quit line or a smoking telephone support line?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
f. Using electronic cigarettes instead?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
g. Switching to smokeless tobacco?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
h. Try to quit without assistance?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
i. Anything else?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9

→ i1. Please specify what you used to try to stop smoking: _____

IF C10 HAS NOT BEEN ASKED	→ CONTINUE WITH D04
IF C10 = YES	→ SKIP TO D06
IF C10 = NO OR REFUSED	→ SKIP TO D08

D04. Have you visited a doctor or other health care provider in the past 12 months for any reason of personal health?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2 → SKIP TO D08
REFUSED	<input type="checkbox"/>	-9 → SKIP TO D08

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

1 OR 2	<input type="checkbox"/>	1
3 OR 5	<input type="checkbox"/>	2
6 OR MORE	<input type="checkbox"/>	3
REFUSED	<input type="checkbox"/>	-9

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

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2 → SKIP TO D08
REFUSED	<input type="checkbox"/>	-9 → SKIP TO D08

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

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2
REFUSED	<input type="checkbox"/>	-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	<input type="checkbox"/>	1
THINKING WITHIN THE NEXT 12 MONTHS	<input type="checkbox"/>	2
QUIT SOMEDAY, BUT NOT NEXT 12 MONTHS	<input type="checkbox"/>	3
NOT INTERESTED IN QUITTING	<input type="checkbox"/>	4
DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

Section D2. Cessation – Smokeless Tobacco

D08COMP

IF C01 = 1 OR 2 (RESPONDENT CURRENTLY USE SMOKELESS TOBACCO), CONTINUE WITH THIS SECTION

IF C01 = 3, -7, OR -9 (RESPONDENT DOES NOT CURRENTLY USE SMOKELESS TOBACCO), SKIP TO NEXT SECTION (E).

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

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

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2 → SKIP TO INSTRUCTION BEFORE D12
REFUSED	<input type="checkbox"/>	-9 → SKIP TO INSTRUCTION BEFORE D12

D10a. Thinking about the last time you tried to quit, how long did you stop using smokeless tobacco?
[ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

MONTHS	<input type="checkbox"/>	1
WEEKS	<input type="checkbox"/>	2
DAYS	<input type="checkbox"/>	3
LESS THAN 1 DAY	<input type="checkbox"/>	4 → SKIP TO D11
DON'T KNOW	<input type="checkbox"/>	-7 → SKIP TO D11
REFUSED	<input type="checkbox"/>	-9 → SKIP TO D11

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

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

	YES ▼	NO ▼	REFUSED ▼
a. Counseling at a cessation clinic?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
a1. Counseling by a health professional at a health clinic or hospital?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
b. Nicotine replacement therapy, such as the patch or gum?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
c. Other prescription medications?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
d. Traditional medicines, for example Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
d1. m-Cessation?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
e. A quit line or telephone support line?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
f. Using electronic cigarettes instead?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
g. Chewing non-tobacco substances or mixtures?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
h. Try to quit without assistance?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9

i. Anything else?

☐ 1 ☐ 2 ☐ -9

→ i1. Please specify what you used to try to stop using smokeless tobacco: _____

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

IF B10 OR D04 = YES → SKIP TO D14

IF B10 OR D04 = NO OR REFUSED → SKIP TO D16

D12. Have you visited a doctor or other health care provider in the past 12 months for any reason of personal health?

YES

☐ 1

NO

☐ 2 → SKIP TO D16

REFUSED

☐ -9 → SKIP TO D16

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

1 OR 2

☐ 1

3 OR 5

☐ 2

6 OR MORE

☐ 3

REFUSED

☐ -9

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

YES

☐ 1

NO

☐ 2 → SKIP TO D16

REFUSED

☐ -9 → SKIP TO D16

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

YES

☐ 1

NO

☐ 2

REFUSED

☐ -9

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

QUIT WITHIN THE NEXT MONTH

☐ 1

THINKING WITHIN THE NEXT 12 MONTHS

☐ 2

QUIT SOMEDAY, BUT NOT NEXT 12 MONTHS

☐ 3

NOT INTERESTED IN QUITTING

☐ 4

DON'T KNOW

☐ -7

REFUSED

☐ -9

Section E. Secondhand Smoke

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

Which of the following best describes the practices 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 | <input type="checkbox"/> | 1 |
| NOT ALLOWED, BUT EXCEPTIONS | <input type="checkbox"/> | 2 |
| NEVER ALLOWED | <input type="checkbox"/> | 3 → SKIP TO E04 |
| NO RULES | <input type="checkbox"/> | 4 → SKIP TO E03 |
| DON'T KNOW | <input type="checkbox"/> | -7 → SKIP TO E03 |
| REFUSED | <input type="checkbox"/> | -9 → SKIP TO E03 |

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

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

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

- | | | |
|-------------------|--------------------------|----|
| DAILY | <input type="checkbox"/> | 1 |
| WEEKLY | <input type="checkbox"/> | 2 |
| MONTHLY | <input type="checkbox"/> | 3 |
| LESS THAN MONTHLY | <input type="checkbox"/> | 4 |
| NEVWE | <input type="checkbox"/> | 5 |
| DON'T KNOW | <input type="checkbox"/> | -7 |
| REFUSED | <input type="checkbox"/> | -9 |

E04. Do you currently work outside of your home?

- | | | |
|---------------|--------------------------|------------------|
| YES | <input type="checkbox"/> | 1 |
| NO/DON'T WORK | <input type="checkbox"/> | 2 → SKIP TO E09 |
| REFUSED | <input type="checkbox"/> | -9 → SKIP TO E09 |

E05. Do you usually work indoors or outdoors?

- | | | |
|----------|--------------------------|-----------------|
| INDOORS | <input type="checkbox"/> | 1 → SKIP TO E07 |
| OUTDOORS | <input type="checkbox"/> | 2 |
| BOTH | <input type="checkbox"/> | 7 → SKIP TO E07 |
| REFUSED | <input type="checkbox"/> | -9 |

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

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2 → SKIP TO E09
DON'T KNOW	<input type="checkbox"/>	-7 → SKIP TO E09
REFUSED	<input type="checkbox"/>	-9 → SKIP TO E09

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

ALLOWED ANYWHERE	<input type="checkbox"/>	1
ALLOWED ONLY IN SOME INDOOR AREAS	<input type="checkbox"/>	2
NOT ALLOWED IN ANY INDOOR AREAS	<input type="checkbox"/>	3
THERE IS NO POLICY	<input type="checkbox"/>	4
DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

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

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

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

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2 → SKIP TO E11
DON'T KNOW	<input type="checkbox"/>	-7 → SKIP TO E11
REFUSED	<input type="checkbox"/>	-9 → SKIP TO E11

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

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

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

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2 → SKIP TO E13
DON'T KNOW	<input type="checkbox"/>	-7 → SKIP TO E13
REFUSED	<input type="checkbox"/>	-9 → SKIP TO E13

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

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

E13. During the past 30 days, did you visit any enclosed restaurants or public eating places?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2 → SKIP TO E15
DON'T KNOW	<input type="checkbox"/>	-7 → SKIP TO E15
REFUSED	<input type="checkbox"/>	-9 → SKIP TO E15

E14. Did you notice anyone smoking (including *hukkah*) inside of any enclosed restaurants or public eating places that you visited in the past 30 days?

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

EE14. In any enclosed restaurants or public eating places that you visited in the past 30 days, did you see any no-smoking boards/signs?

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

E15. During the past 30 days, did you visit any bars or night clubs?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2 → SKIP TO E17
DON'T KNOW	<input type="checkbox"/>	-7 → SKIP TO E17
REFUSED	<input type="checkbox"/>	-9 → SKIP TO E17

E16. Did you notice anyone smoking inside of any bars or night clubs that you visited in the past 30 days?

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

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

YES	<input type="checkbox"/>	1
-----	--------------------------	---

NO	<input type="checkbox"/>	2 → SKIP TO E19
DON'T KNOW	<input type="checkbox"/>	-7 → SKIP TO E19
REFUSED	<input type="checkbox"/>	-9 → SKIP TO E19

E18. Did you notice anyone smoking inside of any public transportation that you used in the past 30 days?

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

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

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2 → SKIP TO E21
DON'T KNOW	<input type="checkbox"/>	-7 → SKIP TO E21
REFUSED	<input type="checkbox"/>	-9 → SKIP TO E21

E20. Did you notice anyone smoking inside of any college/university buildings that you visited in the past 30 days?

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

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

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2 → SKIP TO EE25
DON'T KNOW	<input type="checkbox"/>	-7 → SKIP TO EE25
REFUSED	<input type="checkbox"/>	-9 → SKIP TO EE25

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

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

EE25. During the past 30 days, did you visit any cinema halls or theatres?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2 → SKIP TO E23
DON'T KNOW	<input type="checkbox"/>	-7 → SKIP TO E23
REFUSED	<input type="checkbox"/>	-9 → SKIP TO E23

EE26. Did you notice anyone smoking inside of any cinema halls or theatres that you visited in the past 30 days?

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

E23. Based on what you know or believe, does breathing other people's smoke cause serious illness in non-smokers?

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

EE17. Based on what you know or believe, does breathing other people's smoke cause serious illness in children?

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

Section F. Economics - Manufactured Cigarettes

F00COMP

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

F01a. The next few questions are about the last time you purchased cigarettes for yourself to smoke. The last time you bought cigarettes for yourself, did you buy loose cigarettes, packets, or something else?

[DO NOT INCLUDE ELECTRONIC CIGARETTES OR HEATED TOBACCO PRODUCTS]

LOOSE CIGARETTES	<input type="checkbox"/>	1
PACKETS	<input type="checkbox"/>	2
OTHERS (SPECIFY)	<input type="checkbox"/>	4 → F01c. [SPECIFY THE UNIT]: _____
NEVER BOUGHT CIGARETTES	<input type="checkbox"/>	5 → SKIP TO NEXT SECTION (FA)
REFUSED	<input type="checkbox"/>	-9 → SKIP TO F04

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

[IF F01a=CIGARETTES, GO TO F02]

[IF F01a=PACKS, GO TO F01dPack]

[IF F01a=OTHER, GO TO F01dOther]

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

10	<input type="checkbox"/>	1
20	<input type="checkbox"/>	2
OTHER AMOUNT	<input type="checkbox"/>	7 → F01dPackA. How many cigarettes were in each pack?
REFUSED	<input type="checkbox"/>	-9

[GO TO F02]

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

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

[IF DON'T KNOW, ENTER -7; IF REFUSED, ENTER -9)

RANGE: 1 – 9999

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

STORE	<input type="checkbox"/>	2
STREET VENDOR	<input type="checkbox"/>	3
MILITARY STORE (CSD/WET CANTEEN)	<input type="checkbox"/>	4
DUTY-FREE SHOP	<input type="checkbox"/>	5
KIOSKS/PAN SHOP	<input type="checkbox"/>	7
ONLINE/HOME DELIVERY	<input type="checkbox"/>	8
FROM ANOTHER PERSON	<input type="checkbox"/>	9
OTHER	<input type="checkbox"/>	10 → F04a. [SPECIFY LOCATION]: _____
DON'T REMEMBER	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

Section FA. Economics – *Bidis*

IF [B01 = 1 OR 2 (RESPONDENT CURRENTLY SMOKES DAILY OR LESS THAN DAILY)]
AND
[(B06c OR B08c) > 0 AND <= 888 (RESPONDENT SMOKES *BIDIS*)]
THEN CONTINUE WITH THIS SECTION.
OTHERWISE, SKIP TO NEXT SECTION (FB).

FA01a. The next few questions are about the last time you purchased *bidis* for yourself to smoke. The last time you bought *bidis* for yourself, did you buy loose *bidis*, packets, or something else?

- | | | |
|---------------------------|--------------------------|--------------------------------------|
| LOOSE <i>BIDIS</i> | <input type="checkbox"/> | 1 |
| PACKETS | <input type="checkbox"/> | 2 |
| OTHERS (SPECIFY) | <input type="checkbox"/> | 3 → FA01c. [SPECIFY THE UNIT]: _____ |
| NEVER BOUGHT <i>BIDIS</i> | <input type="checkbox"/> | 4 → SKIP TO NEXT SECTION (FB) |
| REFUSED | <input type="checkbox"/> | -9 → SKIP TO FA04 |

FA01b. How many (loose *bidis*/*bidi* packets/{FA01c}) did you buy?

--	--	--

[IF FA01a=*BIDIS*, GO TO FA02]

[IF FA01a=PACKETS, GO TO FA01dPack]

[IF FA01a=OTHER, GO TO FA01dOther]

FA01dPack. Did each pack contain 10 *bidis*, 20 *bidis*, or another amount?

- | | | |
|--------------|--------------------------|--|
| 10 | <input type="checkbox"/> | 1 |
| 20 | <input type="checkbox"/> | 2 |
| OTHER AMOUNT | <input type="checkbox"/> | 7 → FA01dPackA. How many <i>bidis</i> were in each pack? |
| REFUSED | <input type="checkbox"/> | -9 |
- [GO TO FA02]

FA01dOther. How many *bidis* were in each {FA01c}?

--	--	--

FA02. In total, how much money did you pay for this purchase?

[IF DON'T KNOW, ENTER -7; IF REFUSED, ENTER -9)

--

RANGE: 1 – 999

FA04. The last time you purchased *bidis* for yourself, where did you buy them?

- | | | |
|-----------------|--------------------------|---|
| STORE | <input type="checkbox"/> | 2 |
| STREET VENDOR | <input type="checkbox"/> | 3 |
| KIOSKS/PAN SHOP | <input type="checkbox"/> | 7 |

ONLINE/HOME DELIVERY
FROM ANOTHER PERSON
OTHER
DON'T REMEMBER
REFUSED

<input type="checkbox"/>	8	
<input type="checkbox"/>	9	
<input type="checkbox"/>	10	→ FA04a. [SPECIFY LOCATION]: _____
<input type="checkbox"/>	-7	
<input type="checkbox"/>	-9	

Section FB. Economics – Smokeless Tobacco

IF C01 = 1 OR 2 (RESPONDENT CURRENTLY USES SMOKELESS TOBACCO DAILY OR LESS THAN DAILY), THEN CONTINUE WITH THIS SECTION.
OTHERWISE, SKIP TO NEXT SECTION (G).

FB01a. The next few questions are about the last time you purchased smokeless tobacco products for yourself to use.

The last time when you bought smokeless tobacco for yourself, did you buy it in a single use pouch, in a large pouch or can, as a loose product, or single betel quid/*paan* with tobacco?

- | | | |
|---|--------------------------|------------------------------|
| SINGLE USE POUCH | <input type="checkbox"/> | 1 |
| LARGE POUCH OR CAN | <input type="checkbox"/> | 2 |
| LOOSE PRODUCT | <input type="checkbox"/> | 3 → SKIP TO FB02 |
| SINGLE BETEL QUID/ <i>PAAN</i> WITH TOBACCO | <input type="checkbox"/> | 4 → SKIP TO FB02 |
| NEVER BOUGHT SMOKELESS TOBACCO | <input type="checkbox"/> | 5 → SKIP TO NEXT SECTION (G) |
| REFUSED | <input type="checkbox"/> | -9 → SKIP TO FB04 |

FB01b. How many {single-use pouches/large pouches or cans} did you buy?

FB01c. How much money did you pay for each {single-use pouch/large pouch or can}?

[IF DON'T KNOW, ENTER -7; IF REFUSED, ENTER -9)

RANGE: 1 – 999

→ SKIP TO FB04

FB02. In total, how much money did you pay for this purchase?

[IF DON'T KNOW, ENTER -7; IF REFUSED, ENTER -9)

RANGE: 1 – 999

FB04. The last time you purchased smokeless tobacco products for yourself, where did you buy them?

- | | | |
|----------------------------------|--------------------------|---------------------------------------|
| STORE | <input type="checkbox"/> | 2 |
| STREET VENDOR | <input type="checkbox"/> | 3 |
| MILITARY STORE (CSD/WET CANTEEN) | <input type="checkbox"/> | 4 |
| KIOSKS/PAN SHOP | <input type="checkbox"/> | 7 |
| ONLINE/HOME DELIVERY | <input type="checkbox"/> | 8 |
| FROM ANOTHER PERSON | <input type="checkbox"/> | 9 |
| OTHER | <input type="checkbox"/> | 10 → FB04a. [SPECIFY LOCATION]: _____ |
| DON'T REMEMBER | <input type="checkbox"/> | -7 |
| REFUSED | <input type="checkbox"/> | -9 |

Section G. Media

G01Intro. The next questions ask about your exposure to the media and advertisements in the last 30 days.
First, I am going to ask you about noticing information about the dangers of smoking tobacco.

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

	YES ▼	NO ▼	NOT APPLICABLE ▼	REFUSED ▼
a. In newspaper or in magazines?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
b. On television?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
c. On the radio?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
d. On billboards/hoardings?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
f. In cinemas?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
g. On the internet or social media (Facebook, Twitter, WhatsApp, Instagram, YouTube, etc.)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
g1. On OTT platform (online content provider)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
h. On public transportation vehicle or stations?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
i. On public walls/buildings in public places?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
e. Somewhere else?	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> -9

[DO NOT INCLUDE HEALTH WARNINGS ON SMOKING TOBACCO PACKAGES]

→ e1. Please specify where: _____

GG1. [ADMINISTER IF B01=1 OR 2 AND AT LEAST 1 FOR ANY BETWEEN G01a TO G01i]

Did any of the information you just reported noticing about the dangers of smoking tobacco in the last 30 days lead you to think about quitting smoking?

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

GG1a. Have you ever noticed a quit line or a smoking telephone support line on cigarette or *bidi* packages?

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

G201Intro. Now I am going to ask you about noticing information about the dangers of using smokeless tobacco.

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

	YES ▼	NO ▼	NOT APPLICABLE ▼	REFUSED ▼
a. In newspaper or in magazines?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
b. On television?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
c. On the radio?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
d. On billboards/hoardings?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
f. In cinemas?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
g. On the internet or social media (Facebook, Twitter, WhatsApp, Instagram, YouTube, etc.)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
g1. On OTT platform (online content provider)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
h. On public transportation vehicle or stations?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
i. On public walls/buildings in public places?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
e. Somewhere else?	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> -9

[DO NOT INCLUDE HEALTH WARNINGS ON SMOKELESS TOBACCO PACKAGES]

→ e1. Please specify where: _____

GG2. [ADMINISTER IF C01=1 OR 2 AND AT LEAST 1 FOR ANY BETWEEN G201a TO G201i]

Did any of the information you just reported noticing about the dangers of using smokeless tobacco in the last 30 days lead you to think about quitting the use of smokeless tobacco?

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

GG2a. Have you ever noticed a quit line or a telephone support line on smokeless tobacco packages?

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

G02Intro. The next questions ask about noticing health warnings on tobacco products.

G02COMP

IF B01 = 1 OR 2 (RESPONDENT CURRENTLY SMOKES TOBACCO), GO TO G02. ELSE, GO TO G02BCOMP.

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

YES	<input type="checkbox"/> 1
NO	<input type="checkbox"/> 2 → SKIP TO G02bCOMP
DID NOT SEE ANY CIGARETTE PACKAGES	<input type="checkbox"/> 3 → SKIP TO G02bCOMP
REFUSED	<input type="checkbox"/> -9 → SKIP TO G02bCOMP

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

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

G02BCOMP

IF B01 = 1 OR 2 AND [(B06c OR B08c) > 0 AND <= 888] (RESPONDENT CURRENTLY SMOKES *BIDIS*), GO TO G02b. ELSE, GO TO G02ACCOMP.

G02b. In the last 30 days, did you notice any health warnings on *bidi* packages?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2 → SKIP TO G02aCOMP
DID NOT SEE ANY <i>BIDI</i> PACKAGES	<input type="checkbox"/>	3 → SKIP TO G02aCOMP
REFUSED	<input type="checkbox"/>	-9 → SKIP TO G02aCOMP

G03b. In the last 30 days, have warning labels on *bidi* packages led you to think about quitting smoking *bidis*?

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

G02ACCOMP

IF C01 = 1 OR 2 (RESPONDENT CURRENTLY USES SMOKELESS TOBACCO), GO TO G02a. ELSE, GO TO GG3.

G02a. In the last 30 days, did you notice any health warnings on smokeless tobacco products?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2 → SKIP TO GG3
DID NOT SEE ANY SMOKELESS PRODUCTS	<input type="checkbox"/>	3 → SKIP TO GG3
REFUSED	<input type="checkbox"/>	-9 → SKIP TO GG3

G03a. In the last 30 days, have warning labels on smokeless tobacco products led you to think about quitting?

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

GG3. In the last 30 days, have you noticed any information in the media about the dangers of secondhand tobacco smoke?

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

DON'T KNOW ☐ -7
 REFUSED ☐ -9

GG4. In the last 30 days, have you seen a notice of no sale to minors in stores where any tobacco products are sold?

YES ☐ 1
 NO ☐ 2
 NOT APPLICABLE ☐ 7
 REFUSED ☐ -9

G04Intro. The next questions ask about your exposure to advertising that is designed to promote the use of tobacco products. First, I will ask about noticing advertisements of smoking tobacco products.

G04. In the last 30 days, have you noticed any advertisements or signs promoting smoking tobacco products in the following places?

- a. In stores where smoking tobacco is sold?
 - b. On television?
 - c. On the radio?
 - d. On billboards/hoardings?
 - e. On posters?
 - f. In newspapers or in magazines?
 - g. In cinemas?
 - h. On the internet or social media (Facebook, Twitter, WhatsApp, Instagram, YouTube, etc.)?
 - h1. On OTT platform (online content provider)?
 - i. On public transportation vehicles or stations?
 - j. On public walls/buildings in public places?
 - k. Somewhere else?
- k1. Please specify where: _____

YES	NO	NOT APPLICABLE	REFUSED
▼	▼	▼	▼
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9

G204Intro. Now I will ask about noticing advertisements of smokeless tobacco products.

G204. In the last 30 days, have you noticed any advertisements or signs promoting smokeless tobacco products in the following places?

- a. In stores where smokeless tobacco is sold?
- b. On television?
- c. On the radio?

YES	NO	NOT APPLICABLE	REFUSED
▼	▼	▼	▼
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9

d. On billboards/hoardings?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
e. On posters?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
f. In newspapers or in magazines?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
g. In cinemas?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
h. On the internet or social media (Facebook, Twitter, WhatsApp, Instagram, YouTube, etc.)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
h1. On OTT platform (online content provider)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
i. On public transportation vehicles or stations?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
j. On public walls/buildings in public places?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9
k. Somewhere else?	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> -9

→ k1. Please specify where: _____

G06Intro. The next questions ask about your exposure to various promotions of cigarettes, *bidis*, and smokeless tobacco. First, I will ask about cigarettes.

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

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

G206Intro. Now I will ask about promotions of *bidis*.

G206. In the last 30 days, have you noticed any of the following types of bidi promotions?

	YES ▼	NO ▼	DON'T KNOW ▼	REFUSED ▼
a. Free samples of <i>bidis</i> ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9
b. <i>Bidis</i> sold at sale prices?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9
c. Coupons for <i>bidis</i> ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9
d. Free gifts or special discount offers on other products when buying <i>bidis</i> ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9
e. Clothing or other items with a <i>bidis</i> brand name or logo?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9
f. <i>Bidi</i> promotions in the mail?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9
g. Surrogate advertisements promoting other products with the same brand name as <i>bidi</i> ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9

G306Intro. Now I will ask about promotions of smokeless tobacco.

G306. In the last 30 days, have you noticed any of the following types of smokeless tobacco promotions?

	YES ▼	NO ▼	DON'T KNOW ▼	REFUSED ▼
a. Free samples of smokeless tobacco?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9
b. Smokeless tobacco sold at sale prices?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9
c. Coupons for smokeless tobacco?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9
d. Free gifts or special discount offers on other products when buying smokeless tobacco?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9
e. Clothing or other items with a smokeless tobacco brand name or logo?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9
f. Smokeless tobacco promotions in the mail?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9
g. Surrogate advertisements promoting other products with the same brand name as smokeless tobacco?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9

GG5. Have you ever felt triggered to use tobacco yourself after watching a person use tobacco on TV, OTT platforms, or in movies?

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

Section H. Knowledge, Attitudes & Perceptions

H01. The next question is asking about smoking tobacco.

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

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

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

	YES ▼ <input type="checkbox"/>	1	NO ▼ <input type="checkbox"/>	2	DON'T KNOW ▼ <input type="checkbox"/>	-7	REFUSED ▼ <input type="checkbox"/>	-9
a. Stroke (blood clots in the brain that may cause paralysis)?	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	-7	<input type="checkbox"/>	-9
b. Heart attack?	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	-7	<input type="checkbox"/>	-9
c. Lung cancer?	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	-7	<input type="checkbox"/>	-9
d. Chronic cough/Tuberculosis (TB)?	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	-7	<input type="checkbox"/>	-9
e. Diabetes?	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	-7	<input type="checkbox"/>	-9
f. Hypertension?	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	-7	<input type="checkbox"/>	-9
g. Impotence?	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	-7	<input type="checkbox"/>	-9

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

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

HH01. Based on what you know or believe, does use of smokeless tobacco cause the following?

	YES ▼ <input type="checkbox"/>	1	NO ▼ <input type="checkbox"/>	2	DON'T KNOW ▼ <input type="checkbox"/>	-7	REFUSED ▼ <input type="checkbox"/>	-9
a. Oral cancer?	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	-7	<input type="checkbox"/>	-9
b. Dental diseases?	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	-7	<input type="checkbox"/>	-9

HH02. Based on what you know or believe, does using smokeless tobacco during pregnancy cause harm to a fetus?

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

HH03. Do you think the use of tobacco in any form leads to addiction?

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

HH07. [IF B01 = 1 OR 2 (CURRENTLY SMOKES DAILY OR LESS THAN DAILY)]

Based on what you know or believe, has smoking already done any harm to your body? Would you say definitely no, probably no, probably yes, or definitely yes?

DEFINITELY NO	<input type="checkbox"/>	1
PROBABLY NO	<input type="checkbox"/>	2
PROBABLY YES	<input type="checkbox"/>	3
DEFINITELY YES	<input type="checkbox"/>	4
DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

HH08. [IF C01 = 1 OR 2 (CURRENTLY USES SMOKELESS TOBACCO DAILY OR LESS THAN DAILY)]

Based on what you know or believe, has using smokeless tobacco already done any harm to your body? Would you say definitely no, probably no, probably yes, or definitely yes?

DEFINITELY NO	<input type="checkbox"/>	1
PROBABLY NO	<input type="checkbox"/>	2
PROBABLY YES	<input type="checkbox"/>	3
DEFINITELY YES	<input type="checkbox"/>	4
DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

AA12. [ONLY FOR WOMEN AGED LESS THAN 50]

Are you currently pregnant?

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

END INDIVIDUAL QUESTIONNAIRE

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

I02. [RECORD ANY NOTES ABOUT THE INTERVIEW:]