

Global Adult Tobacco Survey (GATS) Philippines Questionnaire

Full Survey
15September2015

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GATS Core Questionnaire Formatting Conventions

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

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

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

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 Philippine Statistics Authority (PSA), in collaboration with the Department of Health (DOH) throughout the Philippines 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]

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

--	--

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

[THERE ARE NO ELIGIBLE HOUSEHOLD MEMBERS.

THANK THE RESPONDENT FOR HIS/HER TIME.

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

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

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

HH4b. What is this person's age?

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

--	--	--

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

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

--	--

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

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

--	--	--	--

HH4d. Is this person male or female?

MALE 1
FEMALE 2

HH4e. Does this person currently smoke tobacco, including cigarettes, cigars, pipes?

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

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

HH5. [NAME OF THE SELECTED ELIGIBLE PERSON IS:

{FILL SELECTED HH MEMBER'S FIRST NAME}

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

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

Individual Questionnaire

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

- 15-17..... 1 → **GO TO CONSENT2**
18 OR OLDER..... 2 → **GO TO CONSENT5**
EMANCIPATED MINOR (15-17)..... 3 → **GO TO CONSENT5**

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

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

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

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

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

I am working with the Philippine Statistics Authority (PSA). This institution is collecting information about tobacco use in the Philippines. This information will be used for public health purposes by the Department of Health.

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

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

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

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

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

YES..... 1 → **GO TO CONSENT4**

NO 2 → **END INTERVIEW**

CONSENT4. [WAS THE SELECTED MINOR RESPONDENT PRESENT?]

PRESENT 1 → **GO TO CONSENT6**
NOT PRESENT 2 → **GO TO CONSENT5**

CONSENT5. [READ TO THE SELECTED RESPONDENT:]

I am working with the Philippine Statistics Authority (PSA). This institution is collecting information about tobacco use in the Philippines. This information will be used for public health purposes by the Department of Health.

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

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

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

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

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

YES..... 1 → **PROCEED WITH INTERVIEW**
NO 2 → **END INTERVIEW**

INTLANG. [INTERVIEW LANGUAGE]

ENGLISH 1
TAGALOG 2
CEBUANO 3
ILOCANO..... 4
HILIGAYNON... 5
BICOLANO 6
WARAY..... 7

Section A. Background Characteristics

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

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

MALE 1
FEMALE 2

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

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

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

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

--	--	--	--

[IF MONTH=77/99 OR YEAR=7777/9999, GO TO A03. OTHERWISE GO TO A02CHECK.]

A02CHECK. Your age is calculated as {calcyears}. Is this correct?

YES..... 1 → **GO TO A04**
NO 2 → **GO TO A03**

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]

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A03a. [WAS RESPONSE ESTIMATED?]

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

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

INTERVIEWER: SELECT ONLY ONE CATEGORY

- NO GRADE COMPLETED 1
- PRESCHOOL 2
- ELEMENTARY UNDERGRADUATE 3
- ELEMENTARY GRADUATE 4
- HIGH SCHOOL UNDERGRADUATE 5
- HIGH SCHOOL GRADUATE. 6
- POST SECONDARY 7
- COLLEGE UNDERGRADUATE..... 8
- COLLEGE GRADUATE..... 9
- POST GRADUATE DEGREE COMPLETED 10
- DON'T KNOW..... 77
- REFUSED..... 99

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

[INCLUDE SUBSISTENCE FARMING AS SELF-EMPLOYED]

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

AA06. Please look at this card and let me know which category your monthly income falls under.

[INTERVIEWER: HAND SHOWCARD TO RESPONDENT AND ENTER ONLY 1 CATEGORY]

- NO INCOME 0
- 1 TO 3,499 1
- 3,500 TO 4,999 2
- 5,000 TO 8,499 3
- 8,500 TO 19,999 4
- 20,000 TO 20,999 5
- 21,000 TO 29,999 6
- 30,000 TO 39,999 7
- 40,000 TO 49,999 8
- 50,000 OR HIGHER 9
- DON'T KNOW 77
- REFUSED 99

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

	YES	NO	DON'T KNOW	REFUSED
	▼	▼	▼	▼
a. Electricity?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
b. Flush toilet?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
c. Fixed telephone (Landline)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
d. Cellular phone?	<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/Radio cassette?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
g. Refrigerator/Freezer?	<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
l. CD/VCD/DVD Player?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
m. Component/Karaoke?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
n. Personal computer/Laptop	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
h. Car/Jeep/Van?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
i. Scooter/motorcycle/tricycle? ..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
k. Bicycle/pedicab?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
o. Tractor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
p. Motorized banca/boat?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9

Section B. Tobacco Smoking

B00. I would now like to ask you some questions about smoking tobacco, including cigarettes, cigars, pipes, kreteks, and smoking tobacco using a waterpipe.

Please do not answer about electronic cigarettes and smokeless tobacco at this time.

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

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

B02. Have you smoked tobacco daily in the past?

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

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

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

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

[CURRENT DAILY SMOKERS]

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

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

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

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

[IF REFUSED, ENTER 99]

--	--

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

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

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

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

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

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

[SKIP TO NEXT SECTION]

[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]

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

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

[IF REFUSED, ENTER 99]

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

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

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

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

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

[SKIP TO NEXT SECTION]

[FORMER SMOKERS]

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

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

--	--

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

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

[IF REFUSED, ENTER 99]

--	--

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

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

ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

- YEARS..... 1
- MONTHS 2
- WEEKS 3
- DAYS 4
- LESS THAN 1 DAY 5 → **SKIP TO B14**
- DON'T KNOW..... 7 → **SKIP TO NEXT SECTION**
- REFUSED..... 9 → **SKIP TO NEXT SECTION**

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

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

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

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

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

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

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

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

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

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

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

- | | YES
▼ | NO
▼ | REFUSED
▼ |
|--|----------------------------|----------------------------|----------------------------|
| a. Counseling, including at a smoking cessation clinic?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 |
| b. Nicotine replacement therapy, such as the patch or gum? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 |
| c. Other prescription medications, for example Champix? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 |
| d. Traditional medicines, for example Chinese Meds, Acupuncture,
Herbal cigarettes that contain no tobacco? | <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 |
| h. Using electronic cigarettes, or other similar devices (e-cigarette,
vape-pen, e-shisha, e-pipes)? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 |
| f. Switching to smokeless tobacco? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 |
| f1. Self-educational materials such as posters, pamphlets,
informational sheets, etc.? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 |
| i. Try to quit without assistance? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 |
| g. Anything else? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 |

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

Section EC-WP. Electronic Cigarettes and Waterpipes

EC1. Electronic cigarettes include any product that uses batteries or other methods to produce a vapor which contains nicotine. They have various other names such as e-cigarette, vape-pen, e-shisha, e-pipes. Before today, have you ever heard of or seen an electronic cigarette?

YES..... 1
NO 2 → **SKIP TO WP1**
REFUSED..... 9 → **SKIP TO WP1**

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

DAILY 1 → **SKIP TO WP1**
LESS THAN DAILY 2 → **SKIP TO WP1**
NOT AT ALL 3
REFUSED..... 9

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

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

WP1. **[IF B01 = 1 OR 2, GO TO NEXT SECTION C]**

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

DAILY 1
LESS THAN DAILY 2
NOT AT ALL 3
REFUSED..... 9

Section C. Smokeless Tobacco

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

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

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

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

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

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

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

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

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

[CURRENT DAILY SMOKELESS TOBACCO USERS]

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

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

--	--

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

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

[IF REFUSED, ENTER 99]

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

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

a. Chewing tobacco?				<i>PER DAY</i>
a1. [IF C06a=888] On average, how many times a week do you currently use chewing tobacco?				<i>PER WEEK</i>
b. Betel quid with tobacco?				<i>PER DAY</i>
b1. [IF C06b=888] On average, how many times a week do you currently use betel quid with tobacco?				<i>PER WEEK</i>
c. Any others? (→e1. Please specify the other type you currently use each day: _____)				<i>PER DAY</i>
c1. [IF C06c=888] On average, how many times a week do you currently use [FILL PRODUCT]?				<i>PER WEEK</i>

[SKIP TO NEXT SECTION]

[CURRENT LESS THAN DAILY SMOKELESS TOBACCO USERS]

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

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

a. Chewing tobacco?	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<i>TIMES PER WEEK</i>
b. Betel quid with tobacco?	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<i>TIMES PER WEEK</i>
c. Any others?	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<i>TIMES PER WEEK</i>

→c1. Please specify the other type you currently use during a usual week:

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

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

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

[SKIP TO NEXT SECTION]

Section D1. Cessation—Tobacco Smoking

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

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

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

- YES..... 1
 NO 2 → **SKIP TO D04**
 REFUSED..... 9 → **SKIP TO D04**

DD01. Which of the following were your reasons in trying to quit smoking tobacco in the past 12 months?

YES ▼	NO ▼	REFUSED ▼
----------	---------	--------------

- | | | | |
|--|----------------------------|----------------------------|----------------------------|
| a. Health reasons? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 |
| b. To save money? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 |
| c. High price of cigarettes? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 |
| d. Compliance to anti-smoking policies/laws? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 |
| e. Your family wants you to quit smoking? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 |
| f. Smoking is not allowed inside your workplace? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 |
| g. Anything else? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 9 |
| g1. Specify: _____ | | | |

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

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

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

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

--	--	--

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

	YES ▼	NO ▼	REFUSED ▼
a. Counseling, including at a smoking cessation clinic?.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 9
b. Nicotine replacement therapy, such as the patch or gum?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 9
c. Other prescription medications, for example Champix?.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 9
d. Traditional medicines, for example Chinese Meds, Acupuncture, Herbal cigarettes that contain no tobacco?	<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
h. Using electronic cigarettes, or other similar devices (e-cigarette, vape-pen, e-shisha, e-pipes)?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 9
f. Switching to smokeless tobacco?.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 9
f1. Self-educational materials such as posters, pamphlets, informational sheets, etc.?.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 9
i. Try to quit without assistance?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 9
g. Anything else?	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 9

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

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

YES..... 1
 NO 2 → **SKIP TO D08**
 REFUSED..... 9 → **SKIP TO D08**

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

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

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

YES..... 1
 NO 2 → **SKIP TO D08**
 REFUSED..... 9 → **SKIP TO D08**

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

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

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

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

Section E. Secondhand Smoke

E00. I would now like to ask you a few questions about smoking in various places.

E01. Which of the following best describes the rules about smoking inside of your home: 1. Smoking is allowed inside of your home; 2. Smoking is generally not allowed inside of your home but there are exceptions; 3. Smoking is never allowed inside of your home; or 4. There are no rules about smoking in your home?

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

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

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

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

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

E04. Do you currently work outside of your home?

- YES 1
- NO/DON'T WORK 2 → **SKIP TO E09INTRO**
- REFUSED 9 → **SKIP TO E09INTRO**

E05. Do you usually work indoors or outdoors?

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

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

- YES..... 1
NO 2 → **SKIP TO E09INTRO**
DON'T KNOW..... 7 → **SKIP TO E09INTRO**
REFUSED..... 9 → **SKIP TO E09INTRO**

E07. Which of the following best describes the indoor smoking policy where you work: 1.Smoking is allowed anywhere, 2. Smoking is allowed only in some indoor areas, 3.Smoking is not allowed in any indoor areas, or 4. 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

E09INTRO. The next questions ask whether you have visited these places during the past 30 days, and if anyone smoked or you smelled cigarette smoke during your visit.

E09. During the past30 days, did you visit any government buildings or government offices?

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

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

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

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

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

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

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

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

- YES..... 1
- NO 2 → **SKIP TO E25**
- DON'T KNOW..... 7 → **SKIP TO E25**
- REFUSED..... 9 → **SKIP TO E25**

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

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

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

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

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

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

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

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

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

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

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

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

E19. During the past 30 days, did you visit any other schools or educational institutions?

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

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

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

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

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

Section F. Economics—Manufactured Cigarettes

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

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

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

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

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

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

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

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

10..... 1
 20..... 2
 OTHER AMOUNT.. 7 → F01dPackA. How many cigarettes were in each pack?
 REFUSED..... 9

[GO TO F02]

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

- 100 1
- 200 2
- OTHER AMOUNT .. 7 → F01dCartA. How many cigarettes were in each ream?
- REFUSED 9

[GO TO F02]

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

[IF REFUSED, ENTER 999]

--	--	--

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

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

--

RANGE: 0.10 – 9998, 9999

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

- AL HAMBRA 1
- BATAAN 2
- CAMEL 3
- CHAMPION 4
- FORTUNE 5
- HOPE 6
- JACKPOT 7
- LA CAMPANA 8
- LUCKY STRIKE 9
- MARK 10
- MARLBORO 11
- MARVEL 12
- MEMPHIS 13
- MIGHTY 14
- MILD SEVEN 15
- MORE 16
- PHILIP MORRIS 17
- WINSTON 18
- OTHER 19 → F03a. [SPECIFY BRAND]: _____
- REFUSED 99

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

- VENDING MACHINE..... 1
- STORE 2
- STREET VENDOR (“TAKATAK”)..... 3
- MILITARY STORE..... 4
- DUTY-FREE SHOP..... 5
- OUTSIDE THE COUNTRY..... 6
- KIOSKS 7
- INTERNET..... 8
- FROM ANOTHER PERSON 9
- CONVENIENCE STORE/GROCERY..... 10
- OTHER..... 11 → F04a. [SPECIFY LOCATION]: _____
- DON'T REMEMBER..... 77
- REFUSED..... 99

F05. Were these cigarettes filtered or non-filtered?

- FILTERED 1
- NON-FILTERED 2
- DON'T KNOW..... 7
- REFUSED..... 9

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

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

F07. Were these cigarettes menthol or non-menthol?

- MENTHOL 1
- NON-MENTHOL 2
- DON'T KNOW..... 7
- REFUSED..... 9

FF2. The tax on cigarettes in the Philippines has increased in January 2013, January 2014, and January 2015, resulting in higher prices of cigarettes. Have the increases in cigarette prices affected your smoking?

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

FF3. In which of the following ways have the increases in cigarette prices affected your smoking? Did the price increases influence you to..

YES ▼	NO ▼	REFUSED ▼
----------	---------	--------------

- | | | | |
|--|---------------------------------|---------------------------------|----------------------------|
| a. Make an attempt to stop smoking? | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 9 |
| b. Think about quitting smoking?..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 9 |
| c. Decrease the number of sticks you smoke per day? | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 9 |
| d. Switch to a cheaper brand? | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 9 |
| e. Buy cigarettes in bulk/ream? | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 9 |
| f. Ask for cigarettes from other smokers?..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 9 |
| g. Anything else? | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 9 |
| g1. Specify: _____ | | | |

Section G. Media

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

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

	YES ▼	NO ▼	NOT APPLICABLE ▼	REFUSED ▼
a. In newspapers or in magazines?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
b. On television?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
c. On the radio?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
d. On billboards?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
d1. On railways (MRT/LRT)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
d2. Cinema advertisements?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
d3. In health care facilities?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 9
d4. In malls?	<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"/> 7	<input type="checkbox"/> 9

[DO NOT INCLUDE HEALTH WARNINGS ON CIGARETTE PACKAGES]

→e1. Please specify where: _____

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

YES..... 1

NO 2 → **SKIP TO G04**

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

REFUSED..... 9 → **SKIP TO G04**

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

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

YES..... 1

NO 2

DON'T KNOW..... 7

REFUSED..... 9

G04. The next questions are about advertising and promotions that are designed to promote cigarette smoking. In the last 30 days, have you noticed any advertisements or signs promoting cigarettes in the following places?

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

→k1. Please specify where: _____

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

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

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

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

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

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

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

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

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

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

- A LITTLE LESS HARMFUL..... 1
 NO DIFFERENT 2
 A LITTLE MORE HARMFUL 3
 DON'T KNOW..... 7
 REFUSED..... 9

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

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

H02_3. Do you believe cigarettes are addictive?

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

H04. Would you favor or oppose a law that would completely prohibit smoking in indoor workplaces like restaurants and bars and public places like terminals, waiting shed, and “carinderia/turo-turo”?

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

Section CP. Cigarette Packs

IF [AGE >= 18]

AND

[B01 = 1 OR 2 (RESPONDENT CURRENTLY SMOKES DAILY OR LESS THAN DAILY)]

AND

[(B06a OR B10a) > 0 AND <= 888 (RESPONDENT SMOKES MANUFACTURED CIGARETTES)],

THEN CONTINUE WITH THIS SECTION.

OTHERWISE, SKIP TO NEXT SECTION I.

CP01. Do you have a pack of your cigarettes with you? I would like to take a few pictures of the pack. The information obtained would only be used for the purpose of the study and would not be disclosed to anyone including your family members or any authority.

RESPONDENT WILLING TO SHOW PACK..... 1

RESPONDENT DOES NOT HAVE A PACK..... 2 → **SKIP TO CP03**

RESPONDENT REFUSES TO SHOW PACK 3 → **SKIP TO CP03**

CP02. [INTERVIEWER: TAKE PICTURES OF CIGARETTE PACK]

[QUESTION TYPE = PICTURE CAPTURE]

- a. FRONT SIDE
- b. TOP

CP02x1. [INTERVIEWER SELECT ANSWER BY YOURSELF: DOES THIS CIGARETTE PACK HAVE A HEALTH WARNING ON IT?]

YES..... 1

NO 2

DON'T KNOW..... 7

REFUSED..... 9

CP02x2. [INTERVIEWER SELECT ANSWER BY YOURSELF: DOES THIS CIGARETTE PACK HAVE A TAX STAMP ON IT?]

YES..... 1

NO 2

DON'T KNOW..... 7

REFUSED..... 9

[GO TO NEXT SECTION I]

CP03. Did the last pack of cigarettes you purchased have a health warning on it?

[USE SHOWCARD]

YES..... 1

NO 2

DON'T KNOW..... 7

REFUSED..... 9

CP04. Did the last pack of cigarettes you purchased have a tax stamp on it?

[USE SHOWCARD]

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 participating in this important survey.

102. [RECORD ANY NOTES ABOUT INTERVIEW:]
