



Republic of the Philippines

# Philippine Statistics Authority

## STATISTICAL SURVEY NOTIFICATION FORM

**PLEASE READ ATTACHED INSTRUCTIONS BEFORE COMPLETING THIS FORM**

### I. GENERAL INFORMATION

|   |   |                                    |                                      |                       |                       |
|---|---|------------------------------------|--------------------------------------|-----------------------|-----------------------|
| 1 Title of the statistical survey<br><b>2015 GLOBAL ADULT TOBACCO SURVEY</b>  |   |                                    |                                      |                       |                       |
| 2 Legal basis <b>REPUBLIC ACT 10625</b>   |   |                                    |                                      |                       |                       |
| 3.1 Proponent agency<br><i>Name</i> <b>DEPARTMENT OF HEALTH</b><br><i>Address</i> <b>SAN LAZARO COMPOUND STA. CRUZ, MANILA</b>  | 3.2 Conducting agency<br><i>Name</i> <b>PHILIPPINE STATISTICS AUTHORITY</b><br><i>Address</i> <b>16<sup>TH</sup> FLR. ETON CENTRIS 3, COR. QUEZON AVENUE, EDSA, DILIMAN QUEZON CITY</b>   |                                    |                                      |                       |                       |
| 3.3 Other cooperating agencies<br><ul style="list-style-type: none"> <li>• <b>WORLD HEALTH ORGANIZATION-PHILIPPINES</b></li> <li>• <b>US CENTER FOR DISEASE AND CONTROL</b></li> <li>• <b>CENTER FOR DISEASE AND CONTROL FOUNDATION</b></li> <li>• <b>RESEARCH TRIANGLE INTERNATIONAL</b></li> </ul>  | 3.4 Funding source/s (Specify)<br>a <input checked="" type="checkbox"/> Gov't of the Phils. (GOP) <u><b>DOH</b></u><br>b <input type="checkbox"/> Local private _____<br>c <input type="checkbox"/> Foreign _____   |                                    |                                      |                       |                       |
| 3.5 Consultants<br><table border="0" style="width:100%"> <tr> <td style="text-align:center"><i>Name of organization/person</i></td> <td style="text-align:center"><i>Nature of consultancy service</i></td> </tr> <tr> <td style="text-align:center">_____ <b>NA</b> _____</td> <td style="text-align:center">_____ <b>NA</b> _____</td> </tr> </table> |   | <i>Name of organization/person</i> | <i>Nature of consultancy service</i> | _____ <b>NA</b> _____ | _____ <b>NA</b> _____ |
| <i>Name of organization/person</i>  | <i>Nature of consultancy service</i>  |                                    |                                      |                       |                       |
| _____ <b>NA</b> _____   | _____ <b>NA</b> _____   |                                    |                                      |                       |                       |
| 4 Objectives and relevance of the survey (Cite specific use of the data to be collected, or programs/issues to be addressed.)<br><br><b>GATS is a nationally-representative household survey developed to systematically monitor adult tobacco use (smoking and smokeless) and track key tobacco control interventions</b>                              |   |                                    |                                      |                       |                       |
| 5.1 Status of survey<br>a <input checked="" type="checkbox"/> Existing (Proceed to 5.2)<br>b <input type="checkbox"/> New (Proceed to 5.3)  | 5.2 Status of survey form/questionnaire<br>a <input type="checkbox"/> Existing statistical survey form being reported for the first time. What year was this first used? _____<br>b <input type="checkbox"/> Existing form for clearance renewal with revision.<br>c <input checked="" type="checkbox"/> Existing form for clearance renewal without revision. If b or c, give previous clearance no. _____ |                                    |                                      |                       |                       |
| 5.3 Is this survey a rider to another survey?<br>a <input type="checkbox"/> Yes (Specify) _____<br>b <input checked="" type="checkbox"/> No   | 5.4 Is this survey a component of a national or international program?<br>a <input checked="" type="checkbox"/> Yes (Specify) <u><b>GLOBAL TOBACCO SURVEILLANCE SYSTEM</b></u><br>b <input type="checkbox"/> No   |                                    |                                      |                       |                       |

| <b>II. TECHNICAL DESCRIPTION</b>  |  |   |                               |
|---|--|---|-------------------------------|
| 1 Type and number of respondents  |  |   |                               |
| <i>Type of respondent</i>   | <i>Size of universe</i>  | <i>Size of sample</i>   | <i>Expected response rate</i> |
| a <input checked="" type="checkbox"/> Individual  | <b>69,000,000</b>  | <b>13500 individuals</b>  | <b>95%</b>                    |
| b <input checked="" type="checkbox"/> Household   | <b>20,000,000</b>  | <b>13500 households</b>   | <b>95%</b>                    |
| c <input type="checkbox"/> Establishment  |  |   |                               |
| d <input type="checkbox"/> Enterprise   |  |   |                               |
| e <input type="checkbox"/> Government agency  |  |   |                               |
| f <input type="checkbox"/> Others (Specify)   |  |   |                               |
| 2 Reference period of the survey<br><br><b>PAST 30 DAYS</b>   | 3 Geographical area covered by the survey, e.g., Phils., Region IV, etc.<br><br><b>NATIONAL</b>  | 4 Geographic disaggregation of the data to be produced<br>a <input checked="" type="checkbox"/> National<br>b <input type="checkbox"/> Regional<br>c <input type="checkbox"/> Provincial<br>d <input type="checkbox"/> Others (Specify) |                               |
| 5 Frequency of data collection<br>a <input type="checkbox"/> One-shot<br>b <input type="checkbox"/> Monthly<br>c <input type="checkbox"/> Quarterly<br>d <input type="checkbox"/> Annually<br>e <input checked="" type="checkbox"/> Others (Specify)<br><b>FIVE YEARS</b> | 6 Method of data collection (Check as many as applicable)<br>a <input checked="" type="checkbox"/> Personal interview<br>b <input type="checkbox"/> Mail<br>c <input type="checkbox"/> Telephone<br>d <input checked="" type="checkbox"/> Others (Specify)<br><b>using handheld computer</b> |   |                               |
| 7 Survey questionnaire titles   |  |   |                               |
| <i>Form No.</i>   | <i>Form Title</i>  |   |                               |
| <b>GATS Form 1</b>  | <b>Household Questionnaire</b>   |   |                               |
| <b>GATS Form 2</b>  | <b>Individual Questionnaire</b>  |   |                               |
| 8 Major data items to be collected (e.g., family income and expenditures, employment, compensation, prices)   |  |   |                               |
| <b>Roster of all household members age 15 and over</b>  | <b>Secondhand Smoke</b>  |   |                               |
| <b>Age</b>  | <b>Smokeless Tobacco Smoking Status</b>  |   |                               |
| <b>Sex</b>  | <b>Cessation-Tobacco Smoking</b>   |   |                               |
| <b>Background Characteristics</b>   | <b>Cigarette Promotions in Media</b>   |   |                               |
| <b>Tobacco Smoking Status</b>   | <b>Knowledge, Attitudes and Perception</b>   |   |                               |
| <b>Health Warnings on Cigarette Packs</b>   |  |   |                               |
| 9 List of tables and other outputs to be generated (attach table formats)   |  |   |                               |
| <b>ATTACHMENT A</b>   |  |   |                               |

|  |   |
|--|---|
| <p>10 Type of data processing (Check as many as applicable)</p> <p>a <input type="checkbox"/> Manual</p> <p>b <input checked="" type="checkbox"/> Microcomputer</p> <p>c <input type="checkbox"/> Minicomputer</p> <p>d <input type="checkbox"/> Mainframe computer</p>                                  | <p>11 Statistical classification systems used (Check as many as applicable)</p> <p>a <input type="checkbox"/> Phil. Standard Commodity Classification (PSCC)</p> <p>b <input checked="" type="checkbox"/> Phil. Standard Geographic Code (PSGC)</p> <p>c <input type="checkbox"/> Phil. Standard Industry Classification (PSIC)</p> <p>d <input type="checkbox"/> Phil. Standard Occupational Classification (PSOC)</p> <p>e <input type="checkbox"/> Phil. Standard Classification of Education (PSCED)</p> <p>f <input type="checkbox"/> Others (Specify)</p> <p>_____</p> <p>_____</p> |
| <p>12 Brief description of the sampling design and estimation procedure.</p> <p style="text-align: center;"><b>ATTACHMENT B</b></p> <p style="text-align: center;">(The details should be attached in separate sheet. If complete information is available in survey proposal, attach copy instead.)</p> |   |
| <p>a) <i>Desired level of reliability and the proposed statistical measure to be used for assessing such reliability (e.g., standard errors of means)</i></p> <p style="text-align: center;"><b>95%</b></p>  |   |
| <p>b) <i>Type of sampling design (The details should be attached in separate sheet.)</i></p> <p style="text-align: center;"><b>MULTI-STAGE SAMPLING</b></p>  |   |
| <p>c) <i>Sampling unit (per stage if applicable)</i></p> <p style="text-align: center;"><b>FIRST STAGE- PSU<br/>SECOND STAGE- BARANGAY/EA<br/>THIRD STAGE-HOUSING UNITS</b></p>  |   |
| <p>d) <i>Domain</i></p> <p style="text-align: center;"><b>REGION</b></p>   |   |
| <p>e) <i>Sampling frame</i></p> <p style="text-align: center;"><b>UPDATED LIST OF HOUSEHOLDS BASED ON CENSUS OF AGRICULTURE AND FISHERIES</b></p>  |   |
| <p>f) <i>Sample size (total, per stratum/cluster/stage)</i></p> <p style="text-align: center;"><b>AROUND 13500 HOUSEHOLDS</b></p>  |   |
| <p>g) <i>Method of determining sample size</i></p> <p style="text-align: center;"><b>ATTACHMENT B</b></p>  |   |
| <p>h) <i>Estimation procedure (The details and formulas should be attached in separate sheet.)</i></p> <p style="text-align: center;"><b>ATTACHMENT B</b></p>  |   |
| <p>i) <i>Imputation procedure for non-response</i></p> <p style="text-align: center;"><b>NO IMPUTATION</b></p>   |   |
| <p>13 Statistical analysis of results (e.g., descriptive, multivariate)</p> <p style="text-align: center;"><b>DESCRIPTIVE ANALYSIS WILL BE DONE BY DOH</b></p>   |   |

| <b>III. ESTIMATED DIRECT COST OF SURVEY (in pesos)</b>  |   |   |  |
|---|---|---|--|
| 1 <u>Personal Services</u> _____ <b><u>2,000,000</u></b>  | Printing Expenses <b><u>500,000</u></b>         |   |  |
| 2 <u>Maintenance and Other Operating Expenses</u>   | Others (Specify) <b><u>12,000,000</u></b>       |   |  |
| Travelling Expenses <b><u>11,500,000</u></b>  | 3 <u>Capital Outlay</u> <b><u>1,000,000</u></b> |   |  |
| Supplies <b><u>2,000,000</u></b>  | TOTAL COST <b><u>29,000,000</u></b>             |   |  |
| <b>IV. TIMETABLE OF ACTIVITIES</b>  |   |   |  |
| <i>Stage</i>  | <i>Schedule</i>                                 | <i>Agency Responsible</i>                         |  |
| A. Planning and preparation   |   |   |  |
| 1. Formulation of survey design<br><i>(to include formulation of objectives, scope and coverage; development of methodology; formulation of sampling design and frame; design of table formats; preparation of questionnaire and manuals)</i> | <b>Feb 2 - May 2015</b>                         | <b>PSA, DOH, WHO</b>                              |  |
| 2. Pre-test of the questionnaire  | <b>Jul 6 - Aug 14, 2015</b>                     | <b>PSA, DOH, WHO</b>                              |  |
| 3. Revision based on pre-test of the questionnaire  | <b>Sept 16 - 29, 2015</b>                       | <b>PSA, DOH, WHO</b>                              |  |
| 4. Submission to PSA for review of survey design<br><i>(allow 15 days after submission of all required documents)</i>   | <b>Sept 16 - Sep 30, 2015</b>                   | <b>PSA</b>  |  |
| 5. Finalization of questionnaires and manuals   | <b>Sept 22 - Oct 6, 2015</b>                    | <b>PSA</b>  |  |
| 6. Printing of questionnaires and manuals   | <b>Oct 7 - 17, 2015</b>                         | <b>PSA</b>  |  |
| B. Field operations   |   |   |  |
| 1. Training of personnel  | <b>Oct 26 - Nov 21, 2015</b>                    | <b>PSA, DOH</b>                                   |  |
| 2. Distribution and collection of questionnaires  | <b>Nov 23 - Dec 23, 2015</b>                    | <b>PSA, DOH</b>                                   |  |
| 3. Field editing  | -   |   |  |
| C. Data processing  |   |   |  |
| 1. Office editing   | <b>Nov 26, 2015 - Feb 19, 2016</b>              | <b>PSA</b>  |  |
| 2. Data encoding  | <b>Nov 26, 2015 - Feb 19, 2016</b>              | <b>PSA</b>  |  |
| 3. Verification   | <b>Feb 22 - Apr 23, 2016</b>                    | <b>PSA</b>  |  |
| 4. Tabulation   | <b>Feb 22 - Apr 23, 2016</b>                    | <b>PSA</b>  |  |
| D. Report preparation   |   |   |  |
| 1. Analysis and interpretation of data  | <b>March - April 2016</b>                       | <b>PSA, DOH</b>                                   |  |
| 2. Report writing   | <b>March - April 2016</b>                       | <b>PSA, DOH</b>                                   |  |
| E. Release of survey results  | <b>April 2016</b>                               | <b>DOH</b>  |  |
| <b>PREPARED BY (Contact Person)</b>   |   | <b>APPROVING OFFICIAL FOR REQUESTING AGENCY</b>   |  |
| Signature   |   | Signature   |  |
| Printed Name <b>ROMEO S, RECIDÉ</b>   |   | Printed Name <b>LISA GRACE S. BERSALES, Ph.D.</b> |  |
| Designation <b>OIC-DNS, SSO</b>   | Tel. No. <b>376-1995</b>                        | Designation <b>NATIONAL STATISTICIAN</b>          |  |
| Date Prepared <b>September 17, 2015</b>   |   | Date Approved                                     |  |