

State of Smoking Survey 2018

Methods statement

March 2018

KANTAR PUBLIC=

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1. Context and objectives of the research

As an independent, non-profit organization created to accelerate global efforts to reduce health impacts and deaths from smoking, the Foundation for a Smoke-Free World aims at enabling research, dialogue and ideas to reduce smoking globally, while monitoring, evaluating and helping to address the impact of reduced smoking rates on agriculture and economics.

One of its initial goals is to gain a clear understanding of the current landscape of smoking habits across the world: perceptions in terms of harmfulness and addictiveness, smoking behaviours, awareness and consumption of alternative products. In addition, understanding the population's health conditions, sports and eating habits will help contextualising these findings.

The present "Worldwide State of Smoking Survey" is part of a broader research effort of the Foundation to regularly evaluate, monitor and publish reports on progress towards reducing deaths and harm from smoking and eliminating smoking worldwide.

2. Initial desk research and qualitative exploratory work

In order for the survey questionnaire to be as thorough, relevant, clear and accurate as possible, we took several prior steps:

a. Initial desk research on the existing survey data

The Foundation's research effort aims at complementing existing research. As the first stage, we collected and assessed available information, existing publications and publicly available data on smoking habits and perceptions. We needed to understand which aspects have already been evaluated in the previous polls and which questions would be relevant for inclusion in the survey for consistency.

This desk research took place in September 2017 and allowed us to build a catalogue of relevant surveys and questions, previously asked in specific countries through other surveys such as the Eurobarometer, the Global Audit Tobacco Survey, and others. The detailed list of surveys covered by this initial desk research is presented in the Appendix 1. These surveys were used to feed the questionnaire based on the specific objectives of the Foundation's "Worldwide State of Smoking Survey".

b. Pilot testing of the questionnaire

The first version of the "Worldwide State of Smoking Survey" questionnaire was drafted in September 2017. Before putting it in field in a variety of countries with different contexts, smoking habits and languages, we pilot-tested the questionnaire.

The test explored how participants understand, mentally process and respond to the presented material and aimed at identifying where problems were experienced.

We drew on a number of specialised techniques across the interviews, including verbal probing, think aloud interviewing and paraphrasing.

A series of six telephone interviews were conducted in each country, targeting 2 regular smokers, 2 ex-smokers and 2 non-smokers. In India, given the multilingual environment, a series of 6 cognitive interviews were conducted in each of the four main languages used in this survey (Hindi, Bengali, Gujarati, Tugalu).

Pilot interviews were carried out by native speakers of each country/language, by telephone, between 4 and 11 October 2017.

The following table details the number of pilot interviews carried out in each language.

	Language	Number of pilot interviews
United States	English (US)	6
United Kingdom	English (UK)	6
Japan	Japanese	6
Israel	Hebrew, Arabic	6
France	French	6
New Zealand	English (NZ)	6
Brazil	Portuguese (BR)	6
South Africa	English, Afrikaans	6
Lebanon	Arabic	6
India	Hindi, Bengali, Gujarati, Tugalu	6 x 4 = 24
Russia	Russian	6
Malawi	English (ML)	6
Greece	Greek	6
TOTAL		96

The interviewers provided feedback on the whole questionnaire, with a specific focus on certain questions highlighted as possible sources of confusion and difficulty to answer.

Overall, the pilot phase showed that the questionnaire was found very clear and fluid, in all languages. No major problems of comprehension or lack of clarity were reported by the interviewers. According to respondents, the questions were phrased in a concrete way and dealt with a topic of the day-to-day life, which respondents could easily relate to.

A large portion of the questions included in the FSFW questionnaire were already used on existing international social surveys, given that in many cases, these surveys had themselves been pretested.

Some language-specific comments were reported by interviewers and discussed with the Foundation. Improvements to the translations were also collected and implemented.

Following the pilot stage, a final version of the questionnaire was prepared. This questionnaire was translated and localised in 18 linguistic versions, for 13 countries covered by the Global Poll.

3. Complementary qualitative focus group discussions

a. Context and objectives

In parallel with the quantitative Global Poll, the Foundation for a Smoke-Free World commissioned Kantar Public to carry out a series of 14 focus group discussions in a selection of 7 countries (France, Greece, India, New Zealand, South Africa, United States and United Kingdom). These countries were selected to represent a variety of markets, in terms of level of development, smoking prevalence and smoking habits (products used, gender differences, etc.)

The objective was to understand the barriers and drivers behind quitting smoking and switching to alternative products.

The approach involved engaging separate groups of current and former smokers in discussion around their perceptions and behaviours, probing the complex and sometimes contradictory web of perceptions, myths, attitudes and behaviours around the act of smoking, addiction vs pleasure, associated risks, harmfulness of nicotine, and other health-related risks and socio-cultural determinants.

More specifically, the discussions were organised around three main topics:

- o the perceived risks of smoking and of alternatives;
- the notion of addiction;
- the impediments, the barriers to quitting smoking.

This qualitative component has also allowed us to further understand the use of emerging language around smoking alternatives, and to support development of smoking cessation and risk reduction strategies. The main findings of these focus groups were included in the overall Global Poll report, to support, challenge and illustrate the quantitative results.

b. Main methodological elements

- 2 focus groups in each country
 - Age: 25-55 (appropriate distribution of ages in each group)
 - o Gender: both male and female participants
 - o 8-10 participants per group
- Group 1: Smokers who have tried to quit at least once
 - Regular or occasional smokers of tobacco products like cigarettes, cigars, cigarillos or pipes. They may also use electronic cigarettes or heat-not-burn products.
 - All participants have tried to quit at least once. Mix of participants who "tried to quit with the help of alternative products" // "tried to quit without alternative products" (Alternative products include "Nicotine replacement medications (like nicotine gum, patch or inhaler) or other medications" // "Electronic cigarettes or vaping device" // "Heat-not-burn products, which heat tobacco instead of burning it")

- Group 2: Ex-smokers
 - Used to smoke but quit smoking tobacco products like cigarettes, cigars, cigarillos or pipes. They may however still use electronic cigarettes or heat-not-burn products.
 - Mix of participants who "quit with the help of alternative products" // "quit without with the help of alternative products" (Alternative products include "Nicotine replacement medications (like nicotine gum, patch or inhaler) or other medications" // "Electronic cigarettes or vaping device" // "Heat-not-burn products, which heat tobacco instead of burning it")

Fieldwork details	Fieldwork details					
Country	City	Date				
France (FR)	Paris	Nov. 9, 2017				
Greece (EL)	Athens	Nov. 6, 2017				
India (IN)	New Delhi	Nov. 4, 2017				
New Zealand (NZ)	Auckland	Nov. 2 + 6, 2017				
South Africa (ZA)	Cape Town	Nov. 8, 2017				
United Kingdom (UK)	London	Nov. 9, 2017				
United States (US)	New York City	Nov. 2, 2017				

More details on the recruitment process can be found in Appendix 4

4. "Worldwide State of Smoking" quantitative survey

a. Universe, response targets and collection mode

The universe of the survey is adult general population (aged 18+) currently residing in each of the 13 countries covered by this survey (see list below).

The target number of completed interviews varied between 700 and 3200 respondents per country, depending on the population size.

		Main sa General p	imple – opulation	Boost sa Smo	ample – Ikers
	Methodology	Target sample size	Achieved number of interviews	Target sample size	Achieved number of interviews
United States	Online	1000	1054	200	201
United Kingdom	Online	1000	000 1049 200		201
France	Online	1000	1051	200	200
New Zealand	Online	1000	1000	200	202
Japan	Online	1000	1000	200	202
Israel	Online	500	502	200	200
Greece	Face-to-face	1000	1001	200	200
India	Face-to-face	3000	3127	200	169
South Africa	Face-to-face	1000	1000	200	200
Lebanon	Face-to-face	500	524	200	202
Russia	Face-to-face	1500	1500	200	200
Malawi	Face-to-face	1000	975	200	200
Brazil	Face-to-face	1000	1000	200	200

These countries were selected to represent a variety of markets, in terms of level of development, smoking prevalence and smoking habits (products used, gender differences, etc.)

<u>Oversampling of Smokers</u>: To allow a more detailed analysis of the results and allowing for some profiling and segmentation of smokers, we oversampled 200 additional smokers in each country, so that the total sample of smokers would be high enough to conduct robust analysis on this specific target.

To avoid any confusion and any impact of this oversampling on the proportion of smokers in the total sample, the oversample fieldwork was carried out completely independently from the main sample: for the online survey, an independent mirror script was set up, with invitations being sent to a separate batch of panellists. In the countries where fieldwork was conducted face-to-face, interviews from the boost sample of smokers were carried out by an independent team of interviewers, using a distinct set of sampling points.

b. Sampling

The sampling plan of the main sample was designed to be nationally representative of all adult citizens (18+) living in the country. This research focuses on the adult population and thus excludes young people below this age.

The sampling approach was related to the collection mode:

- In the seven (7) countries where respondents answered the survey <u>face-to-face</u> with interviewers, a stratified random probability sampling approach was adopted. At each step of the sampling process, the unit selection was done in order to ensure a completely random approach:
 - Selection of primary sampling units (PSUs): based on the official population statistics, a certain number of PSUs were selected randomly, covering both urban and rural areas. According to the overall target sample, the number of interviews per PSU was calculated.
 - Selection of sampling points: in urban areas, a specific street was chosen randomly; in rural areas, the sampling point was selected randomly either from a list of streets (if such a list was available) or from a list of landmarks (church, library, bus stop, etc.).
 - Selection of households: households were selected using a random route procedure. In urban areas and in rural areas where a list of streets was available, the household with the lowest number in the street selected as the sampling point was selected as the starting point. In the other rural areas, the household closest to the chosen landmark was selected as the starting point. After a successful interview, five (5) households are skipped in urban areas and three (3) in rural areas. After unsuccessful interview attempts, the interviewer simply proceeds to the next household without skipping. The number of interviews conducted per multi-story building depends on the building size¹.
 - Selection of respondents: finally, within a household, individual respondents were selected using the recent birthday method (the interview is carried out with the adult in the household who had the most recent birthday). Three attempts are made to complete the interview with the selected respondent before proceeding to the next household.
- In the six (6) countries where the survey was implemented <u>online</u>, the sample was stratified according to the most up-to-date census data. In each country, quota definitions were based on gender, age and region, in order to ensure that survey represents the most accurate estimations of the target populations².

¹ For buildings with four or fewer floors, only one interview will be conducted.. For buildings with five to nine floors, two interviews were conducted. For buildings with 10-14 floors, 15-19 floors or 20+ floors, the number of interviews conducted were thrre, four and five, respectively. No more than five interviews were conducted in any multi-story building.

² Quotas were set as independent response targets for each characteristic: targets were pursued per class within each variable, regardless of achievement for the other quota variables.

Based on research, we systematically send respondents generic survey invitations with limited information about the survey: our survey invitation emails³ notify the respondent of an opportunity to share his/her opinions.

Online panels depend on non-probabilistic sampling procedures, in which potential respondents voluntarily sign up to participate in the panel in general and in the survey in particular, which might induce a certain self-selection bias. In order to limit such bias, a solid sampling frame and an effective sampling procedure were set up. For the former, we made sure of the ability of the panel partner to reach a sample quantitatively sufficient and qualitatively satisfactory.

c. Scripting

The survey used centralized scripting. More specifically:

- ✓ We built a centralised master script from the validated questionnaire, including the filters, respondent instructions and the visual layout of the survey (online script) and interviewers' instructions (face-to-face script).
- ✓ Once the translation process was completed and local versions of the questionnaire were approved, these versions were overlaid on the master script, thus ensuring that each question, answer choice, instruction messages and filters were consistent across all languages;
- Each of the local scripts were then thoroughly checked: a first systematic control was carried out to make sure that all questions and answers were present, and that all filters were correctly applied in all languages. Additionally, a manual validation was implemented by native speakers of each language, to make sure that the layout of the survey was optimal.
- ✓
- d. Fieldwork

The table below details the dates in which fieldwork was opened and closed in each country, as well as the number of completed interviews per country.

	Final sample size	Fieldwork dates
United States	1255	27 Oct – 1 Nov
United Kingdom	1250	27-31 Oct
France	1251	27-31 Oct
New Zealand	1202	27-31 Oct
Japan	1202	27-31 Oct
Israel	702	27 Oct – 1 Nov

	Final sample size	Fieldwork dates
Greece	1001	8 Nov – 5 Dec
India	3296	23 Nov – 30 Dec
South Africa	1200	29 Nov – 11 Dec
Lebanon	726	21 Nov – 15 Dec
Russia	1700	9 Nov -29 Nov
Malawi	1175	26 Nov – 9 Dec
Brazil	1200	15 Nov - 25 Nov

³ The invitation instructs the respondent to log-on to the panel portal to access the survey. Our emails are CAN-SPAM compliant. Each invitation includes a link to our privacy policy, a removal link, a link to contact us, and a link to find a lost password.

e. Weighting

The sampling design and specific fieldwork strategies were designed to maximise the representativeness of the sample. In addition, the weighting strategy was designed to correct any misbalance following fieldwork.

In terms of **weighting variables**, weight was calculated based on the three original quota targets (age, gender and region).

For the construction of the weight variables, a **rim weighting procedure** was run against the population figures. The procedure was executed separately for each country. Rim weighting consists of iterations; sample counts for each weight variable class are adjusted to fit the actual population proportions (marginal percentages), using as the initial values the result of the previous adjustment.

Appendix 2 presents the distribution of the population and the sample on gender, age and region.

f. Data processing

In line with the centralized scripting and web hosting of the survey, we implemented a centralised data processing, in order to ensure consistent and robust results.

- ✓ After the initial soft launch phase (for the online fieldwork) and subsequently at the end of the fieldwork period, the data was thoroughly and systematically checked. A number of quality controls have been implemented, in order to optimise the quality of the data.
- ✓ Once we were satisfied with the quality of the data, it was weighted, in order to ensure perfect representativeness of the sample with the target universe (see previous section for more details).
- ✓ Finally, the data was aggregated into a single data file. In addition, cross tabulation tables were also prepared.

g. Margins of error

Readers are reminded that survey results are estimations, the accuracy of which, everything being equal, rests upon the sample size and upon the observed percentage. Actual percentages thus vary within a certain confidence interval.

The table on the following page presents the margin of error associated to different sample sizes, at the 95% level of confidence. The last column on the right-hand size presents the maximum margin of error. For example, for a sample of 1,000 respondents, the maximum margin of error is +/- 3.1pp.

Statistical Margins due to the sampling process (at the 95% level of confidence)

various sample sizes are in rows various observed results are in columns										
	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%
	95%	90%	85%	80%	75%	70%	65%	60%	55%	50%
N=50	6,0	8,3	9,9	11,1	12,0	12,7	13,2	13,6	13,8	13,9
N=500	1,9	2,6	3,1	3,5	3,8	4,0	4,2	4,3	4,4	4,4
N=1000	1,4	1,9	2,2	2,5	2,7	2,8	3,0	3,0	3,1	3,1
N=1500	1,1	1,5	1,8	2,0	2,2	2,3	2,4	2,5	2,5	2,5
N=2000	1,0	1,3	1,6	1,8	1,9	2,0	2,1	2,1	2,2	2,2
N=3000	0,8	1,1	1,3	1,4	1,5	1,6	1,7	1,8	1,8	1,8
N=4000	0,7	0,9	1,1	1,2	1,3	1,4	1,5	1,5	1,5	1,5
N=5000	0,6	0,8	1,0	1,1	1,2	1,3	1,3	1,4	1,4	1,4
N=6000	0,6	0,8	0,9	1,0	1,1	1,2	1,2	1,2	1,3	1,3
N=7000	0,5	0,7	0,8	0,9	1,0	1,1	1,1	1,1	1,2	1,2
N=7500	0,5	0,7	0,8	0,9	1,0	1,0	1,1	1,1	1,1	1,1
N=8000	0,5	0,7	0,8	0,9	0,9	1,0	1,0	1,1	1,1	1,1
N=9000	0,5	0,6	0,7	0,8	0,9	0,9	1,0	1,0	1,0	1,0
N=10000	0,4	0,6	0,7	0,8	0,8	0,9	0,9	1,0	1,0	1,0
N=11000	0,4	0,6	0,7	0,7	0,8	0,9	0,9	0,9	0,9	0,9
N=12000	0,4	0,5	0,6	0,7	0,8	0,8	0,9	0,9	0,9	0,9
N=13000	0,4	0,5	0,6	0,7	0,7	0,8	0,8	0,8	0,9	0,9
N=14000	0,4	0,5	0,6	0,7	0,7	0,8	0,8	0,8	0,8	0,8
N=15000	0,3	0,5	0,6	0,6	0,7	0,7	0,8	0,8	0,8	0,8

In line with AAPOR reporting recommendations, we note

that for the online survey, respondents for this survey were

selected among those who registered to participate in online panel surveys and polls. Because the sample is based on those who initially self-selected for participation in the panel rather than a probability sample, no estimates of sampling error can be calculated.⁴

⁴ See AAPOR, Education/Resources, For Researchers, 'Opt-in Surveys and Margin of Error', http://www.aapor.org/Education-Resources/For-Researchers/Poll-Survey-FAQ/Opt-In-Surveys-and-Margin-of-Error.aspx

The following research studies were analyzed during the initial desk research, based on their potential contribution to the design of this current survey instrument.

• Eurobarometer studies for the European Commission

We have been working with the European Commission on tobacco and other healthrelated studies since 2005. Below is a list of projects on tobacco commissioned by the European Commission.

- EB87.1 "Tobacco" for DG Health and Food safety fieldwork: March 2017
- **EB82.4 "Tobacco"** for DG Health and Food safety fieldwork: Nov-Decr 2014
- o **EB77.1 "Tobacco"** for DG Health and Consumers fieldwork: Feb-March 2012
- EB72.3 "Tobacco" for DG Health and Consumers fieldwork: October 2009
- **EB64.3 "Tobacco"** for DG Health and Consumers Protection fieldwork: Dec 2005
- EB80.2 "Sports" for DG for Education and Culture fieldwork period: Nov-Dec 2013
- EB66.2 "Tobacco, Health and Alcohol" for DG Health and Consumers Protection fieldwork: Oct-Nov 2006
- **EB64.3 "Health"** for DG Health and Consumers Protection fieldwork: Nov-Dec 2005

• Global Adult Tobacco Survey (GATS)

In 2009, the World Health Organization launched the Global Adult Tobacco Survey (GATS), a multi-country project to collect data on adult tobacco use and key tobacco control measures. The results from the GATS assist countries in the formulation, tracking and implementation of effective tobacco control interventions, and countries are able to compare results of their survey with results from other countries.

• Global Youth Tobacco Survey

The Global Youth Tobacco Survey (GYTS) is also commissioned by the WHO (every five years since 1999) and focuses on young people. Indeed, it is a school-based survey designed to enhance the capacity of countries to monitor tobacco use among youth and to guide the implementation and evaluation of tobacco prevention and control programs.

• South Africa Social Attitude Survey (SA SAS)

The primary objective of SA SAS is to design, develop and implement a conceptually and methodologically robust study of changing social attitudes and values in South Africa to be able to carefully and consistently monitor and explain changes in attitudes amongst various socio-demographic groupings. The survey (specifically component focusing on Tobacco has been conducted annually since 2003.

International Tobacco Control (ITC)

The International Tobacco Control (ITC) Project is a multi-country prospective cohort study designed to measure the psychosocial and behavioral impact of key policies of the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC). The ITC6 Wave 1 fieldwork was carried out in June-September 2016.

• Demographics and Health Survey (DHS)

This survey helps chart the health status of the chosen population, identify the risk factors, the access and utilization of key health services.

• Tobacco Surveillance Pilot Study

The aim of this study, launched by the Institute for Health Metrics and Evaluation (IHME), is to address the lack of data on tobacco-related health issues by supporting a well-coordinated network of strategic partners who are able to impact change through accurate information on the size and nature of tobacco use and the challenges and successes in tobacco control.

• Second Year Assessment of the Implementation of Cigarettes and Other Tobacco Products Act (COTPA)

The study was commissioned by the George Washington University and the fieldwork took place between 13 February and 13 December 2013. In the broader perspective, the study aimed at assessing the implementation of tobacco control laws in the selected states of the country. In the study, three important section of the law COTPA were assessed namely, section 4, 5 & 6. Findings from the qualitative study have provided contextual information for obtaining better insights into why certain sections of COTPA are better implemented in some states or cities and not in others.

• A Baseline Survey for the STEPS project (A Tobacco Control Intervention Program) among school students.

The Public Health Foundation of India (PHFI) launched this study in the period 11/10/2011-12/04/2012. School health programs to prevent and reduce tobacco use are an integral part of the NTCP. The objective of the baseline survey was to assess the prevalence of tobacco use, knowledge of harmful health effects towards tobacco, attitudes towards tobacco use, exposure to tobacco advertising and other psychosocial risk factors and assessing knowledge and support of tobacco control policies.

• Tobacco Health Warnings in Africa

A study commissioned by the World Lung Foundation and whose fieldwork lasted from May to June 2014. Pictorial health warnings on tobacco packages are a costeffective means to increase public awareness about the dangers of tobacco use. Countries party to the WHO Framework Convention on Tobacco Control (WHO FCTC) are required to implement large, rotating health warnings on all tobacco product packaging.

• The South African National Health and Nutrition Examination Survey (SANHANES)

Human Sciences Research Council's (HSRC): April-November 2012

The survey, commissioned by the Human Sciences Research Council (HSRC) (fieldwork: April-November 2012), integrates findings from personal interviews with standardized physical examinations, diagnostic procedures, and a variety of

laboratory tests. The results provide information on a broad range of health topics and associated risk factors.

• World Health Survey (WHS) – South Africa (2003)

The overall aim of the WHS from the WHO, is to serve as a data collection platform in order to respond to the need of countries to have a detailed and sustainable information system. As such, whilst the survey does originate from the WHO, all the data is co-owned with the surveyed countries. APPENDIX 2 – Distribution of the population and the sample on gender, age and region

Brazil - General Population							
	Populatio	Population		l sample			
	n	%	n	%			
TOTAL GP18+	150.790.678	100%	1000	100%			
Gender							
Male	71.770.710	47,6%	476	47,6%			
Female	79.019.968	52,4%	524	52,4%			
Age							
18-24	22.375.053	14,8%	148	14,8%			
25-39	47.178.026	31,3%	313	31,3%			
40-54	41.024.769	27,2%	272	27,2%			
55-64	20.031.610	13,3%	133	13,3%			
65+	20.181.220	13,4%	134	13,4%			
Region							
North	11.733.801	8%	80	8%			
Northeast	40.066.491	27%	270	27%			
Southeast	65.408.388	43%	430	43%			
South	22.304.828	15%	150	15%			
Centre West	11.277.170	7%	70	7%			

France - General Population						
	Populatio	on	Weighte	d sample		
	n	%	n	%		
TOTAL GP18+	51.600.975	100%	1051	100%		
Gender						
Male	24.606.550	47,7%	501	47,7%		
Female	26.994.425	52,3%	550	52,3%		
Age						
18-24	5.399.639	10,5%	110	10,5%		
25-39	12.169.684	23,6%	248	23,6%		
40-54	13.536.216	26,2%	276	26,2%		
55-64	8.307.349	16,1%	169	16,1%		
65+	12.188.087	23,6%	248	23,6%		
Region						
Île-de-France	9.556.093	18,5%	195	18,5%		
North East	9.265.514	18,0%	189	18,0%		
North West	9.800.552	19,0%	200	19,0%		
Centre	11.339.243	22,0%	231	22,0%		
South	11.639.572	22,6%	237	22,6%		

Greece - General Population							
	Populatio	on	Weighted sample				
	n	%	n	%			
TOTAL GP18+	8.327.519	100%	1001	100%			
Gender							
Male	4.036.117	48,5%	485	48,5%			
Female	4.291.402	51,5%	516	51,5%			
Age							
18-24	793.017	9,5%	95	9,5%			
25-39	2.199.542	26,4%	264	26,4%			
40-54	2.164.487	26,0%	260	26,0%			
55-64	1.199.948	14,4%	144	14,4%			
65+	1.970.525	23,7%	237	23,7%			
Region	842.423.940						
Attiki	3.185.091	38%	383	38%			
Crete	498.523	6%	60	6%			
Eastern Macedonia and Thrace	497.250	6%	60	6%			
Central Macedonia	1.537.969	18%	185	18%			
Western Macedonia	233.120	3%	28	3%			
Epirus	281.358	3%	34	3%			
Thessaly	601.664	7%	72	7%			
Western Greece	555.416	7%	67	7%			
Central Greece	455.587	5%	55	5%			
Peloponnese	481.541	6%	58	6%			

Israel - General Population						
	Populatio	Weighted	d sample			
	n	%	n	%		
TOTAL GP18+	5.607.866	100%	502	100%		
Gender						
Male	2.793.547	49,8%	250	49,8%		
Female	2.814.319	50,2%	252	50,2%		
Age						
18-24	880.660	15,7%	79	15,7%		
25-39	1.697.568	30,3%	152	30,3%		
40-54	1.387.412	24,7%	124	24,7%		
55-64	702.223	12,5%	63	12,5%		
65+	940.003	16,8%	84	16,8%		
Region						
Jerusalem District	695.375	12%	62	12%		
Northern district	925.298	17%	83	17%		
Haifa district	656.120	12%	59	12%		
Central district	1.362.711	24%	122	24%		
Tel Aviv district	919.690	16%	82	16%		
Southern district	807.533	14%	72	14%		
Judea and Samaria	241.138	4%	22	4%		

India - General Population						
	Populatio	on	Weighted sampl			
	n	%	n	%		
TOTAL GP18+	858.899.294	100%	3127	100%		
Gender						
Male	438.206.508	51,0%	1595	51,0%		
Female	420.692.786	49,0%	1532	49,0%		
Age						
18-24	170.402.908	19,8%	626	20,0%		
25-39	299.440.489	34,9%	1094	35,0%		
40-54	215.689.435	25,1%	782	25,0%		
55-64	93.383.595	10,9%	344	11,0%		
65+	79.953.953	9,3%	281	9,0%		
Region	842.423.940					
North	243.274.025	29%	903	29%		
East	220.771.022	26%	819	26%		
West	193.561.782	23%	718	23%		
South	184.817.111	22%	686	22%		

Japan -	Japan - General Population				
	Populatio	on	Weighted	Weighted sample	
	n	%	n	%	
TOTAL GP18+	106.658.434	100%	1000	100%	
Gender					
Male	51.092.987	47,9%	479	47,9%	
Female	55.565.447	52,1%	521	52,1%	
Age					
18-24	8.639.681	8,1%	81	8,1%	
25-39	21.262.382	19,9%	199	19,9%	
40-54	26.153.722	24,5%	245	24,5%	
55-64	15.357.581	14,4%	144	14,4%	
65+	35.245.068	33,0%	330	33,0%	
Region					
Chubu	17.918.617	16,8%	168	16,8%	
Chugoku	6.292.848	5,9%	59	5,9%	
Hokkaido	4.586.313	4,3%	43	4,3%	
Kanto	36.157.209	33,9%	339	33,9%	
Kinki / Kansaï	18.878.543	17,7%	177	17,7%	
Kyushu	11.945.745	11,2%	112	11,2%	
Shikoku	3.199.753	3,0%	30	3,0%	
Tohoku	7.572.749	7,1%	71	7,1%	

Lebanon - General Population					
	Population		Weighte	Weighted sample	
	n	%	n	%	
TOTAL GP18+	4.420.505	100%	500	100%	
Gender					
Male	2.194.210	49,6%	248	49,6%	
Female	2.226.295	50,4%	252	50,4%	
Age					
18-24	714.728	16,2%	81	16,2%	
25-39	1.589.345	36,0%	180	36,0%	
40-54	1.201.233	27,2%	136	27,2%	
55-64	492.883	11,1%	56	11,1%	
65+	422.316	9,6%	48	9,6%	
Region					
Beirut	477.415	11%	54	11%	
Mount Lebanon	1.891.976	43%	214	43%	
North	773.588	18%	88	18%	
South	459.733	10%	52	10%	
Nabatiyeh	296.174	7%	34	7%	
Bekaa	521.620	12%	59	12%	

Malawi - General Population					
	Populatio	on	Weighted	Weighted sample	
	n	%	n	%	
TOTAL GP18+	6.283.174	100%	975	100%	
Gender					
Male	2.997.983	47,7%	465	47,7%	
Female	3.285.191	52,3%	510	52,3%	
Age					
18-24	1.731.736	27,6%	269	27,6%	
25-39	2.553.853	40,6%	396	40,6%	
40-54	1.054.055	16,8%	164	16,8%	
55-64	442.893	7,0%	69	7,0%	
65+	500.637	8,0%	78	8,0%	
Region					
Central	2.644.986	42%	410	42%	
Northern	810.075	13%	126	13%	
Southern	2.828.113	45%	439	45%	

New Zealand - General Population				
	Populatio	on	Weighte	d sample
	n	%	n	%
TOTAL GP18+	3.444.750	100%	1000	100%
Gender				
Male	1.698.189	49,3%	493	49,3%
Female	1.746.561	50,7%	507	50,7%
Age				
18-24	424.575	12,3%	123	12,3%
25-39	878.637	25,5%	255	25,5%
40-54	917.352	26,6%	266	26,6%
55-64	536.248	15,6%	156	15,6%
65+	687.938	20,0%	200	20,0%
Region				
Auckland	1.150.547	33%	334	33%
Bay Of Plenty	206.685	6%	60	6%
Gisborne	34.448	1%	10	1%
Hawkes Bay	137.790	4%	40	4%
Manawatu-Wanganui	172.238	5%	50	5%
Northland	124.011	4%	36	4%
Taranaki	103.343	3%	30	3%
Waikato	327.251	10%	95	10%
Wellington	378.923	11%	110	11%
Canterbury	447.818	13%	130	13%
Marlborough	34.448	1%	10	1%
Nelson	37.892	1%	11	1%
Otago	172.238	5%	50	5%
Southland	75.785	2%	22	2%
Tasman	41.337	1%	12	1%

Russia - General Population					
	Populatio	on	Weighte	Weighted sample	
	n	%	n	%	
TOTAL GP18+	115.641.711	100%	1500	100%	
Gender					
Male	52.170.080	45,1%	676	45,1%	
Female	63.471.631	54,9%	824	54,9%	
Age					
18-24	10.976.233	9,5%	142	9,5%	
25-39	35.180.700	30,4%	456	30,4%	
40-54	29.308.940	25,3%	379	25,3%	
55-64	20.197.543	17,5%	263	17,5%	
65+	19.978.295	17,3%	259	17,3%	
Region					
Far East Federal District	4.886.135	4,2%	63	4,2%	
Volga Federal District	23.795.636	20,6%	309	20,6%	
North West Federal District	11.382.518	9,8%	147	9,8%	
Siberia Federal District	15.111.252	13,1%	197	13,1%	
Ural Federal District	9.653.044	8,3%	125	8,3%	
Central Federal District	32.398.948	28,0%	420	28,0%	
South Federal District	11.318.254	9,8%	147	9,8%	
Northern Caucasus Fed District	7.095.924	6,1%	92	6,1%	

South Africa - General Population				
	Populatio	on	Weighted	l sample
	n	%	n	%
TOTAL GP18+	36.198.770	100%	1000	100%
Gender				
Male	17.484.006	48,3%	483	48,3%
Female	18.714.764	51,7%	517	51,7%
Age				
18-24	7.286.309	20,1%	201	20,1%
25-39	14.047.648	38,8%	388	38,8%
40-54	8.421.507	23,3%	233	23,3%
55-64	3.534.184	9,8%	98	9,8%
65+	2.909.122	8,0%	80	8,0%
Region				
Central region	2.316.721	6%	60	6%
Eastern region	5.828.002	16%	160	16%
Northern region	18.823.360	52%	520	52%
Southern region	3.981.865	11%	110	11%
Western region	5.248.822	15%	150	15%

United Kingdom - General Population				
	Populatio	on	Weighted	l sample
	n	%	n	%
TOTAL GP18+	51.137.819	100%	1049	100%
Gender				
Male	24.916.543	48,7%	511	48,7%
Female	26.221.276	51,3%	538	51,3%
Age				
18-24	5.896.656	11,5%	121	11,5%
25-39	12.832.473	25,1%	263	25,1%
40-54	13.506.746	26,4%	277	26,4%
55-64	7.402.998	14,5%	152	14,5%
65+	11.498.946	22,5%	236	22,5%
Region				
North East	2.070.845	4,2%	44	4,2%
North West	5.550.135	11,2%	117	11,2%
Yorkshire and the Humber	4.155.000	8,4%	88	8,4%
East Midlands	3.579.945	7,2%	76	7,2%
West Midlands	4.361.380	8,8%	92	8,8%
East of England	4.590.260	9,2%	97	9,2%
London	6.362.545	12,8%	134	12,8%
South East	6.775.055	13,6%	143	13,6%
South West	4.230.330	8,5%	89	8,5%
Wales	2.430.055	4,9%	51	4,9%
Scotland	4.252.800	8,6%	90	8,6%
Northern Ireland	1.380.105	2,8%	29	2,8%

United States - General Population				
	Population		Weighted	l sample
	n	%	n	%
TOTAL GP18+	252.842.238	100%	1054	100%
Gender				
Male	123.337.511	48,8%	515	48,8%
Female	129.504.727	51,2%	539	51,2%
Age				
18-24	30.744.158	12,2%	128	12,2%
25-39	66.750.449	26,4%	278	26,4%
40-54	62.112.723	24,6%	259	24,6%
55-64	42.179.856	16,7%	176	16,7%
65+	51.055.052	20,2%	213	20,2%
Region				
North East states	45.511.603	18%	190	18%
Midwest states	55.625.292	22%	232	22%
South states	93.551.628	37%	390	37%
West states	58.153.715	23%	242	23%

APPENDIX 3 – Online interviews response rate

Response rates overview							
			COU	NTRY			
	US	UK	FR	NZ	JP	IL.	TOTAL
ACCEPTED	3008	2632	3862	3106	2111	2700	17419
Screened out *	597	94	72	708	68	611	2150
CONFIRMED ELIGIBILITY	2411	2538	3790	2398	2043	2089	15269
Full quota **	1044	1188	2377	1100	767	1314	7790
Abandoned ***	112	100	162	96	74	73	617
TOTAL COMPLETES	1255	1250	1251	1202	1202	702	6862

* Screening questions are country (1) and age (2), asked in that order.

Panelists declaring to reside in one of the 6 surveyed countries and to be 18 or older were screened in.

Panelists entering the survey but not answering the first question are not considered to have accepted.

** Respondents were eligible and able but not selected because their cross-quota (gender*age*region) had enough cases.

*** Respondents were eligible, able and selected but they abandoned the interview before answering all questions.

APPENDIX 4 – Qualitative part: focus groups recruitment and participation

Country	Method of initial contact	Initial contact attempts before starting the screening process	People invited to participate after the screening process	People having refused / unavailable to participate	People having accepted to participate	Actual participants present in groups
FRANCE	Telephone	200	90	70	20	16
GREECE	Telephone	200	37	15	22	20
INDIA	Telephone	38	24	5	19	19
NEW ZEALAND	E-mail	609	88	70	18	16
SOUTH AFRICA	E-mail	1 000	35	15	20	20
υк	E-mail	7 000	-	-	20	16
USA	E-mail	2 400	-	-	-	17

	ASK ALL	
D2	Gender	
	Man Woman Prefer not to answer	1 2 3
	EB88.1 D10 MODIFIED	
	IF D2=PREFER NOT TO ANSWER THEN STOP INTERVIEW	
D3	How old are you?	
	years old	
	EB88.1 D11	
	IF D3<15 OR D2=PREFER NOT TO ANSWER THEN STOP INTERVIEW	
D13	In which region do you currently live?	
	(ONE ANSWER ONLY)	
	NEW	
	IF D13=PREFER NOT TO ANSWER THEN STOP INTERVIEW	
	ASK ALL	
Q1	Regarding smoking tobacco products like cigarettes, cigars, cigarillos or a pipe (U shisha) , which of the following applies to you? In this question and the following survey, smoking includes cigarettes, cigars, cigarillos, pipe but does not include us cigarettes.	questions in this
	(READ OUT - ONE ANSWER ONLY)	
	You currently smoke regularly You currently smoke occasionally You used to smoke but you stopped You have never smoked Don't know/Prefer not to answer	1 2 3 4 5
	EB87.1 QB1 MODIFIED	
	IF Q1=5 ("PREFER NOT TO ANSWER") THEN STOP INTERVIEW	
	ASK Q2a IF CODE 1 OR 2 IN Q1 ("YOU SMOKE REGULARLY OR OCCASIONALLY")	
Q2a	Which of the following tobacco products do you use?	
	(READ OUT - MULTIPLE ANSWERS POSSIBLE)	
	Boxed cigarettes Hand-rolled cigarettes Cigarillos (this excludes cigars) Cigars (this excludes cigarillos)	1, 2, 3, 4,

	Pipe	5,
	Oral or nasal tobacco	6,
	Other (PLEASE SPECIFY)	7,
	Don't know/Prefer not to answer	8,
	EB87.1 QB4a MODIFIED	
	ASK Q2b IF CODE 3 IN Q1 ("YOU USED TO SMOKE BUT YOU STOPPED")	
Q2b	Which of the following tobacco products did you use to use?	
	(READ OUT - MULTIPLE ANSWERS POSSIBLE)	
	Boxed cigarettes	1,
	Hand-rolled cigarettes	2,
	Cigarillos (this excludes cigars)	3,
	Cigars (this excludes cigarillos)	4,
	Pipe	5,
	Oral or nasal tobacco	6,
	Other (PLEASE SPECIFY)	0, 7,
	Don't know/Prefer not to answer	8,
	EB87.1 QB4b MODIFIED	
	ASK Q3 IF CODE 1, 2 OR 3 IN Q1 ("YOU SMOKE REGULARLY OR OCCASIONALLY OR	YOU USED TO
	SMOKE BUT YOU STOPPED")	
	PROG : CHECK CONSISTENCY BETWEEN D3 and Q3 – Q3 should be <= D3	
Q3	How old were you when you first smoked a cigarette?	
	years old	
	Prefer not to answer	98
	Don't know	99
	NEW	
	ASK Q4 IF CODE 3 IN Q1 ("YOU USED TO SMOKE BUT YOU STOPPED")	
Q4	And how old were you when you stopped smoking?	
	vegere ald	
	years old	
	Prefer not to answer	98
		99
	Don't know	<u></u>
	EB87.1 QB3 MODIFIED	
	ASK ALL	
Q5	Which of the following applies to you?	
45	which of the following upplies to you.	
	(READ OUT – ONE ANSWER PER LINE)	
	Incad OUT - One Answer Per Line)	

	Applies to you	Doesn't apply to you	Don't know/Pref er not to answer
--	-------------------	----------------------------	---

1	Your parents smoke or used to smoke	1	2	3
2	At work, many of your colleagues smoke	1	2	3
3	Your closest friends smoke	1	2	3
	Your closest friends smoke Your partner/spouse smokes	1	2	3 3

NEW

ASK Q6a IF CODE 1 OR 2 IN Q1 ("YOU SMOKE REGULARLY OR OCCASIONALLY")

Q6a

Would you describe yourself as a light, moderate, fairly heavy or heavy smoker?

(READ OUT - ONE ANSWER ONLY)

A light smoker	1
A moderate smoker	2
A fairly heavy smoker	3
A heavy smoker	4
Don't know/Prefer not to answer	5

NEW

ASK Q7a IF CODE 1 OR 2 IN Q1 ("YOU SMOKE REGULARLY OR OCCASIONALLY")

Q7a On average, how often do you currently smoke?

(READ OUT - ONE ANSWER ONLY)

Daily	1
Less than daily, but at least once a week	2
Less than weekly, but at least once a month	3
Less than monthly	4
Don't know/Prefer not to answer	5

ITCQ16 Q30 MODIFIED

ASK Q6b IF CODE 3 IN Q1 ("YOU USED TO SMOKE BUT YOU STOPPED")

Q6b Before you quit, would you have described yourself as a light, moderate, fairly heavy or heavy smoker?

(READ OUT - ONE ANSWER ONLY)

A light smoker	1
A moderate smoker	2
A fairly heavy smoker	3
A heavy smoker	4

	Don't know/Prefer not to answer	5
	NEW	
	ASK Q7b IF CODE 3 IN Q1 ("YOU USED TO SMOKE BUT YOU STOPPED")	
Q7b	On average, how often did you smoke before quitting?	
	(READ OUT - ONE ANSWER ONLY)	
	Daily	1
	Less than daily, but at least once a week	2
	Less than weekly, but at least once a month	3
	Less than monthly	4
	Don't know/Prefer not to answer	5
	NEW	
	ASK ALL	
Q9	In general, how would you describe your health? Is it	
U9	In general, now would you describe your nearing is it	
	(READ OUT - ONE ANSWER ONLY)	
	Poor	1
	Fair	2
	Good	3
	Very Good	4
	Excellent	5
	Don't know/Prefer not to answer	6
	ITCQ16 Q161	
<mark>Q10</mark>	How many times did you visit a doctor or a health care provider in the last 12 mor	nths?
	(READ OUT - ONE ANSWER ONLY)	
	Never	1
	Once or twice Three to five times	2 3
	Six times or more	4
	Don't know/Prefer not to answer	5
	NEW	
Q11	How often do you exercise or play sport?	
	(SHOW SCREEN - READ OUT - ONE ANSWER ONLY)	
	5 times a week or more	1
	3 to 4 times a week	2
	Once or twice a week	3
	1 to 3 times a month	4
	Less often	5
	Never Don't know/Prefer not to answer	6 7
		/

	EB72	.3 QF1						
Q12		now often do you engage in a p to another, dancing, gardening		ty outside sp	ort such as c	ycling or wal	king from a	
	(SHO	W SCREEN - READ OUT - ONE A	NSWER ONL	Y)				
	5 tim	es a week or more				1	L	
	3 to 4	I times a week				2	2	
	Once	or twice a week				3	3	
	1 to 3	3 times a month				4	Ļ	
	Less	often				5	5	
	Neve	r				6		
	Don't	: know/Prefer not to answer				7	,	
	EB72	.3 QF2						
Q13	How	often do you have a drink conta	aining alcoho	ol?				
	(SHO	W SCREEN - READ OUT - ONE A	NSWER ONL	Y)				
	Every	/dav				1		
		nore times a week				2		
		3 times a week						
		2 or 3 times a week 3 2 to 4 times a month 4						
		2 to 4 times a month 4 Once a month or less 5						
	Neve							
		know/Prefer not to answer				7		
	NEW	NEW						
	PROG	G FOR Q14: ROTATE STATEMEN	TS 1 TO 7					
Q14	To w	hat extent do you agree or disa	gree with the	e following st	atements?			
	(SHO	W SCREEN - READ OUT - ONE A	NSWER PER	LINE)				
			Totally	Tend to	Tend to	Totally	Don't	
			agree	agree	disagree	disagree	know/Pref	
							er not to	
							answer	
	1	You are overweight	1	2	3	4	5	
	_		_	_	-			
	2	You eat healthy food	1	2	3	4	5	
	3	You tend to drink alcohol a	1	2	3	4	5	
	5	bit too much	-	2	5	-	5	
	4	You live in a noisy	1	2	3	4	5	
		environment						
	5	You live and work in an	1	2	3	4	5	
		environment that is not polluted						

6	You often feel stressed at work	1	2	3	4	5
7	You currently suffer from stress in your personal life	1	2	3	4	5

EB67.3 QA24 MODIFIED

ASK Q15 IF CODE 1 OR 2 IN Q1 ("YOU SMOKE REGULARLY OR OCCASIONALLY")

Q15 Have you ever tried to quit smoking?

(READ OUT - ONE ANSWER ONLY)

Yes, once	1
Yes, more than once	2
No, never	3
Don't know/Prefer not to answer	4

EB87.1 QB18 MODIFIED

ASK Q16 IF CODE 3 IN Q1 ("YOU USED TO SMOKE BUT YOU STOPPED")

Q16 How man

How many times did you try to quit smoking before you succeeded?

(READ OUT - ONE ANSWER ONLY)

Once	1
Twice	2
Between 2 to 5 times	3
More than five times	4
Don't know/Prefer not to answer	5

NEW

ASK Q17 IF CODE 1 OR 2 IN Q1 ("YOU SMOKE REGULARLY OR OCCASIONALLY ")

Q17

To what extent do you feel well informed or not about smoking and its impact on your health?

(READ OUT - ONE ANSWER ONLY)

Very well informed	1
Rather well informed	2
Not very well informed	3
Not well informed at all	4
Don't know/Prefer not to answer	5

NEW

ASK Q18 IF CODE 3 IN Q1 ("YOU USED TO SMOKE BUT YOU STOPPED") OR IF CODE 1 OR 2 IN Q15 ("YOU HAVE TRIED TO QUIT SMOKING ONCE OR MORE THAN ONCE")

PROG FOR Q18: ROTATE CODES 1 TO 12

Q18

Which of the following factors encouraged you to quit smoking or to consider quitting?

(SHOW SCREEN - READ OUT - MULTIPLE ANSWERS POSSIBLE)

Concerns about your personal health	1,
Concerns about the effect of your smoke on non-smokers	2,
Smoking is getting less and less fashionable	3,
The price of tobacco products	4,
Smoking restriction at work	5,
Smoking restriction in public places	6,
A media campaign	7,
Availability of support via telephone or Internet helpline	8,
Advice from a doctor or other health professional to quit	9,
Free, or low cost stop-smoking medication	10,
Warning labels on tobacco packages	11,
Your family/partner/friends wanted you to quit	12,
Other	13,
None of the above	14,
Don't know/Prefer not to answer	15,

EB77.1 QD14 MODIFIED

ASK Q19 IF CODE 3 IN Q1 ("YOU USED TO SMOKE BUT YOU STOPPED") OR IF CODE 1 OR 2 IN Q15 ("YOU HAVE TRIED TO QUIT SMOKING ONCE OR MORE THAN ONCE")

Q19

Which of the following did you use in order to quit or to try to quit smoking?

(SHOW SCREEN - READ OUT - MULTIPLE ANSWERS POSSIBLE)

Nicotine replacement medications (like nicotine gum, patch or inhaler) or other	1,
medications	
Support from the doctor or other health professional or special stop-smoking	2,
services such as clinics or specialists	
Telephone quit line services	3,
Internet quit line services	4,
Alternative therapies such as acupuncture or hypnosis	5,
Oral, chewing or nasal tobacco	6,
Electronic cigarettes or vaping device	7,
Heat-not-burn products	8,
You quit or tried to quit without assistance	9,
Other	10,
Don't know/Prefer not to answer	11,

EB87.1 QB19 MODIFIED

		NOTEK			
	ASK Q20 IF CODE 1 OR 2 IN Q15 ("SMOKERS YOU	HAVE TRIED	TO QUIT SM	OKING ONCE	OR MORE
	THAN ONCE")				
Q20	Which are the reasons why your attempt(s) to qu	it smoking fa	iled?		
	(SHOW SCREEN - READ OUT - MULTIPLE ANSWER	S POSSIBLE)			
	Your chosen quitting method(s) or product(s) was	/were not su	uitable for yo	u 1,	
	Your chosen quitting method(s) or product(s) was	/were too ex	kpensive	2,	
	You were not motivated enough			3,	
	Unexpected outside circumstances			4,	
	Other			5,	
	Don't know/Prefer not to answer			6,	
	· · · · · · · · · · · · · · · · · · ·				
	NEW				
	ASK ALL				
Q21	Have you heard of the following products?				
	(READ OUT - ONE ANSWER PER LINE)				
			Yes	No	Don't
					know/Pref
					er not to
					answer
	1 Electronic cigarettes, e-cigarettes or vaping	devices	1	2	3
	2 "Heat-not-burn" products, which heat toba	cco instead	1	2	3
	of burning it		-	-	5
	3 Medications for quitting smoking		1	2	3
	NEW				
	ASK Q22.1 IF Q21.1=1, ASK Q22.2 IF Q21.2=1, ASK		1 3-1		
			1.5-1		
Q22	To what extent do you use the following products	?			
	(READ OUT - ONE ANSWER PER LINE)				
		You tried it	You use it	You have	Don't
		. ou thou it			
		once or	regularly	never used	

1	Electronic cigarettes, e-cigarettes or vaping devices	1	2	3	4
2	"Heat-not-burn" products, which heat tobacco instead of burning it	1	2	3	4

answer

3	Medications for quitting smoking	1	2	3	4

NEW

ASK Q22a IF CODE 2 IN Q22.1 ("USE ELECTRONIC CIGARETTES, E-CIGARETTES OR VAPING DEVICES REGULARLY")

Q22a

Does the e-cigarette or vaping device that you use most often contain nicotine?

(ONE ANSWER ONLY)

Yes	1
No	2
Don't know/Prefer not to answer	3

NEW

I

ASK Q22b IF CODE 2 IN Q22.1 ("USE ELECTRONIC CIGARETTES, E-CIGARETTES OR VAPING DEVICES REGULARLY")

Q22b What is your primary reason for using an e-cigarette or vaping device?

(READ OUT - ONE ANSWER ONLY)

To quit smoking	1
To cut down smoking	2
To use when you cannot or are not allowed to smoke	3
To avoid returning to smoking	4
Because you enjoy it	5
Other reason	6
Don't know/Prefer not to answer	7

NEW

ASK Q23 IF (CODE 1 OR 2 IN Q22.1) OR (CODE 1 OR 2 IN Q22.2) OR (CODE 1 OR 2 IN Q22.3) ("YOU HAVE ALREADY USED OR REGULARLY USE ALTERNATIVE PRODUCTS")

Q23

Since you started using these products, would you say your tobacco consumption has increased, decreased or stayed the same?

(ONE ANSWER ONLY)

Increased	1
Decreased	2
Stayed the same	3
Don't know/Prefer not to answer	4

NEW

ASK Q24 IF CODE 1 OR 2 IN Q1 ("YOU SMOKE REGULARLY OR OCCASIONALLY")

		1	libiEk				
Q24	Let's imagine that you have to give		ompletely to	morrow. Whi	ich of tl	he foll	lowing
	statements would best apply to you	1?					
	(READ OUT - ONE ANSWER ONLY)						
	You could stop smoking immediate					1	
	You couldn't stop smoking immedia	itely, you woi	uld need to se	eek assistanc	e	2	
	Don't know/Prefer not to answer					3	
	NEW						
	ASK Q25 IF CODE 1 OR 2 IN Q1 ("YO	U SMOKE RE	GULARLY OR	OCCASIONAL	_LY")		
Q25	Are you planning to quit smoking						
	(READ OUT - ONE ANSWER ONLY)						
	Within the next month					1	
	Within the next 6 months					2	
	Sometimes in the future, beyond 6	months				3	
	You are not planning to quit					4	
	Don't know/Prefer not to answer					5	
	ITCQ16 Q74 MODIFIED						
	ASK Q26 IF CODE 1 OR 2 IN Q1 ("YO	U SMOKE RE	GULARLY OR	OCCASIONAL	_LY")		
	PROG FOR Q26: ROTATE STATEMEN	NTS 1 TO 4					
Q26	To what extent do you agree or disa	agree with th	e following st	atements?			
	(READ OUT, ONE ANSWER REPLIN	E)					
	(READ OUT - ONE ANSWER PER LIN	C)					
		Totally	Tend to	Tend to	Totall	v	Don't
		Agree	Agree	disagree	Disagr	•	know/Pref er not to answer

1	Your smoking is harmful for your health	1	2	3	4	5
2	In some cases, your smoking could harm others around you	1	2	3	4	5
3	You usually read the health warning labels on cigarettes packages	1	2	3	4	5

4	You think the health warning	1	2	3	4	5
	labels are exaggerated					

NEW

ASK ALL

Q27

Based on what you know or believe, does smoking cigarettes, cigars, cigarillos or a pipe, cause...

(SHOW SCREEN - READ OUT - MULTIPLE ANSWERS POSSIBLE)

Heart disease in smokers	1,
Brain disorder	2,
Impotence in male smokers	3,
Lung cancer in smokers	4,
Blindness in smokers	5,
Mouth cancer in smokers	6,
Throat cancer in smokers	7,
Stroke in smokers	8,
COPD or emphysema in smokers	9,
Bronchitis in smokers	10,
Tuberculosis in smokers	11,
Asthma in children from secondhand smoke	12,
Melanoma	13,
Don't know/Prefer not to answer	14,

NEW

Q28

Based on what you know or believe, does smoking nicotine contained in products like electronic cigarettes cause...

(SHOW SCREEN - READ OUT - MULTIPLE ANSWERS POSSIBLE)

Heart disease in smokers	1,
Brain disorder	2,
Impotence in male smokers	3,
Lung cancer in smokers	4,
Blindness in smokers	5,
Mouth cancer in smokers	6,
Throat cancer in smokers	7,
Stroke in smokers	8,
COPD or emphysema in smokers	9,
Bronchitis in smokers	10,
Tuberculosis in smokers	11,
Asthma in children from secondhand smoke	12,
Melanoma	13,
Don't know/Prefer not to answer	14,

NEW

Based on what you know or believe, does using heat-not-burn tobacco cause...

(SHOW SCREEN - READ OUT - MULTIPLE ANSWERS POSSIBLE)

Heart disease in smokers	1,
Brain disorder	2,
Impotence in male smokers	3,
Lung cancer in smokers	4,
Blindness in smokers	5,
Mouth cancer in smokers	6,
Throat cancer in smokers	7,
Stroke in smokers	8,
COPD or emphysema in smokers	9,
Bronchitis in smokers	10,
Tuberculosis in smokers	11,
Asthma in children from secondhand smoke	12,
Melanoma	13,
Don't know/Prefer not to answer	14,

NEW

Q30

PROG FOR Q30: ROTATE STATEMENTS 1 TO 6

On a scale from 1 to 10, where 1 means not harmful to your health and 10 means very harmful to your health, to what extent do you think a moderate daily use of the following products can harm your health?

(SHOW SCREEN – READ OUT – ONE ANSWER PER LINE)

	1	2	3	4	5	6	7	8	9	10	Don'
	Not									Very	t
	harm									harm	kno
	ful									ful	w/Pr
											efer
											not
											to
											answ
											er

1	Cigarettes	1	2	3	4	5	6	7	8	9	10	11
2	Coffee	1	2	3	4	5	6	7	8	9	10	11
3	Soda drinks (US and UK: Sodas/ fizzy drinks)(NZ: Soft drinks/ fizzy drinks)	1	2	3	4	5	6	7	8	9	10	11
4	Wine	1	2	3	4	5	6	7	8	9	10	11
5	Candy (US: Candies)(UK: Sweets and chocolates)(NZ: Lollies, sweets and chocolates)	1	2	3	4	5	6	7	8	9	10	11

(6 Salty Appetizers	1	2	3	4	5	6	7	8	9	10	11
-	7 Junk Food	1	2	3	4	5	6	7	8	9	10	11

NEW

ASK ALL

PROG FOR Q31: ROTATE STATEMENTS 1 TO 6

Q31 And using the same scale, to what extent do you think a moderate daily use of the following substances can harm your health?

(SHOW SCREEN – READ OUT – ONE ANSWER PER LINE)

	1	2	3	4	5	6	7	8	9	10	Don'
	Not									Very	t
	harm									harm	kno
	ful									ful	w/Pr
											efer
											not
											to
											answ
											er

1	Sugar	1	2	3	4	5	6	7	8	9	10	11
2	Salt	1	2	3	4	5	6	7	8	9	10	11
3	Caffeine	1	2	3	4	5	6	7	8	9	10	11
4	Alcohol	1	2	3	4	5	6	7	8	9	10	11
5	Nicotine	1	2	3	4	5	6	7	8	9	10	11
6	Fat	1	2	3	4	5	6	7	8	9	10	11

NEW

ASK Q32 IF CODE 1 OR 2 IN Q22.1 ("YOU HAVE ALREADY USED OR REGULARLY USE ELECTRONIC CIGARETTES, E-CIGARETTES OR VAPING DEVICES")

Q32 How worried are you that using e-cigarettes or vaping devices will damage your health in the future?

(READ OUT - ONE ANSWER ONLY)

Not at all worried	1
A little worried	2
Moderately worried	3
Very worried	4
Don't know/Prefer not to answer	5

ITCQ16 Q246 MODIFIED

	ASK ALL
Q33	Do you think smoking e-cigarettes and vaping devices can be harmful?
	(ONE ANSWER ONLY)
	Yes 1 No 2
	Don't know/Prefer not to answer 3
	NEW
Q34	Do you think smoking e-cigarettes and vaping devices is more or less harmful than smoking regular cigarettes?
	(READ OUT - ONE ANSWER ONLY)
	Less harmful 1
	More harmful 2
	Equally harmful 3
	Don't know/Prefer not to answer 4
	NEW
Q35	Thinking about the vapour from e-cigarettes or vaping devices, and second-hand smoke from regular cigarettes Is vapour from e-cigarettes or vaping devices more harmful, equally harmful, or less harmful to other people than second-hand smoke from regular cigarettes?
	(ONE ANSWER ONLY)
	Vapour is more harmful than second-hand smoke 1
	Equally harmful 2
	Vapour is less harmful than second-hand smoke 3
	Don't know/Prefer not to answer 4
	ITCQ16 Q225 MODIFIED
	ASK Q36 IF CODE 1 IN Q21.2 ("YOU HAVE HEARD OF "HEAT-NOT-BURN" TOBACCO PRODUCTS")
Q36	Compared to smoking regular cigarettes, how harmful do you think "heat-not-burn" tobacco products are?
	(READ OUT - ONE ANSWER ONLY)
	Much less harmful
	Somewhat less harmful 2
	Equally harmful 3
	Somewhat more harmful 4
	Much more harmful 5
	Don't know/Prefer not to answer 6
	ITCQ16 Q247 MODIFIED

	ASK Q37 IF CODE 1 IN Q21.1 ("YOU HAVE HEARD OF ELECTRONIC CIGARETTES, E-CIGARETTES OR VAPING DEVICES")							
Q37	Compared to smoking regular cigarettes, do you think using e-cigarettes or e-lique nicotine is?	uids that contain						
	(READ OUT - ONE ANSWER ONLY)							
		-						
	Much less addictive	1						
	Somewhat less additive	2						
	Equally addictive	3						
	Somewhat more addictive	4						
	Much more addictive	5						
	Don't know/Prefer not to answer	6						
	ITCQ16 Q242 MODIFIED							
	ASK Q38 IF CODE 1 OR 2 IN Q1 ("YOU SMOKE REGULARLY OR OCCASIONALLY")							
Q38	Do you consider yourself addicted to cigarettes?							
400								
	(READ OUT - ONE ANSWER ONLY)							
	Not at all	1						
	Yes - somewhat addicted	2						
	Yes - very addicted	3						
	Don't know/Prefer not to answer	4						
		_ ·						
	ITCQ16 Q38							
	ASK Q39 IF CODE 1 OR 2 IN Q1 ("YOU SMOKE REGULARLY OR OCCASIONALLY")							
Q39	Which of the following situations, if any, apply to you?							
	(SHOW SCREEN - READ OUT - MULTIPLE ANSWERS POSSIBLE)							
	You smoke a few minutes after waking up	1,						
	You smoke everytime you drink coffee or tea	2,						
	You smoke everytime you have an alcoholic drink	3,						
	You smoke after a meal	4,						
	You are tempted to smoke everytime you see people smoking around you	5,						
	You can't spend 2 hours without smoking	6,						
	None of the above	- 0, 7,						
	Don't know/Prefer not to answer	8,						
	NEW							
	ASK Q40 IF CODE 1, 2 OR 3 IN Q1 ("YOU SMOKE REGULARLY OR OCCASIONALLY (SMOKE BUT STOPPED")	OR YOU USED TO						
Q40	Have you ever spent money on cigarettes that you knew would be better spent of	on household						

essentials like food?

(ONE ANSWER ONLY)

Yes	1
No	2
Don't know/Prefer not to answer	3

ITCQ16 Q71

ASK Q41 IF CODE 1 OR 2 IN Q1 ("YOU SMOKE REGULARLY OR OCCASIONALLY")

Q41

Q42

Would an increase in tobacco price have an effect on your current smoking habit?

(READ OUT - ONE ANSWER ONLY)

Yes, you would stop smoking	1			
Yes, you would reduce your tobacco consumption	2			
Yes, you would switch to alternative products				
No, you wouldn't change your habits	4			
Don't know/Prefer not to answer				

NEW

ASK Q42 IF CODE 1 OR 2 IN Q1 ("YOU SMOKE REGULARLY OR OCCASIONALLY")

If tomorrow, cigarettes, cigars, cigarillos or pipe were completely banned in (OUR COUNTRY), which of the following attitudes would you adopt?

(READ OUT - ONE ANSWER ONLY)

You would completely stop smoking	1				
You would replace cigarettes with other nicotine based products	2				
You would replace cigarettes with nicotine-free products					
I would continue smoking anyway	4				
Don't know/Prefer not to answer					

NEW

SOCIO-DEMOGRAPHIC QUESTIONS

ASK ALL

D1

Which of the following best corresponds to your own current situation?

(ONE ANSWER ONLY)

MARRIED OR REMARRIED	
Living without children	1
Living with the children of this marriage	2
Living with the children of a previous marriage	3

Living with the children of this marriage and of a previous marriage	4
SINGLE LIVING WITH A PARTNER	
Living without children	5
Living with the children of this union	6
Living with the children of a previous union	7
Living with the children of this union and of a previous union	8
SINGLE	
Living without children	9
Living with children	10
DIVORCED OR SEPARATED	
Living without children	11
Living with children	12
WIDOW	
Living without children	13
Living with children	14
Other	15
Prefer not to answer	16

EB88.1 D7

D4: CANNOT BE LARGER THAN D3

D4

How old were you when you stopped full-time education?

	years old
--	-----------

Still studying	0
No full-time education	1
Prefer not to answer	98
Don't know	99

EB88.1 D8 MODIFIED

ASK D5b IF "NOT DOING ANY PAID WORK CURRENTLY", CODES 1 to 4 in D5a

D5a What is your current occupation?

D5b

Did you do any paid work in the past? What was your last occupation?

	D5a	D5b
	CURRENT	LAST
	OCCUPATION	OCCUPATION
NON-ACTIVE		
Responsible for ordinary shopping and looking after the	1	
home, or without any current occupation, not working		
Student	2	
Unemployed or temporarily not working	3	
Retired or unable to work through illness	4	
SELF EMPLOYED		
Farmer	5	5
Fisherman	6	6

Professional (lawyer, medical practitioner, accountant,	7	7
architect, etc.)		
Owner of a shop, craftsmen, other self-employed person	8	8
Business proprietors, owner (full or partner) of a company	9	9
EMPLOYED		
Employed professional (employed doctor, lawyer, accountant, architect)	10	10
General management, director or top management (managing directors, director general, other director)	11	11
Middle management, other management (department head, junior manager, teacher, technician)	12	12
Employed position, working mainly at a desk	13	13
Employed position, not at a desk but travelling (salesmen, driver, etc.)	14	14
Employed position, not at a desk, but in a service job (hospital, restaurant, police, fireman, etc.)	15	15
Supervisor	16	16
Skilled manual worker	17	17
Other (unskilled) manual worker, servant	18	18
Never did any paid work	19	19
EB88.1 D15a D15b		

Would you say you live in a ...?

(READ OUT - ONE ANSWER ONLY)

Rural area or village	1
Small or middle sized town	2
Large town	3
Don't know/Prefer not to answer	4

EB88.1 D25

D7=MIN=0 // MAX=15

D7

D6

Could you tell me how many people aged 15 years or more live in your household, yourself included?

(WRITE DOWN)

EB88.1 D40a

D8=MIN=0 // MAX=15

D8	Could you tell me how many children less than 10 years old live in your household?
	(WRITE DOWN)
	EB88.1 D40b
	D9=MIN=0 // MAX=15
D9	Could you tell me how many children aged 10 to 14 years old live in your household?
	(WRITE DOWN)
	EB88.1 D40c
D10	Which of the following goods do you have?
	(SHOW SCREEN - READ OUT - MULTIPLE ANSWERS POSSIBLE)
	Television 1,
	DVD player 2,
	Music CD player3,Desk computer4,
	Desk computer 4, Laptop 5,
	Tablet 6,
	Smartphone 7,
	An Internet connection at home 8,
	A car 9,
	An apartment\ a house which you have finished paying for 10,
	An apartment\a house which you are paying for 11,
	None of the above 12,
	Don't know/Prefer not to answer12,13,
	EB87.2 D46
D11	During the last twelve months, would you say you had difficulties to pay your bills at the end of the month?
	(READ OUT - ONE ANSWER ONLY)
	Most of the time 1
	From time to time 2
	Almost never\ never 3
	Prefer not to answer 4
	EB88.1 D60
D12	Do you see yourself and your household belonging to?
	(SHOW SCREEN – READ OUT – ONE ANSWER ONLY)
	The working class of society 1

The lower middle class of society	2
The middle class of society	3
The upper middle class of society	4
The higher class of society	5
Other	6
None of the above	7
Don't know/Prefer not to answer	9

EB88.1 D63