



GLOBAL STATE OF SMOKING POLL

-2019-

Methods Statement

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1.0 Context and objectives of the research

The Foundation for a Smoke-Free World (FSFW) is motivated to improve global health by ending smoking in this generation. FSFW supports research exploring a variety of approaches to smoking cessation and harm reduction, including: new technologies, therapies, alternative products, and behavioural science.

FSFW launched the Global State of Smoking Poll to gain a clear understanding of habits and perceptions regarding tobacco products and alternative nicotine delivery systems. The objectives of this initiative were: (1) to determine use rates of various tobacco products and compounds; (2) to understand smokers' experiences and challenges; and (3) to evaluate beliefs about the harmfulness and addictiveness of different products and compounds.

To achieve these goals, FSFW commissioned Nielsen to survey a selection of seven countries (US, India, South Africa, Norway, Greece, Japan, and the United Kingdom). These countries were selected to capture regions that varied with respect to smoking prevalence and smoking habits (e.g., products used, gender differences). The resulting data reflects the attitudes and habits of people from diverse cultural, socio-economic, and tobacco-regulatory environments.

2.0 Initial Desk Research and Pilot Interviews

For the survey questionnaire to be as thorough, relevant, clear and accurate as possible, several initial steps were taken:

a) Desk Research:

The objective of the desk research was to understand the tobacco category and the factors influencing the same specifically socio-cultural and aspects of government policy. At the initial stage, publicly available data on smoking habits and perceptions were collected and assessed. Government regulations through media articles, and popular culture sources (e.g. advertising and movies) were reviewed to obtain a brief background, from the 1970s through 2019, of the impact of government regulations and changes in the representation of tobacco products in popular culture. This historical overview helped provide an understanding of the evolution of the respective markets amidst the backdrop wherein people's attitudes towards nicotine consumption, key triggers, barriers that influenced consumption, and journeys towards cessation could be understood.

b) Pilot Interviews

Nielsen conducted pilot interviews among both current users of tobacco products and/or other alternative products and quitters (who quit in last five years).

In India, South Africa and Greece, pilot interviews were carried out by the native speakers of the respective language through face to face interviews. In Norway, Japan, UK and USA pilot interviews were performed through online interviews with moderators.

Country	Method	Number of Pilot Interviews	Language
India	Face to face interview	30 Interviews	Hindi, Bengali, Tamil, Marathi (7/8 interviews per language)
South Africa	Face to face interview	6 Pilot Interviews	English
Greece	Face to face interview	6 Pilot Interviews	Greek
Norway	Online Interview	6 Pilot Interviews	Norwegian
Japan	Online Interview	7 Pilot Interviews	Japanese
UK	Online Interview	8 Pilot Interviews	English
USA	Online Interview	6 Pilot Interviews	English
Total		69 Pilot Interviews	

The interviewers provided feedback on the whole questionnaire, with a specific focus on certain questions highlighted as possible sources of confusion or difficulty in answering. Overall, the pilot phase showed that the questionnaire was sufficiently clear in all languages. No major problems of comprehension or lack of clarity were reported by the interviewers. According to respondents, the questions were phrased concretely and dealt primarily with a subject that is part of day-to-day life, to which respondents could easily relate. A large portion of the questions included in the 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 FSFW. Improvements to the translations were also collected and implemented. Following the pilot stage, a final version of the questionnaire was prepared.

More details on the covered documents in desk research can be found in Appendix 1.

3.0 Qualitative survey

a) Context and Objectives of the Qualitative Survey:

The approach involved engaging separate groups of current & former smokers in discussions around perceptions and behaviour, probing the complex and sometimes contradictory web of perceptions, myths, attitudes and behaviour 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 organized around three main topics:

- The perceived risks of smoking and alternatives
- The notion of addiction
- The impediments or barriers to quitting smoking and the role of new-age alternatives in this context

The qualitative component has enabled deeper understanding regarding the use of emerging language around smoking alternatives, and insights to support the development of smoking cessation and risk reduction strategies.

A multi-pronged approach was implemented including desk research and primary qualitative research.

Primary Research:

This was conducted using two methodologies:

- I. **Focus Group Discussions:** Each focus group discussion was comprised of eight respondents. These were conducted at commercial venues and lasted for about two hours. These group discussions were conversation orientated, allowing respondents to

voice their opinions openly. The forum provided a deep understanding of expectations and perceptions about the category and of different consumer mind-sets and preferences. The group discussions were also flexible and iterative, allowing for new themes to be explored, as the research progressed.

- II. **In-depth Interviews:** These were one-on-one interviews, done face-to-face at locations convenient to the respondents. The duration of these interviews was two hours. These interviews were only conducted with ex-smokers, as we wanted to discover their individual triggers and barriers to reduction of consumption and cessation.

b) Main methodological elements

The sample size achieved in each country was as follows:

- **US:** 6 FGDs and 11 In-depth interviews
- **India:** 14 FGDs and 9 In-depth interviews
- **South Africa:** 6 FGDs and 9 In-depth interviews
- **Norway:** 10 FGDs and 3 In-depth interviews
- **Greece:** 6 FGDs and 10 In-depth interviews
- **Japan:** 6 FGDs and 4 In-depth interviews
- **UK:** 6 FGDs and 10 In-depth interviews
- Age: 18-24 years, 25-40, 41-59 years (appropriate distribution of ages in each group)
- Gender: Both male & female participants
- 8 participants per group as per standard quorum for focus group discussion
- 1 participant per In depth interview as per norms
- The main basis of the sample size was to ensure inclusion of the following:
 - Consumers of different kinds of tobacco products ranging from traditional to new age as is prevalent in respective countries; to understand strengths & weaknesses of different formats
 - Relevant cohorts across life stages since it has a bearing on attitude & tobacco consumption behaviour
 - Participants who were at different stages of their smoking behaviour
 - Mix of those with behavioural inclination to quit and attitudinal inclination to quit to obtain a granular understanding of trigger & barriers
 - Perspectives of both men & women since there exists gender wise differences

Definition of Target Audience

To ensure coverage of different forms of tobacco consumption and understanding of the quitting behaviour, the following types of user-profiles were included:

1. Current smokers of manufactured cigarettes

- Regular smokers i.e., a mix of those who smoke on average 3 to 5 cigarettes or those who smoke cigarettes more than five times a day
- They have smoked for at least a year from their legal smoking age
- Mix of behavioural inclination to quit and attitudinal inclination to quit (definitions explained below)

2. Dual Smokers of Bidi and Gutka (India)

- Smoke Bidi and chew Gutka, a mix of those who consume both, on average 3-5 or more than five times a day
- They have consumed both for at least a year or more from their legal smoking ages
- Mix of behavioral inclination to quit and attitudinal inclination to quit (definitions explained below)

3. Current users of Vaping Devices

- Regular users who were a mix of those who use a vaping device on average 3-5 or more than 5 times in a day
- They have used this for at least a year or more? from their legal smoking age
- Mix of behavioural inclination to quit and attitudinal inclination to quit (definitions explained below)

4. Users of Snus (Norway)

- Consume snus, a mix of those who consume on an average 3-5 or more than five times in a day
- They have consumed snus for at least a year or more from their legal smoking ages
- Mix of behavioural inclination to quit and attitudinal inclination to quit (definitions explained below)

5. Ex-smokers

- Used to be regular smokers, a mix of those who used to smoke on average 3 or more times a day
- They smoked for at least a year or more from their legal smoking age (before they quit)
- They have quit in the last 5 years and currently do not smoke

To better understand motivations to quit, methods that help or don't, the approach and the underlying mindset, smokers of cigarettes and bidis, users of gutka, snus and vaping devices, who have either demonstrated behavioural inclination to quit or attitudinal inclination to quit were met. The behavioural and attitudinal inclinations to quit were defined as follows:

Behavioural inclination to quit: They have tried to quit at least once with or without the help of alternative products (like nicotine gum or patch or other medications or vaping device).

Attitudinal inclination to quit: They may not have quit, but are actively worried about the effect of tobacco products and are considering quitting.

Coverage of distinct age bands

The sample was divided into 3 age groups to cover distinct life stages since that has a bearing on tobacco consumption behaviour which is provided below:

Life stage 1: 18-24 years

This is the age when people start smoking/chewing Gutka and are still experimenting. This helped in understanding the factors that introduced them to smoking/chewing Gutka for the first time.

Life stage 2: 25-40 years

Respondents in this life stage are in the process of settling down in both their personal and professional lives. Therefore, it was important to understand the motivation to smoke as well as to reduce the consumption of tobacco products at this stage.

Life stage 3: 41-59 years

Given this life stage, respondents would have evolved over time and have more or less settled in their habits. This helped in getting their views on experiences that shaped their choices and steps taken to reduce the consumption of nicotine products.

Recruitment of Participants and Ethical Considerations

A recruitment questionnaire was developed and provided to the data acquisition team. The team of recruiters working in different parts of the city visited shops where cigarette, bidi or vaping products were sold. They stood around these shops to intercept buyers and collect their contact details. By following this process for a couple of days, they prepared a list of potential respondents. These potential respondents were then contacted one by one to check whether they match the required criteria or not. Eligible respondents were randomly recruited based on the predefined criteria in the recruitment questionnaire. Secondary checks were also performed to ensure that the specified recruitment criteria are correctly met.

Shortlisted respondents were asked whether they would be interested in participating in a focus group discussion or an in-depth interview, subject to the criteria being fulfilled by them. Once the respondent had given her/his consent, they were invited to attend the focus group discussion or an in-depth interview session.

All respondents were recruited in adherence to the code of conduct and protocols mandated by the MRSI (Market Research Society of India). All participants provided verbal consent to being interviewed and to be audio recorded for research purposes.

More details on the recruitment can be found in Appendix 2.

Fieldwork

The table below shows the start date and end date of fieldwork in each country.

Fieldwork dates			
Country	Urban	Rural	Date
US	Dallas, St Louis	West Virginia	23 rd – 30 th May 2019
India	Delhi, Chennai	West Bengal	25 th May-20 th June 2019
South Africa	Johannesburg	Western Cape	10 th -24 th June 2019
Norway	Oslo	Rural Oslo	12 th -20 th June 2019
Greece	Athens	Rural Athens	12 th -20 th June 2019
Japan	Tokyo	Ibaraki	14 th – 21 st June 2019
UK	London	Bristol, Chiswick	17 th -20 th June 2019

4.0 Quantitative survey

a. Population, response target & collection mode

The population of respondents for this survey was the adult general population who were men and women between 18-69 years of age (except Japan where it was 20-69 years), and who were either current users/ vapers/smokers or quitters (those who used to consume regularly in the past, but have quit within the past 5 years) of tobacco products or alternative products.

b. Sampling

A large sample size was taken to limit the margin of error to be in the range of 0.49% to 2.43%. Across all markets, to ensure wider geographical coverage, Nielsen included a mix of urban and rural (outskirts of cities/villages) respondents within a geographical region.

Considering the aspects of internet penetration, online interviews were conducted in Norway, Japan, UK and the USA. In India, Greece, and South Africa, where internet penetration is lower and the online panels are skewed towards urban and youth (where internet penetration is high), Nielsen conducted offline face-to-face computer-aided interviews (CAPI).

Oversampling of female smokers/ vapers/ other products users

To ensure a sufficient sample size among female users of tobacco (from an analysis perspective), booster interviews were conducted in India and South Africa where the prevalence of tobacco is lower among women. The fieldwork for the booster sample was conducted after completion of the fieldwork for the random sample.

Sampling methodology _ Countries where face to face CAPI interviews were conducted

In this methodology, the geographical coverage of the survey included the entire country comprising of both urban and rural areas. Nielsen conducted a three-stage stratified random sampling for the survey in which a ready-made sampling frame was used for the first two stages and an intercept sampling was used for the third stage.

First stage – Centre selection: The country was divided into geographical blocks/region. In each region, across various tiers of cities, the required numbers of cities were selected. Rural centres were selected around the non-metro/ small cities ensuring spread across regions within a district. Rural area is defined by low population (e.g. South Africa – less than 500, Greece – community NOT in metropolitan areas, with pop <5000 inhabitants), limited access to amenities such as safe water electricity, proper infrastructure, and proper transportation etc.

Second stage – Starting point selection in each centre: Each of the selected cities and rural centres were divided into geographical blocks. The geographic area covered was divided into blocks/areas based on Municipal Division (e.g. Wards in India). For each of these areas, the population is known, based on municipality official statistics and/ or other published sources.

The number of starting points for each of the markets was determined based on (a) the sample size, and (b) the number of interviews per starting point that were conducted. Taking a city of India as an example....

A total of 300 interviews were conducted with a total of 5 interviews per starting point. Therefore, a total of 60 (i.e. 300 divided by 5) starting points were used for the survey.

The areas/blocks within which these starting points fell randomly were selected as follows:

- The areas/blocks with their respective populations were listed in alphabetical order. The cumulative population was also listed in a third column.
- Between one to the total number of cumulative population listed in a third column; one random number was generated. This random number fell within the cumulative population of an area/block; that area/block was selected as the first starting point.
- In order to determine the areas within which the remaining starting points were selected, the interval was defined, based on the total population figure and the total number of starting points. The cumulative population column was then used, starting from the area first randomly selected, and moving in intervals of x000's in order to

determine the area within which the second starting point is selected, then the third, etc.

Third stage- Household Selection:

The house/ apartment number in the selected area's main residential street which corresponded to the last number of interviewer's personal identity card was selected as the first household to be approached. Then the interviewers walked as per right-hand rule. Right-hand rule walk means to follow the apartments/households/units/road on the right side without crossing the road and going zig-zag. Through this right-hand rule walk the interviewers selected every nth (e.g. 4th household) and walked around the selected area, until completion of the required number of interviews (e.g. 5) from the selected area.

Fourth stage- Respondent Selection:

If there was only one adult current user/vaper/ smoker or quitter (who used to consume regularly in the past but have quit within the past 5 years) in a selected household, that adult was interviewed.

If there were more than one eligible adult in the household, then the individual whose birthday was closest to the date of the interview was selected for the interview.

Only one individual per household was interviewed. In the event that the selected individual was not present in the house at the time of the visit, that household was dropped and the interviewer moved on to the next house in the street.

c. Scripting

A centralized master script from the validated questionnaire was developed, including the filters, respondent instructions and the visual layout of the survey (online script) and interviews' instruction (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 each question, answer choice, instruction messages and filters were consistent across all languages.

d. Fieldwork

The tables below details the date in which fieldwork was started and closed in each country, as well as the number of completed interviews per country:

Main Field Work Details			
	Final Sample Size	Field work start date	Field work End date
UK	2250	17-06-2019	19-08-2019
USA	2309	01-07-2019	11-07-2019
Norway	1698	21-06-2019	11-09-2019
Japan	2227	21-06-2019	19-08-2019
South Africa	2367	20-06-2019	11-09-2019
Greece	1815	26-06-2019	30-07-2019
India	41673	26-06-2019	27-09-2019

IRB's exemption was received from Solutions IRB before the fieldwork in the USA. The protocol 2019/06/4 Foundation for A Smoke- Free World Global Poll 2019 was verified as Exempt according to 45CFR46.101 (b)(2): Anonymous Surveys - No Risk on 06/26/2019 by the IRB Chair.

In other countries Nielsen used the same US questionnaire which was exempted by IRB. Private law firms confirmed that no ethical approval was required there as well: the Politis & Partners Law Firm (Greece), Stener Law (Norway), Harrison Clark Rickerbys Solicitors (UK), Tokyo J Law Office (Japan), O'Reilly Law (South Africa), and ALMT Legal Advocates & Solicitors (India). Nielsen interviewed only the legally aged current users of tobacco products/ smokers/ vapers and legally aged quitters who quit in the last 5 years and not currently using tobacco products/ alternative products. There was no product trial/ consumption involved in the study; and the interview was focussed mainly on the harmfulness of various tobacco products and other products. All interviews were carried after receiving the consent of the respondents.

e. Weighting

As per the scope of work, the coverage of respondents for this study was restricted to current users of tobacco products/other products and ex-users, and excluding never users of tobacco. This eliminated the possibility of measuring the prevalence (i.e., incidence) and profile of current users / ex-users / never users of tobacco among the general population. This, in turn, implied there would be an absence of the population frame required for data weighting purposes. Therefore, there was not any weighting of data undertaken for this study.

f. Data Processing

At the end of the fieldwork, the data was thoroughly and systematically checked. Several quality controls were implemented, in order to optimize the quality of the data. These included sample validation, interviewers sample check, having an independent quality team to monitor end to end project delivery. In the case of face-to-face interviews, accompaniment and back-checks were done for each interviewer. Back checks (through physical or

telephonic) were done to ensure the respondent's age was not less than Legal Age of Smoking/ tobacco usage.

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

We had captured a larger population of participants per country. Hence, the sample size was to limit the margin of error to be in the range of 0.49% to 2.43%. These sample sizes also ensure sufficient sample sizes for both the gender (margin of error less than 4%) and by age-groups (margin of error less than 6%).

Greece		
	Sample Size	Margin of Error
Total	1815	2.35%
Gender		
Male	1072	3.05%
Female	743	3.67%
Age		
18-24 years	233	6.55%
25-35 years	352	5.33%
36-50 years	564	4.21%
51-70 years	666	3.87%
Region		
Attiki	691	3.80%
Crete	111	9.49%
Eastern Macedonia and Thrace	55	13.48%
Central Macedonia	418	4.89%
Western Macedonia	28	18.90%
Epirus	73	11.70%
Thessaly	109	9.58%
Western Greece	136	8.57%
Central Greece	109	9.58%
Peloponnese	85	10.85%

South Africa		
	Sample Size	Margin of Error
Total	2367	2.06%
Gender		
Male	1696	2.43%
Female	671	3.86%
Age		
18-24 years	425	4.85%
25-35 years	777	3.59%
36-50 years	715	3.74%
51-70 years	450	4.71%
Region		
Central region	207	6.95%
Eastern region	375	5.16%
Northern region	1182	2.91%
Southern region	272	6.06%
Western region	331	5.50%
Inclusive of 300 booster interviews among the females who are current users of tobacco products/ other products		

Norway		
	Sample Size	Margin of Error
Total	1698	2.43%
Gender		
Male	905	3.32%
Female	793	3.55%
Age		
18-24 years	379	5.14%
25-35 years	457	4.68%
36-50 years	430	4.82%
51-70 years	432	4.81%
Region		
LF1 Oslo and Akershus	716	3.74%
LF2 Hedmark and Oppland	132	8.70%
LF3 Sør-Østlandet	204	7.00%
LF4 Agder and Rogaland	133	8.67%
LF5 Western Norway	359	5.28%
LF6 Trøndelag	83	10.98%
LF7 Nord-Norge	71	11.87%

Japan		
	Sample Size	Margin of Error
Total	2227	2.12%
Gender		
Male	1503	2.58%
Female	724	3.72%
Age		
20-24 years	68	12.13%
25-35 years	308	5.70%
36-50 years	792	3.55%
51-70 years	1059	3.07%
Region		
Chubu	306	5.72%
Chugoku	99	10.05%
Hokkaido	207	6.95%
Kanto	825	3.48%
Kinki / Kansai	426	4.85%
Kyushu	176	7.54%
Shikoku	56	13.36%
Tohoku	131	8.74%

UK		
	Sample Size	Margin of Error
Total	2250	2.11%
Gender		
Male	1039	3.10%
Female	1211	2.87%
Age		
18-24 years	311	5.67%
25-35 years	690	3.81%
36-50 years	672	3.86%
51-70 years	577	4.16%
Region		
North East	144	8.33%
North West	247	6.36%
Yorkshire and the Humber	169	7.69%
East Midlands	152	8.11%
West Midlands	202	7.04%
East of England	133	8.67%
London	459	4.67%
South East	238	6.48%
South West	183	7.39%
Wales	70	11.95%
Scotland	187	7.31%
North Ireland	66	12.31%

USA		
	Sample Size	Margin of Error
Total	2309	2.08%
Gender		
Male	1233	2.85%
Female	1076	3.05%
Age		
18-24 years	262	6.18%
25-35 years	724	3.71%
36-50 years	721	3.72%
51-70 years	602	4.08%
Region		
North East states	415	4.91%
Midwest states	499	4.48%
South states	966	3.22%
West states	429	4.82%

India		
	Sample Size	Margin of Error
Total	41673	0.49%
Gender		
Male	35515	0.53%
Female	6158	1.27%
Age		
18-24 years	8474	1.09%
25-35 years	14954	0.82%
36-50 years	11483	0.93%
51-70 years	6762	1.22%
Region		
North	8681	1.07%
South	8146	1.11%
East	8311	1.10%
West	8290	1.10%
Central	8245	1.10%
Inclusive of 1000 booster interviews among the females who are current users of tobacco products/ other products		

APPENDIX 1: List of documents covered by desk research

The following resources were accessed as part of desk research:

US	<ul style="list-style-type: none">• Changes in Youth Smoking, 1976–2002: A Time-Series Analysis (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3894634/)• Achievements in Public Health, 1900-1999: Tobacco Use -- United States, 1900-1999 (https://www.cdc.gov/mmwr/preview/mmwrhtml/mm4843a2.htm)• The Changing Public Image of Smoking in the United States: 1964–2014 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3894634/)• When smoking was cool, cheap, legal and socially acceptable (https://www.theguardian.com/lifeandstyle/2009/apr/01/tobacco-industry-marketing)• Smoking and Health: Report of the Advisory Committee to the Surgeon General of the United States (https://en.wikipedia.org/wiki/Smoking_and_Health: Report of the Advisory Committee to the Surgeon General of the United States#Effects)• AMERICAN SMOKING CULTURE: FROM CASH CROP TO PUBLIC SCOURGE (https://www.newsweek.com/american-smoking-culture-cash-crop-public-scurge-451078)• The Rise of Anti-smoking Movements (http://exhibits.library.yale.edu/exhibits/show/sellingsmoke/antismoking)• Who still smokes in the United States — in seven simple charts (https://www.washingtonpost.com/news/to-your-health/wp/2015/11/12/smoking-among-u-s-adults-has-fallen-to-historic-lows-these-7-charts-show-who-still-lights-up-the-most/)• CDC says smoking rates fall to record low in US (https://www.cnn.com/2018/11/08/cdc-says-smoking-rates-fall-to-record-low-in-us.html)
India	<ul style="list-style-type: none">• https://www.livemint.com/news/india/why-india-needs-better-smoking-bans-1559204159271.html• https://www.tobaccocontrol.org/legislation/country/india/summary• https://blog.ipleaders.in/smoking-ban-in-india-complaint/

	<ul style="list-style-type: none"> • https://www.who.int/fctc/implementation/news/indianews/en/ • https://www.nhp.gov.in/quit-smoking_pg • https://www.thebetterindia.com/102918/world-no-tobacco-day-india-smoking/ • https://www.business-standard.com/article/news-ani/govt-launches-smoking-cessation-campaign-118060900217_1.html • https://tobaccocontrol.bmj.com/content/8/2/132.3 • https://www.downtoearth.org.in/news/health/anti-smoking-ads-motivate-brain-to-quit-tobacco-study-64661 • https://www.downtoearth.org.in/news/gutkha-ban-supreme-court-seeks-compliance-report-from-states-40766 • https://www.bmj.com/company/newsroom/bidi-smoking-costs-india-annual-inr-805-5-billion-in-ill-health-and-early-death/ • https://www.lowyinstitute.org/the-interpreter/poor-man-cigarette-india-unspoken-epidemic • https://www.indiatoday.in/education-today/gk-current-affairs/story/world-no-tobacco-day-34-6-per-cent-adults-in-india-are-smokers-1539130-2019-05-31
South Africa	<ul style="list-style-type: none"> • https://www.nytimes.com/2018/03/12/health/antismoking-activists-threats.html • https://www.nytimes.com/1998/11/19/world/south-africa-sharply-curbs-smoking-and-tobacco-advertising.html • https://www.nytimes.com/2019/03/09/world/africa/stellenbosch-south-africa.html • https://www.nytimes.com/1994/06/02/world/cape-town-journal-in-land-of-smokers-mandela-heads-resistance.html • https://www.worldbank.org/en/topic/tobacco • https://www.voanews.com/africa/culture-smoking • https://theconversation.com/why-south-africa-needs-to-up-the-ante-against-smoking-again-59922 • https://www.vapeking.co.za/ • https://www.twisp.co.za/

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APPENDIX 2: Qualitative Survey: 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 & In depth Interviews
US	E mail; Face to face (Rural)	120	98	25	73	59
India	Telephone; Face to face (Rural)	183	164	27	137	121
South Africa	E mail; Face to face	122	94	24	70	57

	(Rural)					
Japan	E mail; Face to face (Rural)	124	92	17	75	52
Norway	Telephone; Face to face (Rural)	131	76	20	56	63
UK	E mail; Face to face (Rural)	115	89	15	74	58
Greece	Telephone; Face to face (Rural)	110	89	15	74	58

Recruitment Questionnaire and Discussion Guide for Qualitative Module

India Recruitment Questionnaire: Smokers of Manufactured Cigarettes

Good _____, I am from The Nielsen Company, the leading market research organization of India. We regularly conduct surveys & studies on different products and services. Currently, we are conducting one such study. In this regard, I request you to spare some time to answer a few questions. Thank you.

1. Could you tell me whether you or any member of your household works in any of the following type of organizations?

Media/ Advertising/ Market Research/ Public Relations	1	ALL MUST CODE ONLY 7
Manufacturer of Tobacco products	2	
Owners of health based stores/Chemists	3	
Doctors/Other types of medical professionals	4	
Retailers or Whole sellers of tobacco products	5	
Public Servants/ Defence/ Govt. employees	6	
Others (Specify)	7	

2. Could you please tell me your age?

Age	Below 18 Years	1	Option code 2 must be coded by → D1, C1, B1
	18 – 24 years	2	
	25 – 40 years	3	Option code 3 must be coded by → D2, C2, B2
	41 – 59 years	4	
	60 years and above	5	Option 4 must be coded by → D3 ELSE TERMINATE

3. Have you ever attended an interview/ group discussion in the last six months which has been carried out by a market research agency / advertising agency?

Response	YES	1	TERMINATE
	NO	2	CONTINUE

4. Recruiter to note down gender of respondent

Gender	Male	1	Option 1 must be coded by units → D2, D3, C1, B1, B2
	Female	2	Option 2 must be coded by units → D1, C2 ELSE TERMINATE

5. Can you please tell me which of the following items / durables you own / have access at home? (Tick the relevant options)

Durables	
1. Electricity Connection	
2. Ceiling Fan	
3. LPG Stove	
4. Two Wheeler	
5. Colour TV	
6. Refrigerator	
7. Washing Machine	

8. Personal Computer/ Laptop	
9. Car/Jeep/Van	
10. Air Conditioner	
11. Agricultural Land	
TOTAL durables owned	

6. Can you please tell me the highest level of education of the person who contributes most to the household expenses (Chief Wage Earner- CWE)? (RECORD IN THE SEC GRID BELOW)

No. of Durables/Items Owned (refer slid 1)	Chief Earner: Education						
	Illiterate	Literate but no formal schooling/ School-Upto4 years	School -5 to 9 years	SSC / HSC	Some College (includes a Diploma) but not Grad	Graduate/ Post Graduate: General	Graduate/ Post Graduate: Professional
	1	2 / 3	4	5	6	7	8
0	E3	E2	E2	E2	E2	E1	D2
1	E2	E1	E1	E1	D2	D2	D2
2	E1	E1	D2	D2	D1	D1	D1
3	D2	D2	D1	D1	C2	C2	C2
4	D1	C2	C2	C1	C1	B2	B2
5	C2	C1	C1	B2	B1	B1	B1
6	C1	B2	B2	B1	A3	A3	A3
7	C1	B1	B1	A3	A3	A2	A2
8	B1	A3	A3	A3	A2	A2	A2
9+	B1	A3	A3	A2	A2	A1	A1

Note NCCS_____ Please ensures a good Mix:

- D1, D3, C2, B1 to code **NCCS A**
- D2, C1, B2, to code **NCCS B**

7. Please tell me your occupational status?

Occupation	Unemployed	1	No elimination criterion Recruiter to ensure a fair mix
	College Student	2	
	Small trader/self employed	3	
	Working Professional/Self employed	4	
	Homemaker	5	

8. Can you please select which of these products do you currently consume? (MULTIPLE CODING POSSIBLE)

Products currently consuming	Coffee	1	ALL UNITS MUST CODE 6. May or may not code other options
	Energy drinks	2	
	Tea	3	
	Soft Drinks	4	
	Alcohol	5	
	Tobacco based products	6	

9. You have mentioned that you consume tobacco-based products. Out of the given options, which tobacco products do you consume regularly?

Products currently consuming	Bidi	1	ALL UNITS MUST CODE ONLY 3. Must NOT code other options
	Chewing Tobacco	2	
	Manufactured Cigarettes	3	

10. How long have you been smoking cigarettes?

Duration of smoking	Less than a year	1	All Units should code 2 or 3 . Please ensure a fair mix ELSE TERMINATE
	1 – 3 years	2	
	More than 3 years	3	

11. How often do you smoke cigarettes in a day?

Average Daily Consumption	0 – 2	1	All Units should code 2 or 3 ENSURE A FAIR MIX
	3 - 5	2	
	More than 5	3	

12. Which of the following statements apply to you? Please select all those that apply

Steps taken to quit	I have started smoking a low tar cigarette	1	Units D1, D3, C1, B2 → Must code at least one of the options ELSE TERMINATE
	I have started smoking a smaller sized cigarette	2	
	I have reduced my occasions of smoking	3	
	I have also started using other nicotine products like vapes, HNBs, nicotine gums, nicotine patches etc. to fight my nicotine addiction	4	
	I have reduced the intensity of nicotine in my vapes/e-cigarettes	5	
	Others (Please specify _____)	6	

13. Which brand of cigarette are you aware of and are currently smoking (MULTIPLE CODING)?

Brand Awareness and Usage	Gold Flake Kings	1	Unit D1 must code → 9
	Wills Classic	2	Units D2, C1, B2 MUST CODE → 6,7 OR 8

	Gold Flake Light	3	Units D3, B1 MUST CODE → 1 or 2
	Classic Mild	4	Unit C2 MUST CODE → 4 OR 5
	Classic Ultra Mild	5	
	Navy Cut	6	
	Scissors	7	
	Flake	8	
	Any menthol based brand	9	

14. Which of the following statements apply to you? Please select all those that apply

Reason to try quitting smoking	I am worried about the ill effects of smoking/nicotine on my health	1	Units D2,, C2, B1 → Must code at least two of the options ELSE TERMINATE
	I am actively thinking of quitting smoking in next 3 months	2	
	I have read some online or offline literature around harmful effects of smoking	3	
	I have discussed my plans and ways to quit smoking with my peers or family	4	
	I have seen someone close to me suffering from smoking related diseases and that has made me seriously rethink my smoking habit	5	
	Others (Please specify _____)	6	

15. Articulation Check

What is the most important thing in your life? Can you pl. share?

RECRUITER TO ENSURE THAT ALL RESPONDENTS ARE ARTICULATE

EXTEND INVITE

We would like to understand your experience in detail; would you be able to spare some time, and meet us at _____ on _____(given dates)?

Agreed to participate : 1

Did not agree to participate : 2

IF CODED 1- RECRUIT ACCORDINGLY

IF CODED 2- THANK AND END INTERVIEW

India Discussion Guide for FGDs: Smokers of Manufactured Cigarettes

Guidelines:

This document comprises guidelines to ensure comprehensive coverage of the topic and objectives of the study.

This does not constitute a fixed set of questions or a structured questionnaire – questions will be asked as appropriate to responses received, in a conversational fashion and to ensure that relevant issues are sufficiently explored.

Each discussion could be different in its flow and quality of responses, hence may not follow the exact flow of this guide. The moderator will guide the flow of the discussion to keep it smooth for participants, keep up the participant's energy and as well as to cover all issues well.

The warm up is a very important part of the discussion. It is at this stage that the group/individual builds rapport with the moderator as well as among participants (for FGDs)

to establish trust and comfort with which to open up and talk about personal experiences and other aspects of their lives. This is critical to the group's cohesion and rapport building with moderator and to share authentic and rich responses later in the discussion. Hence the warm up and rapport building must be allowed sufficient time and must not be cut short.

Flow of the discussion:

Section	Topic	Duration: up to
1	Introduction and warm – up	10 min
2	The smoking story	30 min
3	The cessation story	60 min
4	Wrap up and close	5 min
		Total 105 min

Section 1	Introduction of Nielsen and respondent	10 mins.
<p>1a. Introduction of Nielsen</p> <ul style="list-style-type: none"> • Introduce self, Nielsen, market research and qualitative method • Topic of discussion: Smoking and tobacco consumption – your views, relationship with the activity, and the journey so far including thoughts about and efforts to reduce tobacco consumption/ quit smoking • The FGD: <ul style="list-style-type: none"> ○ A free-flowing discussion to express and build on different opinions and points of view ○ No right or wrong answers, every opinion is accepted ○ Responses are confidential - responses are aggregated and reported without mentioning names of people ○ Important that we get frank opinions for the discussion and the outcomes to be meaningful ○ Explain reason for audio and video recording, observers if any and their role in the discussion ○ Group introduction: name, profession 		
<p>1b. Warm-up</p> <p>Moderator: please spend time building rapport with and among the group to create a comfortable environment which will enable expressing personal stories and opinions. Please encourage every participant to speak and open up</p> <ul style="list-style-type: none"> • Family <ul style="list-style-type: none"> ○ Moderator: My family comprises... I live with ... please tell me about yours • Lifestyle <ul style="list-style-type: none"> ○ Moderator: If I were to describe my lifestyle in 2-3 adjectives or short phrases, I would say mine is _____ , _____ , _____ ○ How would you describe yours? 		

- Please elaborate a little on this... please tell us about
- Leisure activities e.g. sports, fitness, home based entertainment (movies, music, TV), hobbies, interests, away from home activities etc.
- Who you usually spend time with in different activities e.g. family, friends, interest groups
- Your favourite leisure activities – why is this so?

Moderator: this builds towards lifestyle practices including smoking adoption and cessation. Please steer away from broad influences such as ‘taught me to value relationships’, ‘made me the person I am’ etc.

- All of us are influenced by our family, friends, colleagues in some way or another and in turn we too influence them. Continuing on lifestyles, have you have been influenced by others in your lifestyle choices, e.g. in taking up an activity, making a big purchase, thinking differently, persuading / encouraging you to do something you were unable to etc.
- Please share with us some of the ways in which you have been influenced by others that are important for you

Section 2	The smoking story	30 mins
<p>For India only: Perceptions of Oral Hygiene</p> <p>How do you understand the term oral hygiene? How would you describe good oral hygiene? And what would you consider as poor oral hygiene? What are the ways in which oral hygiene is maintained? Do smoking /nicotine impact oral hygiene? How so?</p>		
<p>2.1 The smoking story - How did it all start?</p> <p>Moderator: Please allow a couple of minutes for the group to get their thoughts together. Please ask each participant to share their story individually. Please allow them to tell the story as it comes to them and prompt / nudge only as needed to get a full picture. Please do not probe why at this stage</p> <p>Let’s talk about smoking. I’d like to ask each of you to take a few minutes to go back in time to when you first experienced a tobacco product. We’ll then listen to each one’s story individually. Please include the following in your stories</p> <ul style="list-style-type: none"> • Yourself then – age, what were you doing • Circumstances – what was happening in your life at the time, what were you going through, feeling • What situation triggered the first trial • The setting - place , what was happening, the mood around you, your own mood/ how were you feeling? Who you were with? What were they doing, saying? • What did you try – product, brand • What was the experience like? How did you react? How did you feel? 		
<p>2.2 The smoking story – How did it continue?</p>		

Moderator: It is important to understand the role of individual, family, social and external factors in continuing to smoke. Please explore in depth, keeping in mind that the factors to continue will be varied and many more for older groups. The discussion can be had as a group with participants contributing similarities and differences

So that was your first experience! How does the story continue? How did you become a regular smoker?

What made you continue to smoke

PLEASE ALLOW UNAIDED RESPONSES AND IF NOT MENTIONED, PLEASE PROBE:

- How did smoking make you feel? Did this have a role in continuing to smoke?
- Role of immediate family members: e.g. parent/ older sibling smoked so it was fine for me to do so
- Role of peer group /social circle / work environment: were you influenced by them to continue smoking? How? What would have happened if you did not smoke?
- Life changes: starting to work , increased work responsibilities, increased family responsibilities, health etc.
- External factors e.g. media and communication made smoking acceptable, social approval of smoking – it was a sign of progress, status

Today there is a lot of communication on the effects of smoking and nicotine. What information did you have about it then? Did you consider this information as you continued to smoke... why/ why not?

What would you say were the key drivers for your continued smoking?

2.3 The smoking story – Women only

Moderator: These questions are to be asked to women smokers only. They aim to understand the social restraints / taboos on women smoking and how women smokers overcame these restraints/ taboos and became regular smokers

At the time that you began smoking, what was the general /social attitude towards women smoking? Can you tell us about this, please?

Was it a challenge for you to smoke at the time? If so, how did you overcome the challenge?

Where/ in whom / in what did you find support or inspiration to continue smoking?

Have the attitudes changed now? If so, what is the difference you see? In what ways do you experience the difference? E.g. among family, peers, colleagues?

ONLY FOR WOMEN IN SOUTH AFRICA: The number of smokers in the country is relatively low. What could be the reasons for this? **PLEASE ALLOW UNAIDED RESPONSES AND THEN CHECK FOR:**

- Health consciousness
- Social taboos
- Other reasons – please elaborate

2.4 The smoking story - Constants and changes

Moderator: These questions lend to building a picture of the smokers' journey and the details are necessary. These can be discussed as a group, with participants agreeing to similarities of experience and contributing differences

Are there some aspects of your smoking journey which have stayed unchanged so far? What are these? Please elaborate.

And are there aspects which have changed? What are these?

PLEASE ALLOW UNAIDED RESPONSES AND THEN CHECK FOR THE FOLLOWING AND WHETHER AND HOW THEY HAVE CHANGED OR NOT

Smoking frequency per day – the number of times started out with and current frequency.

- Reasons for constant or change

Number of cigarettes smoked per day - How many cigarettes a day did you start out with?

Did that change over time to the present e.g. increase, decrease? Please tell us about the increase / decrease e.g. from x to y to z to... up to the present

- What caused the changes to happen? Please try and think back to all the reasons that this might have happened

Smoking occasions – what are the main smoking occasions today? Were these different earlier? If so, what was the difference? What brought about changes?

What about Alcohol? How often do you consume it? Does the consumption of alcohol have any relation with consumption of cigarette? If so how?

Section 3	The cessation story	60 mins
3.1 The cessation story – Steps being taken (Reducers)		
Moderator: Please allow a couple of minutes for the group to get their thoughts together. Please ask each participant to share their story individually. Please allow them to tell the story as it comes to them and prompt to get a full picture.		
I'd like to understand your thinking and efforts to reduce or stop smoking, and like before, will ask you for individual stories.		
What is your objective – to reduce tobacco consumption and move to alternate products? Or to give up smoking totally?		
Any product or substance you feel is more harmful than smoking? If so what? What makes you say so?		
Do you have any other addiction other than tobacco/nicotine? If so what? Are you making any efforts to reduce the same?		
FOR THOSE TRYING TO REDUCE SMOKING		
When did it first occur to you to reduce smoking? What situation triggered the thought? What was happening in your life at the time, what were you going through, feeling IF NOT MENTIONED, PLEASE ASK FOR ROLE OF FAMILY/ RELATIONSHIPS IN THIS DECISION		
What was your first effort – can you please describe what action you took?		
<ul style="list-style-type: none">• Spoke with family, friends• Tried to reduce smoking without external support• If tried NGPs what was it? How did its trial come about? e.g. a friend/ doctor recommended, read/ heard about it in the media... Where do you generally buy it		

from? Reasons

- Other methods e.g. sought professional help - counselling, hypnosis, medication etc

What was the experience like? How did you feel emotionally, physically? Did you experience any effects such as excessive hunger, weight gain etc? How did you deal with it?

Moderator: This part can be discussed as a group

FOR THOSE TRYING TO REDUCE SMOKING (Continued)

How dependent are you on Nicotine products? How long do you think you can survive without any irritation/restlessness without Nicotine? Is there any way this time frame can be increased? If so how?

If you had to think about harmful effect, which one do you think is more harmful? The nicotine or the tobacco? Please explain the reasons for your answer

PLEASE ASK SEPARATELY FOR NGPs AND OTHER METHODS:

Are the method/s useful? What are the pros and cons of the methods, the challenges faced?

How did you deal with challenges?

IF DID NOT TRY ANY PHYSICAL DEVICES/ METHODS SUCH AS NGPs: What was the reason for not doing so?

- Lack of information/ heard of others' bad experiences/ doctor did not recommend/ wanted to do this on my own/ without external support, difficult to access – high price, not readily available, concern for impact on health

How many such efforts have you made so far? Have you done something differently in the subsequent efforts? Please tell us about the later efforts

Overall, how do you feel you are doing in relation to meeting your objective?

3.1 The cessation story – Steps being taken (Stoppers)

FOR THOSE TRYING TO GIVE UP SMOKING

When did it first occur to you to try to stop smoking? What situation triggered the thought?

What was happening in your life at the time, what were you going through, feeling **IF NOT MENTIONED, PLEASE ASK FOR ROLE OF FAMILY/ RELATIONSHIPS IN THIS DECISION**

In your effort to stop smoking, can you please describe what action you have taken?

- Spoke with family, friends
- What about the role of children in quitting? Did the birth of your child create a difference?
- **If tried nicotine replacement therapy (NRT)-** what product is it? **PLEASE CHECK IF NICOTINE PATCHES HAVE BEEN TRIED**
- How did its trial come about? E.g. a friend / doctor recommended, read/ heard about it in the media – which?
- Any other methods: e.g. counselling, hypnosis, medication, NGPs like e-cigarettes, tobacco heating devices
- How does the product / method fit into your efforts to stop smoking?
- **PLEASE ASK SEPARATELY FOR PRODUCTS/ METHODS TRIED:** Is the product / method useful? Why/ why not? What are the pros and cons of the methods, the challenges faced? How do you deal with challenges ?
- How do you feel during this time? Could you talk about what the experience is like?

IF DID NOT TRY ANY PHYSICAL DEVICES/ METHODS SUCH AS NRT, NGPs: what was the reason for not doing so?

- Lack of information/ not relevant to giving up smoking/ heard of others' bad experiences/ doctor did not recommend/ wanted to do this on my own/ without external support, difficult to access – high price, not readily available etc concern for impact on health

Of the products/ methods you are using, which do you feel are the most effective in helping you meet your goal? Why?

What are the outcomes so far of this effort? How do you feel you are doing in relation to meeting your objective?

Do you have any concerns? What are these?

3.2 The cessation story – Associations with reducing / giving up tobacco consumption

Having walked down the path to reducing tobacco consumption / giving up smoking, how would you describe the experience so far?

ENABLING TECHNIQUE: PICTURE SELECTION - PLEASE PUT OUT MAGAZINES WITH VARIED PICTURES AND CLIPS/ PINS/ STAPLERS. PLEASE ASK THE GROUP TO DO THE FOLLOWING:

Could each of you please select a few pictures, say 3-4 from these magazines, that help you describe the words feelings, sounds, colours, images that come to mind when you think about your efforts to reduce or give up tobacco consumption. We will discuss your selection individually to understand why you have selected the pictures. Then, please clip your individual sets of pictures together

PLEASE ALLOW ABOUT 6 -7 MINUTES FOR PICTURE SELECTION. ONCE DONE, EACH PARTICIPANT TO EXPLAIN HIS/HER SELECTION AND HOW IT REFLECTS THE EXPERIENCE SO FAR. PLEASE ALLOW UNAIDED EXPLANATIONS AND IF NEEDED PROBE FOR:

- Feelings associated with reducing/ giving up tobacco consumption and why?
- Experience of trying to reduce/ give up and why it is so?

3.3 The cessation story – Enabling factors

PLEASE SUM UP THE EXPERIENCES AND FEELINGS OF THE GROUP AND THEN CONTINUE

Based on your individual experiences, what are some of the factors that enable the journey of reducing /giving up tobacco consumption?

PLEASE ALLOW UNAIDED RESPONSES AND IF NOT MENTIONED, PROBE FOR:

- Realistic goals and a plan to achieve goals – please describe the goals and steps to achieve them
- Determination and will power – what helps to stay the course and not veer off?
- Support from family – please describe in detail the support / encouragement received
- Support from peer group, colleagues - please describe in detail the support / encouragement received and how
- Other support: participate in support programmes / online support groups etc
- **This can be re- capped from the earlier discussion and participants asked if they'd like to add anything more:** Alternative methods such as NRT, NGPs that worked well – which ones and how did they work well?
- External factors: ongoing media campaigns, apps that help quit/ reduce tobacco consumption
- Information about nicotine: what information helped in the process?

- Addictiveness of nicotine; and adverse impact on health – what are these
- Which sources did you get the information from? Which sources are the most credible for such information? Why?

3.4 The cessation story – Hindrances to reduced tobacco consumption/ giving up smoking

And what factors make the journey difficult? **PLEASE ALLOW UNAIDED RESPONSES AND IF NOT MENTIONED, PROBE FOR:**

- Absence of goal setting and a plan to reduce/ quit
- What situations, circumstances prevent staying the course? E.g. fear of weight gain, experiencing irritability
- Inadequate support from family – please describe in the lack of support / encouragement and how is this experienced?
- Inadequate support from peer group, colleagues - please describe the lack support / encouragement – how is this experienced?
- Poor experience with support systems– please describe poor experience if any and how it is a barrier to reducing consumption or quitting
- This can be re-capped from the earlier discussion and participants asked if they'd like to add anything more: Challenges with using alternate methods such as NGPs – which method, what were /are the challenges faced?
- Other reasons: please elaborate on these

3.5 The cessation story – Truths and myths about reducing tobacco consumption/ giving up smoking

Having started the journey to reducing tobacco consumption / giving up smoking, are there learnings you have made that you'd like to share with others?

- Are there things you had earlier heard about kicking the smoking habit or reducing it that you feel are true or not true? These could be anything you heard or read about
- Could you please share some things you heard that you believe are true for your experience?

And some that you feel are not true, basis your own experience?

PLEASE ASK SEPARATELY FOR REDUCING TOBACCO CONUSMPTION AND GIVING UP SMOKING

Basis your own experience and learnings, if you were to advise someone else trying to reduce/ give up smoking, what would your advice be? **PLEASE ENCOURAGE UNAIDED RESPONSES**

AND PLEASE PROBE AS REQUIRED

- Realistic goal setting – how important is this?
- Building a support system – who would be part of this? Who should be excluded and how would you minimise their influence?
- Trying / using alternate /new generation products e.g. Vapour devices like e-cigarettes, tobacco heating devices, nicotine patches, snus (oral tobacco powder/ pouches)
- Other: access support groups, mobile apps, access to professional help – please give examples of each
- Which of these would be must –dos? And what are some of the things to be definitely avoided?

3.6 Gender specific nuances

- Do you feel being a women has any effect on your journey to quit smoking? Any difference that you find from you male counterparts?
- What kind of support do you get from family and friends?
- What about children? Do they help you any anyway for quitting?
- Is there any women's specific cessation program in your country ? If so what?
- What kind of support groups exists currently?
- Can you think of any other help that the society/ government/ immediate friends and family might provide you which can help you to quit completely?

3.7 NGPs – Triggers to trial and switching to NGPs

Many of you have or have not tried NGPs like vapour products, tobacco heating devices, snus and NRT like nicotine patches.

For those who have tried: Would you consider switching to NGPs like vapour products, tobacco heating devices, snus completely? And to nicotine patches, nicotine gums? What factors would encourage switching? And any that would be barriers?

Do you feel these products have any negative side effects?

For those who have not tried any NGPs or NRT - What would encourage you to try these products?

PLEASE ALLOW UNAIDED RESPONSES AND THEN ASK FOR:

- **Communication:** what would you like to see /hear in communication that would motivate you to try / switch?
- Which are the sources you would trust to get information from? Doctors/ medical personnel, TV, print media, radio, blogs, company websites, social media, others
- **Availability:** How and where should these be accessible so that they are easy to buy? Medical stores? General stores? Online? Doctors clinics/ hospitals? Others – please give examples
- **Packaging:** is this a factor in the non-trial of ... **PLEASE MENTION PRODUCT BEING DISCUSSED. IF YES:** what should the packaging be for you to want to try it?

3.8 – What would prompt them to quit completely?

- Can you please tell me what should happen for you to quit completely?
- DO you feel you have enough support from the society to help you quit?
- What about governmental policies/ programs? What can the government do to help you quit?
- What do you feel the role of tobacco companies in the journey to create a smoke free world?
- What about the academic world? DO you think enough research is going on? Reasons
- How much does scientific proof motivate you to quit?
- If you had to identify the most important factor to quit smoking what would it be?

Wrap up, thank and close

We have come to the close of the discussion. If you'd like to add anything to the views shared,

please do so now. Also, if you have any questions, please feel free to ask those
Thank you very much for your time and effort.

APPENDIX 3: Online interviews response rate

Details of Online modules: UK, USA, Japan and Norway			
Number of respondents opened the survey link and took part in the interview	Number of respondents screened out	Number of respondents with incomplete interview (but not screened out)	Final number of respondents with full interviews
67,218	50,973	7,761	8,484

APPENDIX 4: Quantitative Questionnaire

Screening section

Introduction

Good morning / afternoon / evening. This survey is being conducted by Nielsen, a market research company.

This is approximately a 25-minute survey. The survey is about behaviors and attitudes towards tobacco and nicotine use. We'd like to let you know that all personal information, including your name, address, and survey answers, will be kept strictly confidential and will not be shared with any person or group outside of the research team. Identifying information (which is not attached to the responses themselves) will be kept in secure locations following security procedures that we employ for our surveys. Your participation is voluntary.

First, there are a few essential questions that will determine whether or not you are eligible to participate. If you don't qualify for this survey, it will be automatically terminated

Eligibility questions

Current occupational industry of self and family

S1. Do you work for any of the following? [SA]	Code	Route
Advertising, PR	1	END
Retail shop selling cigarettes/e-cigarettes/ Vaping Devices/ Heat –not-burn	2	
Journalism, media (TV, radio, on-line)	3	
Marketing	4	
Market research	5	
Tobacco manufacturers/Distributors/Retailers	6	
None of these	7	PROCEED

Market Research Participation

S2. Have you participated in any Market Research Survey related to tobacco/smoking in the last three months? [single answer]	Code	Route
Yes	1	END
No	2	PROCEED

Current Age

S3. What is your birthdate? MM/DD/YYYY	Code	Route
Record age	1	PROCEED IF NONE OF THE BELOW
> 2001	2	END
< 1949	3	
Refused	4	
Don't know	999	ASK S3.5

Follow-up question if don't know

S3.5. About how old are you? Age_____	Code	Route
Record age	1	PROCEED IF NONE OF THE BELOW
70 years old or more	2	END
18 years old or less	3	
Refused	4	
Don't know	999	

Capturing Consumed Categories- Identifying Tobacco Consumers and Ex-Consumers

S4. Please select the products that you currently consume or used to consume in the past from the below list (Select all that apply)	Code	Route
Chocolates	1	
Biscuits	2	
Energy drinks	3	
Tea	4	
Coffee	5	
Soft Drinks	6	
Fruit Juice	7	

Tobacco products/Nicotine products/E-Cigarettes/Vape/Heat not Burn (e.g. IQOS, GLO) products	8	PROCEED
--	---	---------

Capturing Current Smoking Status- Smokers vs. Ex-Smokers

S5. You have selected Tobacco as a category that you currently consume or have consumed in the past. Please select the option that most accurately describes your current smoking status from the below options? (Single Answer)	Code	Route
I am currently consuming tobacco product (s) on a regular basis such as: Combustible Tobacco - <i>i.e. (Cigarettes, Pipe, Water Pipe, etc.)</i> Smokeless Tobacco- <i>i.e. (Snus, Dry Snuff, Chewing Tobacco, etc.)</i> Harm reduction products <i>i.e. (E-Cigarettes, Vaping devices, Heat not burn products such as IQOS/GLO, etc.)</i>	1	
I used to consume a tobacco product(s) regularly in the past but I have quit in the past 5 years. Used to consume products such as: Combustible Tobacco - <i>i.e. (Cigarettes, Pipe, Water Pipe, etc.)</i> Smokeless Tobacco- <i>i.e. (Snus, Dry Snuff, Chewing Tobacco, etc.)</i> Harm reduction products <i>i.e. (E-Cigarettes, Vaping devices, Heat not burn products such as IQOS/GLO, etc.)</i>	2	
I used to consume tobacco product(s) regularly in the past but I have quit more than 5 years ago. Used to consume products such as: Combustible Tobacco - <i>i.e. (Cigarettes, Pipe, Water Pipe, etc.)</i> Smokeless Tobacco- <i>i.e. (Snus, Dry Snuff, Chewing Tobacco, etc.)</i> Harm reduction products <i>i.e. (E-Cigarettes, Vaping devices, Heat not burn products such as IQOS/GLO, etc.)</i>	3	END
I have never consumed a tobacco product	4	
Don't know	77	
Prefer not to answer	88	
Missing value	99	

Characterization

Gender

D1. Please select your gender [Single Answer]	Code	Route
Female	1	PROCEED
Male	2	

Other	3	PROCEED TO D1.5
Refused	8	END
Don't know	9	

D1.5. Please select your current gender identity [Single Answer]	Code	Route
Trans Female/ trans woman	1	PROCEED
Trans male/ trans man	2	
Gender queer/ gender non-conforming	3	PROCEED TO D1.7
Different identity (specify)	4	
Refused	8	END
Don't know	9	

INSTRUCTION- ONLY ASK FOLLOWING QUESTION IF CODED 3 OR 4 IN D1.5

D1.7. Just for statistical purposes, please select the gender you were assigned at birth, meaning on your original birth certificate [Single Answer]	Code	Route
Female	1	PROCEED
Male	2	
Refused	8	END
Don't know	9	

Hyperbolic discounting

D16. If you were offered \$100 now would you accept it, or could you wait a month and then get \$120? [Single Answer]	Code	Route
Accept the \$100 now	1	
Wait a month and get \$120	2	
I don't know	77	
Prefer not to answer	88	
Missing value	99	

D17. If you were offered \$100 now, would you accept it or would you could you wait 6 months and then get \$150? [Single Answer]	Code	Route
Accept the \$100 now	1	
Wait 6 months and get \$150	2	
I don't know	77	
Prefer not to answer	88	
Missing value	99	

LOCAL CURRENCY TABLE FOR D16 & D17

PROGRAMMER: USE THESE AMOUNTS IN LOCAL CURRENCY INSTEAD OF \$100, \$120 AND \$150 IN QD16 & QD17

	USA	UK	Norway	Japan	Greece	South Africa	India
USD 100	\$100	£100	NOK 1000	10,000 yen	€ 70	700 RAND	INR 2000
USD 120	\$120	£120	NOK 1200	12,000 yen	€ 85	850 RAND	INR 2500
USD 150	\$150	£150	NOK 1500	15,000 yen	€ 100	1000 RAND	INR 3000

Region

D2. NAME OF THE COUNTRY [AUTO CODE]	Code	Route
Drop down list of countries		

ASK D3.1 FOR UK, NORWAY & JAPAN

D3.1. Please select the state that you currently live in? [Single Answer]	Code	Route
Drop down list of regions/cities		

Region size

SHOW IT FOR – USA, UK, NORWAY AND JAPAN ONLY D4a. Please select the answer that most accurately describes where you currently live. [SINGLE ANSWER]	Code	Route
Rural area or village	1	
Small or middle sized town	2	

Large town	3	
I don't know	77	
Prefer not to answer	88	
Missing value	99	

SHOW IT FOR - INDIA ONLY D4b. INTERVIEWER - RECORD CENTER AND TYPE OF THE CENTER, DON'T ASK	Code	Route
CODE CENTER	----	
METRO	1	
CLASS 1 TOWN	2	
CLASS 2 TOWN	3	
CLASS 3 TOWN	4	
RURAL	5	
Missing value	99	

SHOW IT FOR - SOUTH AFRICA AND GREECE ONLY D4c. INTERVIEWER - RECORD CENTER AND TYPE OF THE CENTER, DON'T ASK	Code	Route
CODE CENTER	-----	
URBAN	1	
RURAL	2	
Missing value	99	

Education

D5. What is the highest grade or level of school you have completed or the highest degree you have received? [HAND CARD, READ HAND CARD CATEGORIES IF NECESSARY. ENTER HIGHEST LEVEL OF SCHOOL.]? [Single Answer]	Code	Route
Less than high school	1	
Completed some high school	2	

High school graduate	3	
Job-specific training program(s) after high school	4	
Some college, but no degree	5	
Associate degree	6	
Bachelor's degree (such as B.A., B.S.)	7	
Some graduate school, but no degree	8	
Graduate degree (such as MBA, MS, M.D., Ph.D.)	9	
I don't know	77	
Prefer not to answer	88	
Missing value	99	

Employment

D6. Please select your occupation status from the below? [Single Answer]	Code	Route
Working now	1	
Only temporarily laid off, sick leave, or maternity leave	2	
Looking for work, unemployed	3	PROCEED TO D6.5
Retired	4	
Disabled, permanently, or temporarily	5	
Keeping house	6	
Student	7	
Others	8	
I don't know	77	
Prefer not to answer	88	
Missing value	99	

ASK ONLY IF CODED 3 IN D6	Code	Route
D6.5. Please indicate the number of years have you been looking for		

work/unemployed? [Single Answer]		
'Record number	1	
Less than 1 year	87	
I don't know	77	
Prefer not to answer	88	
Missing value	99	

Marital status/Relationship status/Civil status

D8. Please select your current Relationship/Marital/Civil status? [Single Answer]	Code	Route
Single	1	
Unmarried, In a steady relationship and not living together	2	
Unmarried, In a steady relationship and living together	3	
Engaged	4	
Married	8	
Separated	5	
Divorced	6	
Widowed	7	
I don't know	77	
Prefer not to answer	88	
Missing value	99	

Number of Children below 14 Years Old in Household

D9. Please select the number of children below 14 living in your household? [Single Answer]	Code	Route
1 child	1	
2 children	2	
3 children	3	
More than 3 children	4	
Don't have any children at home/No children below 14 living in the household	76	
I don't know	77	

Prefer not to answer	88	
Missing value	99	

Income bracket- By Country

D10. Which of the following categories best describes your household income (ADJUST MONTHLY/YEARLY AS PER BELOW), that is the total income before taxes, or gross income, of all persons in your household combined, for one year?							
Code	United States	UK	Norway	Greece	South Africa	Japan	India
	Annual income			Monthly income	Monthly income	Annual income	Monthly income
1	Less than \$15,000	Less than £10000	Under 120,000 NOK	Under €750 a month	Up to 1,500 - RAND	Less than 3,000,000 yen	INR 5000 - INR 9999 per month
2	\$15,000 to \$24,999	£10,000 - £14,999	120,000-159,999 NOK	€750 to 1000	1,501 - 2,000 RAND	3,000,000-3,999,999 yen	INR 10000 - INR 11999 per month
3	\$25,000 to \$34,999	£15,000 - £19,999	160,000-249,999 NOK	€1001 to 1250	2,001 - 2,500 RAND	4,000,000-4,999,999 yen	INR 12000 - INR 14999 per month
4	\$35,000 to \$49,999	£20,000 - £29,999	250,000-329,999 NOK	€1251 to 1500	2,501 - 3,000 RAND	5,000,000-5,999,999 yen	INR 15000 - INR 19999 per month
5	\$50,000 to \$74,999	£30,000 - £39,999	330,000-399,999 NOK	€1501 to 1750	3,001 - 3,500 RAND	6,000,000-6,999,999 yen	INR 20000 - INR 24999 per month
6	\$75,000 to \$99,999	£40,000 - £49,999	400,000-489,999 NOK	€1751 to 2000	3,501 - 4,000 RAND	7,000,000-7,999,999 yen	INR 25000 - INR 29999 per month
7	\$100,000 to \$124,999	£50,000 - £59,999	490,000-569,999 NOK	€2001 to 2500	4,001 - 4,500 RAND	8,000,000-8,999,999 yen	INR 30000 - INR 39999 per month
8	\$125,000 to \$149,999	£60,000 - £69,999	570,000-649,999 NOK	€2501 to 3000	4,501 - 5,000 RAND	9,000,000-9,999,999 yen	INR 40000 - INR 49999 per month

9			650,000-739,999 NOK	€3001 to 4000	5,001 - 6,000 RAND	10,000,000-11,999,999 yen	INR 50000 or more per month
10			740,000-819,999 NOK	€4001 to 5000	6,001 - 7,000 RAND	12,000,000-14,999,999 yen	- DO NOT SHOW CODE
11			820,000-1,229,999 NOK	€5001 to 6000	7,001 - 8,000 RAND	15,000,000-19,999,999 yen	- DO NOT SHOW CODE
12			1,230,000-1,639,999 NOK	€6001 to 7000	8,001 - 9,000 RAND	20,000,000-29,999,999 yen	- DO NOT SHOW CODE
13			1,640,000-2,049,999 NOK	€7001 or more	9,001 - 10,000 RAND	30,000,000 yen or more	- DO NOT SHOW CODE
14			Over 2,050,000 NOK	-	10,001 - 12,000 RAND		
					12,001 - 14,000 RAND		
					14,001 - 16,000 RAND		
					16,001 - 18,000 RAND		
					18,001 - 20,000 RAND		
					20,001 - 25,000 RAND		
					25,001 - 30,000 RAND		
					MORE THAN 30,000 RAND		
88	Refused	Refused	Refused	Refused	Refused	Refused	Refused
99	Don't know	Don't know	Don't know	Don't know	Don't know	Don't know	Don't know

Income-Related Questions

D11. During the last twelve months, would you say you had trouble paying your bills? [SA]	Code	Route
No	1	
Yes	2	
I don't know	77	
Prefer not to answer	88	
Missing value	99	

Alcohol consumption

D12. Please select how often you have a drink containing alcohol [SA]	Code	Route
Never	1	
Monthly or less	2	
2-4 times/month	3	
2-3 times/week	4	
4+ times/week	5	
I don't know	77	
Prefer not to answer	88	
Missing value	99	

Stress

D14. On a scale of 1 to 5, 1 being relaxed at all and 5 being stressed, how would you describe your current state of mind? [SA]	Code	Route
Relaxed (1)	1	
Somewhat relaxed (2)	2	
Neither relaxed nor stressed (3)	3	
Somewhat stressed (4)	4	
Stressed (5)	5	

I don't know	77	
Prefer not to answer	88	
Missing value	99	

Categorization section- Current users

Capturing Currently Consumed Tobacco Products

Table CA

C1. Of the following Tobacco products, which products are you currently consuming? (Select all that apply)	Code	Route
Combustible Tobacco Products		
Cigarettes that are sold in a pack (i.e. factory made cigarettes)	1	
Cigarettes with filter that I prepare myself with the help of tubes and assembling machine (i.e. tubed cigarettes)	2	
Cigarettes that I roll myself with my hands (i.e. rolled cigarettes)	3	
Capsule/Flavoured cigarettes	4	
Cigars/Cigarillos	5	
Water pipe/Hookah/Shisha	6	
Pipe	7	
Bidis	8	
Smokeless Tobacco Products		
Moist Smokeless Tobacco (e.g., Copenhagen, Skoal, Grizzly, etc.)	9	
Loose Leaf Chewing Tobacco (e.g., Red Man, Levi Garrett, etc.)	10	
Dry Snuff	11	
Snus	12	
Dissolvable tobacco products	17	
Gutka (Chewing tobacco)	18	

Other chewing tobacco	19	
Harm reduction products		
Electronic cigarettes/vaping devices with nicotine	20	
Electronic cigarettes/vaping devices without nicotine	21	
Heat-not-burn tobacco products such as (IQOS/GLO)	22	
Other nicotine products		
Nicotine gum	26	
Nicotine patch	27	
Other tobacco products	55	
Missing value	99	

Capturing Awareness of Harm reduction products and Smokeless Tobacco

INSTRUCTION- ASK ONLY FOR PRODUCTS NOT CODED 20, 21, 22, 9-19 IN C1

C2. How familiar are you with the following products (LIST PRODUCTS NOT CODED 20, 21, 22 IN C1) (Single Answer for each product)

	INSTRUCTION- ASK ONLY FOR PRODUCTS NOT CODED 20, 21, 22 IN C1		INSTRUCTION- ASK ONLY IF NOT CODED 9,10,11,12,17,18,19 IN CC1 (If the respondent is using any of smokeless tobacco products, i.e. coded anything among 9-19, then do not ask this)
	Electronic cigarettes/vaping devices	Heat Not Burn Tobacco Products <i>i.e. (IQOS/GLO)</i>	Smokeless Tobacco products
	CODE	CODE	CODE
Never Heard of It	1	1	1

Heard of It	2	2	2
Know a Little	3	3	3
Know a Fair Amount	4	4	4
Know It Well	5	5	5
Prefer not to answer	88	88	88
Missing value	99	99	99

Category Consumption Details

ASK C3 TO C7 FOR ALL THE PRODUCTS CODED IN C1

Consumption Frequency

C3. Please select the option that best describes how often you consume ‘List Tobacco Product’?	ROUTE
	TABLE CB

Average Daily Consumption

C4. On average, <u>(FILL IN AS PER THE BELOW)</u> do you currently smoke/consume per week?	ROUTE
	TABLE CB
INSTRUCTION- ONLY SHOW PRODUCTS SELECTED IN TABLE CA	
IF CODED 1, 2, 3, 4, 5, 8 OR 22 - PLEASE DISPLAY THE UNIT FOR THE PRODUCT AS ‘HOW MANY STICKS’	
IF CODED 6- PLEASE DISPLAY AS ‘HOW MANY HOOKAHS/SHISHAS/WATER PIPES’	
IF CODED 7- PLEASE DISPLAY AS ‘HOW MANY LOOSE TOBACCO PACKS’	
IF CODED 9, 10, 11, 12, 17, 18 OR 19- PLEASE DISPLAY AS ‘HOW MANY PACKS’	
IF CODED 20 OR 21 PLEASE DISPLAY AS ‘HOW MANY CARTRIDGES’	
IF CODED 26- PLEASE DISPLAY AS ‘HOW MANY PIECES/TABLETS’	

IF CODED 27- PLEASE DISPLAY AS ‘HOW MANY PATCHES’	
IF CODED 55- PLEASE DISPLAY AS ‘HOW MANY/HOW MUCH OF ‘MENTIONED PRODUCT’	

Tobacco Expenditure

C5. Approximately, how much money do you spend on ‘Show Tobacco Product’ in a typical week? Please provide your best estimate	ROUTE
INSTRUCTION- ROUND UP TO THE NEAREST WHOLE NUMBER PROGRAMMER- SHOW LOCAL CURRENCY	TABLE CB

Starting smoking/Tobacco product consumption age

C6. How old were you when you first started smoking/consuming tobacco regularly?	ROUTE
INSTRUCTION- ROUND UP TO THE NEAREST WHOLE NUMBER	TABLE CB

Mapping Consumption Split of Currently Used Tobacco Products

FILTER: IF CODED 2 OR MORE TOBACCO PRODUCTS

C7. Currently you are using multiple tobacco products; which one do you consume the most? (Single Answer)	ROUTE
INSTRUCTION- (IF ONLY 1 PRODUCT SELECTED IN C1, AUTOCODE THAT PRODUCT HERE & DON’T ASK QUESTION)	TABLE CB

Table CB

QUESTIONS (C3, C4, C5, C6 AND C7)

QUESTION	Product 1	Product 2	Product 3	Product 4	Product 5
C3. Consumption Frequency	CODE	CODE	CODE	CODE	CODE
Daily	1	1	1	1	1
Less than daily, but at least once a week	2	2	2	2	2

Less than weekly, but at least once a month	3	3	3	3	3
Less than monthly, but occasionally	4	4	4	4	4
I don't know	77	77	77	77	77
Missing value	99	99	99	99	99
C4. Average weekly Consumption					
	'Note down in whole number'	'Note down in whole number'	'Note down in whole number'	'Note down in whole number'	'Note down in whole number'
C5. Tobacco Expenditure					
INSTRUCTION- ROUND UP TO THE NEAREST WHOLE NUMBER	'Note down in whole number'	'Note down in whole number'	'Note down in whole number'	'Note down in whole number'	'Note down in whole number'
C6. Starting Smoking/Tobacco product consumption age					
	'Note down in whole number'	'Note down in whole number'	'Note down in whole number'	'Note down in whole number'	'Note down in whole number'
C7. Main currently use tobacco product (Single Answer					
Select the most often used tobacco product					

Capturing Start of/Switch to harm reduction products

C8. Were you consuming another tobacco product prior to 'Show currently used Harm Reduction products'? [Single Answer]	Code
---	------

Yes	1	PROCEED TO C 8.5
No	2	PROCEED TO C9

INSTRUCTION- ASK ONLY IF CODED 1 IN C8

C8.5. What product were you consuming prior to ‘Show currently used Harm Reduction products’	Code
SHOW ALL OPTIONS FROM CC1 (MULTIPLE ANSWER) EXCEPT CURRENTLY SELECTED HARM REDUCTION PRODUCT	

Reasons for Starting to Consume/Switching to harm reduction products

INSTRUCTION:

C9 OPTIONS ONLY FOR E-CIGARETTES AND VAPING DEVICES PRODUCTS (CODE 20/21 in C1)

C9.5 OPTIONS ONLY FOR HEAT NOT BURN PRODUCTS (CODE 22 in C1)

For E-cigarettes/vape		
C9. Which of the following are reasons that you switched to / started using ‘List currently used Harm reduction products’? [Select all that apply]	Code	Route
Makes me look cool/attractive	1	
‘List product’ tastes good	2	
I enjoy ‘List product’	3	
Family of friends use ‘List product’	4	
People in the media or other public figures use ‘List product’	5	
‘List product’ helps me control my appetite and/or weight	6	
Reduces my stress	7	
‘List product’ make socializing easier	8	
‘List product’ gives me something to do, to occupy my time	9	
The packaging is attractive	10	
‘List product’ is less harmful to me than smoking ordinary cigarettes	11	

I was curious and wanted to try	12	
Someone offered me one	13	
A health professional advised me to switch to them	14	
'List product' is less harmful than smoking ordinary cigarettes to other people around me	15	
I can smoke 'List product' in places where I can't smoke ordinary cigarettes	16	
'List product' is more acceptable than smoking ordinary cigarettes to people around me	17	
I save money by using 'List product' instead of smoking ordinary cigarettes	18	
'List product' helps me cut down on the number of ordinary cigarettes I smoke	19	
'List product' might help me stop smoking ordinary cigarettes	20	
Other reasons	21	
I don't know	77	
Missing value	99	

For Heat Not Burn Products <i>i.e. (IQOS/GLO)</i>		
C9.5. Which of the following are reasons that you switched to/ started using 'Heat Not Burn' products? [Select all that apply]	Code	Route
Makes me look cool/attractive	1	
The price is reasonable	2	
It tastes good	3	
I like the design of the heating device, charging tools, etc. (Please only think about the heating/charging device, not sticks or capsules)	4	
The device heats the sticks or capsules quickly	5	
It is readily available	6	
Family or friends use it	7	
People in the media or other public figures use it	8	
The advertising appeals to me	9	
It is satisfying	10	

It helps me control my appetite and/or weight	11	
It reduces my stress	12	
It makes socializing easier	13	
It gives me something to do, to occupy my time	14	
The packaging is attractive	15	
It may not be as bad for my health	16	
I can use it in places where smoking ordinary cigarettes is banned	17	
I was curious and wanted to try	18	
Someone offered it to me	19	
A health professional advised me to switch to it	20	
Using it is less harmful to people around me	21	
Using it is more acceptable to people around me	22	
Using it helps me cut down on the number of ordinary cigarettes I smoke	23	
Using it might help me stop smoking ordinary cigarettes	24	
Other reasons	25	
I don't know	77	
Missing value	99	

Cigarette Nicotine Dependence

INSTRUCTION- ASK FOR CONSUMERS OF COMBUSTIBLE TOBACCO OR CONSUMERS OF HARM REDUCTION PRODUCTS

ASK NICOTINE DEPENDENCY QUESTIONS (C10/C11/C12/C13/C14/C15) TO THE COMBUSTIBLE TOBACCO PRODUCT SMOKERS (CODE 1-5, 7,8 IN C1)

HARM REDUCTION PRODUCTS (CODE 20, 21, 22 IN C1)

C10. How soon after you wake up do you smoke your first cigarette/consume your first nicotine product? [Single Answer]	Code	Route
---	------	-------

After 60 minutes	1	
31-60 minutes	2	
6-30 minutes	3	
Within 5 minutes	4	
Prefer not to answer	88	
Missing value	99	

C11. Do you find it difficult to refrain from smoking/vaping/consuming tobacco in places where it is forbidden, e.g., in church/religious place, at the library, in a cinema, etc.? [Single Answer]	Code	Route
No	1	
Yes	2	

C12. Which cigarette/e-cigarette/smokeless tobacco product/vaping consumption moment would you hate most to give up? [Single Answer]	Code	Route
The first one in the morning	1	
Any other	2	

C14. Do you smoke/consume tobacco products more frequently during the first hours after awakening than during the rest of the day? [Single Answer]	Code	Route
No	1	
Yes	2	

C15. Do you smoke/consume tobacco products even if you are so ill that you are in bed most of the day? [Single Answer]	Code	Route
No	1	
Yes	2	

Beliefs and Perceptions- Current users

Risk perception, Health Warning Labels

B1. Please rate to what extent do you agree with the following statements? (Single Answer for each statement)						
	Totally Disagree	Tend to Disagree	Tend to Agree	Totally Agree	I don't know	Missing value
a) Smoking/ tobacco usage is harmful to your health	1	2	3	4	77	99
b) Your smoking could harm others around you	1	2	3	4	77	99
c) You usually read the health warning labels on cigarette packages	1	2	3	4	77	99
d) You think the health warning labels are exaggerated	1	2	3	4	77	99

Risk perception of smoking tobacco

B2. Based on what you know or believe, do you think smoking tobacco causes... (Single Answer for each statement)				
	Yes	No	I don't know	Missing value
a) Heart disease in smokers	1	2	77	99
b) Brain disorder	1	2	77	99
c) Impotence in male smokers	1	2	77	99
d) Lung cancer in smokers	1	2	77	99
e) Blindness in smokers	1	2	77	99
f) Mouth cancer in smokers	1	2	77	99
g) Throat cancer in smokers	1	2	77	99
h) Stroke in smokers	1	2	77	99
i) Chronic obstructive pulmonary disease (COPD) or emphysema in smokers	1	2	77	99
j) Bronchitis in smokers	1	2	77	99
k) Tuberculosis in smokers	1	2	77	99
l) Asthma in children from second-hand smoke i.e. smoke from others' cigarette	1	2	77	99

m) Melanoma, a type of cancer typically occur in the skin	1	2	77		99
n) Low birthweight i.e. babies born with less than average weight	1	2	77		99

Risk perception comparison

B3. On a scale from 1 to 10, to what extent do you think a moderate daily use of the following products or substances can harm your health?

In this scale, 1 stands for will not be harmful to your health and 10 stands for Will be harmful to your health; please choose the appropriate number from the scale as per your opinion.

Programmer - Rotate statements)

	Will not be harmful to your health									Will be harmful to your health	I don't know	Missing Value
a) Cigarettes	1	2	3	4	5	6	7	8	9	10	77	99
b) Coffee	1	2	3	4	5	6	7	8	9	10	77	99
c) Tea	1	2	3	4	5	6	7	8	9	10	77	99
d) Soda drinks	1	2	3	4	5	6	7	8	9	10	77	99
e) Wine/beer/spirits	1	2	3	4	5	6	7	8	9	10	77	99
f) Candy	1	2	3	4	5	6	7	8	9	10	77	99
g) Salt	1	2	3	4	5	6	7	8	9	10	77	99
h) Sugar	1	2	3	4	5	6	7	8	9	10	77	99
i) Caffeine	1	2	3	4	5	6	7	8	9	10	77	99
j) Nicotine	1	2	3	4	5	6	7	8	9	10	77	99
k) Fat	1	2	3	4	5	6	7	8	9	10	77	99
l) Alcohol	1	2	3	4	5	6	7	8	9	10	77	99

Risk perception of e-cigarettes or Vaping Devices

Filter: Ask only if aware of e-cigarette/vaping devices (Code 2-5 for e-cigarettes/vaping devices in C2) OR use e-cigarette/vaping devices code (20, 21) in C1)

B4. How worried are you that using e-cigarettes or vaping devices will damage your

health in the future? (Single Answer)	
Not at all worried	1
A little worried	2
Moderately worried	3
Very worried	4
I don't know	77
Missing Value	99

Risk perception of e-cigarette/vaping devices

Filter: Ask only if aware of e-cigarette/vaping (Code 2-5 for e-cigarettes/vaping devices in C2) OR use e-cigarette/vaping devices code (20, 21) in C1)					
B5. Based on what you know or believe, do you think nicotine/ e-cigarettes/vaping devices cause... (Single Answer for each statement)					
	Yes	No	I don't know		Missing value
a) Heart disease	1	2	77		99
b) Brain disorder	1	2	77		99
c) Impotence in male users/consumers	1	2	77		99
d) Lung cancer	1	2	77		99
e) Blindness	1	2	77		99
f) Mouth cancer	1	2	77		99
g) Throat cancer	1	2	77		99
h) Stroke	1	2	77		99
i) Chronic obstructive pulmonary disease (COPD) or emphysema in smokers	1	2	77		99
j) Bronchitis	1	2	77		99

k) Tuberculosis	1	2	77		99
l) Asthma in children from second-hand smoke i.e. smoke from others' e-cigarette	1	2	77		99
m) Melanoma, a type of cancer typically occur in the skin	1	2	77		99
n) Low birthweight i.e. babies born with less than average weight	1	2	77		99
o) Popcorn Lung (That's a condition that damages your lungs' smallest airways and makes you cough and feel short of breath.)	1	2	77		99

Risk perception of e-cigarettes/ Vaping devices

Filter: Ask only if aware of e-cigarette/vaping (Code 2-5 for e-cigarettes/vaping devices in C2) OR use e-cigarette/vaping devices code (20, 21) in C1) B7. Compared to smoking tobacco, would you say that electronic cigarettes/vaping devices are...? (Single Answer)	
Much less harmful	1
Less harmful	2
Equally harmful	3
More harmful	4
Much more harmful	5
I don't know	77
Missing value	99

Addiction of e-cigarettes and Vaping

Filter: Ask only if aware of e-cigarette/vaping (Code 2-5 for e-cigarettes/vaping devices in C2) OR use e-cigarette/vaping devices code (20, 21) in C1) B8. Compared to smoking tobacco, would you say using e-cigarettes/ <i>Vaping devices</i> or e-liquids that contain nicotine is?... (Single Answer)	
Much less addictive	1
Somewhat less addictive	2

Equally addictive	3
Somewhat more addictive	4
Much more addictive	5
I don't know	77
Missing value	99

Risk perception of heat not burn products

Filter: Ask only if aware of Heat not burn (Code 2-5 for heat not burn in C2) OR use Heat not Burn code (22) in C1)

B8.5. How worried are you that using heat not burn products will damage your health in the future?

(Single Answer)

Not at all worried	1
A little worried	2
Moderately worried	3
Very worried	4
I don't know	77
Missing Value	99

Risk perception of Heat-not-burn

Filter: Ask only if aware of Heat not burn (Code 2-5 for heat not burn in C2) OR use Heat not Burn code (22) in C1)

B9. Based on what you know or believe, do you think using a Heat-not-burn product causes ...

(Single Answer for each statement)

	Yes	No	I don't know	Missing value
a) Heart disease	1	2	77	99
b) Brain disorder	1	2	77	99
c) Impotence in male users/consumers	1	2	77	99
d) Lung cancer	1	2	77	99
e) Blindness	1	2	77	99
f) Mouth cancer	1	2	77	99
g) Throat cancer	1	2	77	99
h) Stroke	1	2	77	99
i) Chronic obstructive pulmonary disease (COPD) or emphysema in smokers	1	2	77	99
j) Bronchitis	1	2	77	99
k) Tuberculosis	1	2	77	99
l) Asthma in children from second-hand smoke i.e. smoke from others' e-cigarette	1	2	77	99
m) Melanoma, a type of cancer typically occur in the skin	1	2	77	99
n) Low birthweight i.e. babies born with less than average weight	1	2	77	99

Risk perception of Heat-not-burn products

Filter: Ask only if aware of Heat not burn (Code 2-5 for heat not burn in C2) OR use Heat not burn code (22) in C1)

B10. Compared to smoking tobacco, would you say that Heat-not-burn products are... (Single Answer)

Much less harmful	1
Less harmful	2
Equally harmful	3
More harmful	4
Much more harmful	5

I don't know	77
Missing value	99

Addiction of Heat-not-burn products

Filter: Ask only if aware of Heat not burn (Code 2-5 for heat not burn in C2) OR use Heat not burn code (22) in C1)	
B10.1. Compared to smoking tobacco, would you say using heat not burn products is?... (Single Answer)	
Much less addictive	1
Somewhat less addictive	2
Equally addictive	3
Somewhat more addictive	4
Much more addictive	5
I don't know	77
Missing value	99

Risk perception of smokeless tobacco products

Ask only if aware of Smokeless tobacco products (Code 2-5 for smokeless tobacco in C2) or users of smokeless tobacco i.e. coded 9,10,11,12,17,18,19 IN C1	
B10.2. How worried are you that using/consuming smokeless tobacco products will damage your health in the future? (Single Answer)	
Not at all worried	1
A little worried	2
Moderately worried	3
Very worried	4

I don't know	77
Missing Value	99

Risk perception of smokeless tobacco products

Ask only if aware of Smokeless tobacco products (Code 2-5 for smokeless tobacco in C2) or users of smokeless tobacco i.e. coded 9,10,11,12,17,18,19 IN C1

B10.5. Based on what you know or believe, do you think nicotine/smokeless tobacco products cause...

(Single Answer for each statement)

	Yes	No	I don't know	Missing value
a) Heart disease	1	2	77	99
b) Brain disorder	1	2	77	99
c) Impotence in male users/consumers	1	2	77	99
d) Lung cancer	1	2	77	99
e) Blindness	1	2	77	99
f) Mouth cancer	1	2	77	99
g) Throat cancer	1	2	77	99
h) Stroke	1	2	77	99
i) Chronic obstructive pulmonary disease (COPD) or emphysema in smokers	1	2	77	99
j) Bronchitis	1	2	77	99
k) Tuberculosis	1	2	77	99
l) Asthma in children from secondhand smoke i.e. smoke from others' e-cigarette	1	2	77	99
m) Melanoma, a type of cancer typically occur in the skin	1	2	77	99
n) Low birthweight i.e. babies born with less than average weight	1	2	77	99
o) Popcorn Lung (That's a condition that damages your lungs' smallest airways and makes you cough and feel short of breath.)	1	2	77	99

Risk perception of smokeless tobacco products

Ask only if aware of Smokeless tobacco products (Code 2-5 for smokeless tobacco in C2) or users of smokeless tobacco i.e. coded 9,10,11,12,17,18,19 IN C1 B10.7. Compared to smoking tobacco, would you say that consuming smokeless tobacco products is...? (Single Answer)	
Much less harmful	1
Less harmful	2
Equally harmful	3
More harmful	4
Much more harmful	5
I don't know	77
Missing value	99

Addiction of Smokeless Tobacco products

Ask only if aware of Smokeless tobacco products (Code 2-5 for smokeless tobacco in C2) or users of smokeless tobacco i.e. coded 9,10,11,12,17,18,19 IN C1 B10.9. Compared to smoking tobacco, would you say using smokeless tobacco products is?... (Single Answer) <i>(In case of face to face interviews, interviewers will show the scale)</i>	
Much less addictive	1
Somewhat less addictive	2
Equally addictive	3
Somewhat more addictive	4
Much more addictive	5
I don't know	77

Missing value	99
---------------	----

Risk perception of Nicotine

Ask All

B11. Do you believe nicotine is harmful? (Single Answer)	
Yes	1
No	2
I don't know	77
Missing value	99

Nicotine & Cancer in Tobacco

Ask All

B11.5 Do you think that tobacco-related cancer is primarily caused by nicotine? (Single Answer)	
Yes	1
No	2
I don't know	77
Missing value	99

E- Cigarettes, nicotine replacement therapies & cancer

Ask All

B12. Do you think nicotine in e-cigarettes and nicotine replacement therapies like patch or gum causes cancer? (Single Answer)	
Yes	1
No	2
I don't know	77

Missing value	99
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Addiction of Nicotine

Ask All

B13. Do you think that nicotine is addictive or just habit forming like caffeine? (Single Answer)	
Yes, it is addictive	1
No, it is not addictive	2
I don't know	77
Missing value	99

Tobacco Quitting Attempts

Ask All

B14 In the past, have you ever made a serious attempt to quit smoking/ quit using tobacco products ? That is, have you stopped smoking for at least one day or longer because you were trying to quit?	Code	Route
Yes	1	
No	2	

Reasons for Considering Quitting Tobacco Consumption

Filter: Ask only if tried to quit smoking (Code 1 in B14)

B14.5. What were the reasons behind your decision to attempt to quit smoking/ quitting Tobacco consumption? (Select all that apply)	Code
I was worried about the harmful effects of Tobacco on my health in general	1
I was particularly worried about heart attacks	2
I was particularly worried about diabetes	3
I was Pregnant/Lactating (For Female Respondents)	4
Illness of a family member who were tobacco users	5
I was worried about second hand smoke for others around me	6
Health warnings, claims and pictures on the pack	7

I have kids who will be affected by my tobacco consumption	8
Family/friends urged me to quit	9
I don't know	77
Prefer not to answer	88
Missing value	99

Means of Tobacco Quitting

Filter: Ask only if tried to quit smoking (Code 1 in B14)	
B15. How did you try to quit smoking/ using tobacco products? (Select all that apply)	
Nicotine replacement medications or other medications	1
Support from third party (Doctor, quit line, internet, alternative therapies) counselling	2
Alternative Risk Product (Oral, chewing, nasal, electronic, Heat-not-burn)	3
Cold turkey(Abrupt cessation of smoking/ tobacco usage)/ No assistance	4
Acupuncture	5
Others (specify)	6
I don't know	77
Missing value	99

Reasons for Not Considering Quitting Tobacco Consumption

Filter: Ask only if didn't attempt to quit smoking (Code 2 in B14)	
B15.5 What has been hindering you from attempting to quit Tobacco consumption? (Select all that apply)	
Enjoy consuming tobacco products	1
Feel it would be too difficult	2
Don't feel there will be enough support from family/friends/peers to quit tobacco consumption	3
The environment around me is not encouraging to quit tobacco consumption	4
I feel stressed in my life and hence would not be able to quit	5
Others (specify)	9
I don't know	77

Planning to quit smoking

B16. Are you planning to quit smoking/ using tobacco products? (Single Answer)	
Yes	1
No	2
I don't know	77
I prefer not to answer	88
Missing value	99

Reasons for Considering Quitting Tobacco Consumption

Filter: Ask only if planning to quit smoking (Code 1 in B16)

B16.5. What were the reasons behind your decision to attempt to quit smoking/ quitting Tobacco consumption? Select all that apply	Code	Route
I am worried about the harmful effects of Tobacco on my health in general	1	
I am particularly worried about heart attacks	2	
I am particularly worried about diabetes	3	
I am Pregnant/Lactating (For Female Respondents)	4	
Illness of a family member who were tobacco users	5	
I am worried about second hand smoke for others around me	6	
Health warnings, claims and pictures on the pack	7	
I have kids who will be affected by my tobacco consumption	8	
Family/friends urged me to quit	9	
I don't know	77	
Prefer not to answer	88	
Missing value	99	

Means of quitting smoking

Filter : Ask only if plan to quit smoking (Code 1 in QB16) B17. How are you planning to quit or trying to quit smoking? (MA) (Select all that apply)	
Nicotine replacement medications or other medications	1
Support from third party (Doctor, quit line, internet, alternative therapies) counselling	2
Alternative Risk Product (Oral, chewing, nasal, electronic, Heat-not-burn)	3
Cold turkey(Abrupt cessation of smoking/ tobacco usage)/ No assistance	4
Acupuncture	5
Others (specify)	6
I don't know	77
Missing value	99

Impact of Tobacco products price increases

B17.5. Would an increase in the price of the Tobacco product you are using 'List product/s' impact you in any way? [SA]	Code	Route
Yes	1	PROCEED TO 17.7
No	2	PROCEED TO B18
Prefer not to answer	88	
Missing value	99	

B17.7. How would an increase in the price of the Tobacco product you are using 'List product/s' impact you? [MA] (Select all that apply)	Code	Route
Would reduce consumption of currently used product/s	1	
Switch to a different Tobacco product (Smokeless tobacco products, Harm reduction products, etc.)	2	
Switch to cheaper brands	3	
Quit Tobacco consumption completely	4	
Prefer not to answer	88	
Missing value	99	

Intention to Try Harm reduction products

FILTER- DO NOT ASK IF CODED 20/21 IN C1

B18. Do you think you will use e-cigarettes/ Vaping devices at any time in the next 12 months? (Single answer)	
Definitely yes	1
Probably yes	2
Probably not	3
Definitely not	4
I don't know	77
I prefer not to answer	88
Missing value	99

FILTER- DO NOT ASK IF CODED 22 IN C1

B19. Do you think you will use Heat-not-burn at any time in the next 12 months? (Single answer)	
Definitely yes	1
Probably yes	2
Probably not	3
Definitely not	4
I don't know	77
I prefer not to answer	88
Missing value	99

Intention to Try Smokeless Tobacco Products

FILTER- DO NOT ASK IF CODED 9, 10, 11, 12, 17,18 or 19 IN C1

B20. Do you think you will use any smokeless Tobacco products (<i>Snus, Dry Snuff, Chewing Tobacco, etc.</i>) at any time in the next 12 months? (Single answer)	
Definitely yes	1
Probably yes	2

Probably not	3
Definitely not	4
I don't know	77
I prefer not to answer	88
Missing value	99

Categorization- Quitters

Capturing Consumed Tobacco Products- Prior to Quitting

Table CCA

CC1. Of the following Tobacco products, which products did you regularly consume prior to quitting? (Please select all that apply)	Code	Route
Combustible Tobacco Products		
Cigarettes that are sold in a pack (i.e. factory made cigarettes)	1	
Cigarettes with filter that I prepare myself with the help of tubes and assembling machine (i.e. tubed cigarettes)	2	
Cigarettes that I roll myself with my hands (i.e. rolled cigarettes)	3	
Capsule/Flavoured cigarettes	4	
Cigars/Cigarillos	5	
Water pipe/Hookah/Shisha	6	
Pipe	7	
Bidis	8	
Smokeless Tobacco Products		
Moist Smokeless Tobacco (e.g., Copenhagen, Skoal, Grizzly, etc.)	9	
Loose Leaf Chewing Tobacco (e.g., Red Man, Levi Garrett, etc.)	10	
Dry Snuff	11	
Snus	12	
Dissolvable tobacco products	17	

Gutka (Chewing tobacco)	18	
Other chewing tobacco	19	
Harm reduction products		
Electronic cigarettes/ Vaping devices with nicotine	20	
Electronic cigarettes/ Vaping devices without nicotine	21	
Heat-not-burn tobacco products such as (IQOS/GLO)	22	
Other nicotine products		
Nicotine gum	26	
Nicotine patch	27	
Other tobacco products	55	

Capturing Awareness of Harm reduction products and Smokeless Tobacco

INSTRUCTION- ASK ONLY FOR PRODUCTS NOT CODED 20, 21, 22, 9-19 IN CC1

CC2. Please select the answer that best describes your familiarity with the following products (LIST PRODUCTS NOT CODED 20, 21, 22 IN C1) (Single Answer for each product)

	INSTRUCTION- ASK ONLY FOR PRODUCTS NOT CODED 20, 21, 22 IN C1		INSTRUCTION- ASK ONLY IF NOT CODED 9,10,11,12,17,18,19 IN CC1 (If the respondent is using any of smokeless tobacco products, i.e. coded anything among 9-19, then do not ask this)
	Electronic cigarettes/vaping devices	Heat Not Burn Tobacco Products <i>i.e. (IQOS/GLO)</i>	Smokeless Tobacco products
	CODE	CODE	CODE
Never Heard of It	1	1	1

Heard of It	2	2	2
Know a Little	3	3	3
Know a Fair Amount	4	4	4
Know It Well	5	5	5
Prefer not to answer	88	88	88
Missing value	99	99	99

Category Consumption Details- Prior to Quitting

Past Consumption Frequency

ASK CC3 TO CC7 FOR ALL THE PRODUCTS CODED IN CC1

CC3. Please select how often did you consume ‘Show Tobacco Product’? prior to quitting	ROUTE
	TABLE CCB

Past Average Daily Consumption

CC4. On average, (FILL IN AS PER THE BELOW) did you smoke/consume per week prior to quitting?	ROUTE
	TABLE CCB
INSTRUCTION- ONLY SHOW PRODUCTS SELECTED IN TABLE CCA	
IF CODED 1, 2, 3, 4, 5, 8 OR 22 - PLEASE DISPLAY THE UNIT FOR THE PRODUCT AS ‘HOW MANY STICKS’	
IF CODED 6- PLEASE DISPLAY AS ‘HOW MANY HOOKAHS/SHISHAS/WATER PIPES’	
IF CODED 7- PLEASE DISPLAY AS ‘HOW MANY LOOSE TOBACCO PACKS’	
IF CODED 9, 10, 11, 12, 17, 18 OR 19- PLEASE DISPLAY AS ‘HOW MANY PACKS’	
IF CODED 20 OR 21 PLEASE DISPLAY AS ‘HOW MANY CARTRIDGES’	
IF CODED 26- PLEASE DISPLAY AS ‘HOW MANY PIECES/TABLETS’	

IF CODED 27- PLEASE DISPLAY AS ‘HOW MANY PATCHES’	
IF CODED 55- PLEASE DISPLAY AS ‘HOW MANY/HOW MUCH OF ‘MENTIONED PRODUCT’	

Past Tobacco Expenditure

CC5. Approximately, how much money did you spend on tobacco products in a typical week prior to quitting? Please provide your best estimate	ROUTE
INSTRUCTION- ROUND UP TO THE NEAREST WHOLE NUMBER	TABLE CCB

Starting smoking/Tobacco product consumption age

CC6. How old were you when you first started smoking/ consuming tobacco regularly?	ROUTE
INSTRUCTION- ROUND UP TO THE NEAREST WHOLE NUMBER	TABLE CCB

Mapping Consumption Split of Used Tobacco Products- Prior to Quitting

CC7. You were using multiple tobacco products; which one did you consume the most? (Single Answer)	ROUTE
INSTRUCTION- (IF ONLY 1 PRODUCT SELECTED IN CC1, AUTOCODE THAT PRODUCT HERE & DON'T ASK QUESTION)	TABLE CCB

Table CCB

QUESTIONS (CC3, CC4, CC5, CC6 AND CC7)

QUESTION	Product 1	Product 2	Product 3	Product 4	Product 5
CC3. Past Consumption Frequency	CODE	CODE	CODE	CODE	CODE
I used to smoke daily	1	1	1	1	1
I used to smoke less than daily but at least once a week	2	2	2	2	2

I used to smoke less than weekly but at least once a month	3	3	3	3	3
I used to smoke less than monthly but occasionally	4	4	4	4	4
I don't know	77	77	77	77	77
Prefer not to answer	88	88	88	88	88
Missing value	99	99	99	99	99
CC4. Past Average Weekly Consumption					
	'Note down in whole number'	'Note down in whole number'	'Note down in whole number'	'Note down in whole number'	'Note down in whole number'
CC5. Past Tobacco Expenditure					
INSTRUCTION- ROUND UP TO THE NEAREST WHOLE NUMBER	'Note down in whole number'	'Note down in whole number'	'Note down in whole number'	'Note down in whole number'	'Note down in whole number'
CC6. Starting Smoking/Tobacco product consumption age					
	'Note down in whole number'	'Note down in whole number'	'Note down in whole number'	'Note down in whole number'	'Note down in whole number'
CC7. Product which you used to consume most frequently					
Single answer					

Capturing Start of/Switch to harm reduction products - Prior to Quitting

INSTRUCTION- ASK ONLY IF CODED 20, 21, 22 IN CC1

CC8. Were you consuming another tobacco product prior to ‘Show currently used Harm Reduction?’ [Single Answer]		Code
Yes	1	PROCEED TO CC 8.5
No	2	PROCEED TO CC9

INSTRUCTION- ASK ONLY IF CODED 1 IN CC8

CC8.5. What product were you consuming prior to ‘Show currently used Harm Reduction products’	Code
ONLY SHOW OPTIONS ALREADY CODED IN CC1 (MULTIPLE ANSWER) EXCEPT CURRENTLY SELECTED HARM REDUCTION PRODUCT	

Reasons for Starting to Consume/Switching to harm reduction products - Prior to Quitting

INSTRUCTION:

CC9 OPTIONS ONLY FOR E-CIGARETTES AND VAPING DEVICES PRODUCTS (CODE 20/21 in CC1)

CC9.5 OPTIONS ONLY FOR HEAT NOT BURN PRODUCTS (CODE 22 in CC1)

For E-Cigarettes And Vaping devices		
CC9. Which of the following were reasons that you switched to / started using ‘Show previously used Harm reduction products’? [SELECT ALL THAT APPLY]	Code	Route
It made me look cool/attractive	1	
‘List product’ tasted good	2	
I enjoyed ‘List product’	3	
Family of friends use ‘List product’	4	
People in the media or other public figures use ‘List product’	5	
‘List product’ helps me control my appetite and/or weight.	6	
Reduced my stress	7	
‘List product’ made socializing easier.	8	
‘List product’ gave me something to do, to occupy my time.	9	

The packaging is attractive.	10	
'List product' was less harmful to me than smoking ordinary cigarettes.	11	
I was curious and wanted to try	12	
Someone offered me one	13	
A health professional advised me to switch to them	14	
'List product' was less harmful than smoking ordinary cigarettes to other people around me.	15	
I was able to smoke 'List product' in places where I couldn't smoke ordinary cigarettes.	16	
'List product' was more acceptable than smoking ordinary cigarettes to people around me.	17	
I save money by smoking 'List product' instead of smoking ordinary cigarettes.	18	
'List product' helps me cut down on the number of ordinary cigarettes I smoke.	19	
I thought 'Show product' might help me stop smoking ordinary cigarettes.	20	
Other reasons	21	
I don't know	77	
Prefer not to answer	88	
Missing value	99	

For Heat Not Burn Products <i>i.e.</i> (IQOS/GLO)	Code	Route
CC9.5. Which of the following are reasons that you switched to 'Heat Not Burn' products? [MA]		
Made me look cool/attractive	1	
The price was reasonable	2	
It tasted good	3	
I liked the design of the heating device, charging tools, etc. (Please only think about the heating/charging device, not sticks or capsules)	4	
The device heats the sticks or capsules quickly	5	
It was readily available	6	
Family or friends used it	7	
People in the media or other public figures used it	8	
The advertising appealed to me	9	

It was satisfying	10	
It helped me control my appetite and/or weight	11	
It reduced my stress	12	
It made me socializing easier	13	
It gave me something to do, to occupy my time	14	
The packaging was attractive	15	
Thought it may not be as bad for my health	16	
I could use it in places where smoking ordinary cigarettes is banned	17	
I was curious and wanted to try	18	
Someone offered it to me	19	
A health professional advised me to switch to it	20	
Using it was less harmful to people around me	21	
Using it was more acceptable to people around me	22	
Using it helped me cut down on the number of ordinary cigarettes I smoked	23	
Thought using it might help me stop smoking ordinary cigarettes	24	
Other reasons	25	
I don't know	77	
Prefer not to answer	88	
Missing value	99	

Beliefs and Perceptions- Quitters

Risk perception, Health Warning Labels

BB1. Please rate to what extent do you agree with the following statements? (Single Answer for each statement) <i>Programmer - Rotate statements)</i>						
	Totally Disagree	Tend to Disagree	Tend to Agree	Totally Agree	I don't know	Missing value
a) Smoking/ tobacco consumption is harmful to your health	1	2	3	4	77	99
b) Your smoking could harm others around you	1	2	3	4	77	99
c) You usually read the health warning labels on cigarette packages	1	2	3	4	77	99
d) You think the health warning labels are exaggerated	1	2	3	4	77	99

Risk perception of smoking tobacco

BB2. Based on what you know or believe, do you think smoking tobacco causes... (Single Answer for each statement) <i>Programmer - Rotate statements</i>					
	Yes	No	I don't know		Missing value
a) Heart disease in smokers	1	2	77		99
b) Brain disorder	1	2	77		99
c) Impotence in male smokers	1	2	77		99
d) Lung cancer in smokers	1	2	77		99
e) Blindness in smokers	1	2	77		99
f) Mouth cancer in smokers	1	2	77		99
g) Throat cancer in smokers	1	2	77		99

h) Stroke in smokers	1	2	77		99
i) Chronic obstructive pulmonary disease (COPD) or emphysema in smokers	1	2	77		99
j) Bronchitis in smokers	1	2	77		99
k) Tuberculosis in smokers	1	2	77		99
l) Asthma in children from second-hand smoke i.e. smoke from others' cigarette	1	2	77		99
m) Melanoma, a type of cancer typically occur in the skin	1	2	77		99
n) Low birthweight i.e. babies born with less than average weight	1	2	77		99

Risk perception comparison

BB3. On a scale from 1 to 10, to what extent do you think a moderate daily use of the following products or substances can harm your health?

In this scale, 1 stands for will not be harmful to your health and 10 stands for Will be harmful to your health; please choose the appropriate number from the scale as per your opinion.

Programmer - Rotate statements)

	Will not be harmful to your health										Will be harmful to your health	I don't know	Missing Value
a) Cigarettes	1	2	3	4	5	6	7	8	9	10	77		99
b) Coffee	1	2	3	4	5	6	7	8	9	10	77		99
c) Tea	1	2	3	4	5	6	7	8	9	10	77		99
d) Soda drinks	1	2	3	4	5	6	7	8	9	10	77		99
e) Wine/beer/spirits	1	2	3	4	5	6	7	8	9	10	77		99
f) Candy	1	2	3	4	5	6	7	8	9	10	77		99
g) Salt	1	2	3	4	5	6	7	8	9	10	77		99
h) Sugar	1	2	3	4	5	6	7	8	9	10	77		99

i) Caffeine	1	2	3	4	5	6	7	8	9	10	77		99
j) Nicotine	1	2	3	4	5	6	7	8	9	10	77		99
k) Fat	1	2	3	4	5	6	7	8	9	10	77		99
l) Alcohol	1	2	3	4	5	6	7	8	9	10	77		99

Risk perception of e-cigarettes or vaping

Filter: Ask only if aware of e-cigarette/vaping (Code 2-5 for e-cigarettes/ Vaping devices in CC2) OR use e-cigarette/vaping devices code (20, 21) in CC1)

BB4. How worried were you that using e-cigarettes or vaping devices will damage your health in the future?

(Single Answer)

Not at all worried	1
A little worried	2
Moderately worried	3
Very worried	4
I don't know	77
Missing value	99

Risk perception of e-cigarette/vaping

Filter: Ask only if aware of e-cigarette/vaping (Code 2-5 for e-cigarettes/ Vaping devices in CC2) OR use e-cigarette/vaping devices code (20, 21) in CC1)

BB5. Based on what you know or believe, do you think nicotine/ e-cigarettes/vaping devices cause...

(Single Answer for each statement)

Programmer - Rotate statements)

	Yes	No	I don't know	Missing value
a) Heart disease	1	2	77	99
b) Brain disorder	1	2	77	99
c) Impotence in male users/consumers	1	2	77	99
d) Lung cancer	1	2	77	99

e) Blindness	1	2	77		99
f) Mouth cancer	1	2	77		99
g) Throat cancer	1	2	77		99
h) Stroke	1	2	77		99
i) Chronic obstructive pulmonary disease (COPD) or emphysema in smokers	1	2	77		99
j) Bronchitis	1	2	77		99
k) Tuberculosis	1	2	77		99
l) Asthma in children from second-hand smoke i.e. smoke from others' e-cigarette	1	2	77		99
m) Melanoma, a type of cancer typically occur in the skin	1	2	77		99
n) Low birthweight i.e. babies born with less than average weight	1	2	77		99
o) Popcorn Lung (That's a condition that damages your lungs' smallest airways and makes you cough and feel short of breath.)	1	2	77		99

Risk perception of e-cigarettes/ Vaping devices

Filter: Ask only if aware of e-cigarette/vaping devices (Code 2-5 for e-cigarettes/ Vaping devices in CC2) OR use e-cigarette/vaping devices code (20, 21) in CC1)

**BB7. Compared to smoking tobacco, would you say that electronic cigarettes/ Vaping devices are...?
(Single Answer)**

Much less harmful	1
Less harmful	2
Equally harmful	3
More harmful	4
Much more harmful	5
I don't know	77
Missing value	99

Addiction of e-cigarettes and Vaping

Filter: Ask only if aware of e-cigarette/vaping (Code 2-5 for e-cigarettes/vaping devices in

CC2) OR used e-cigarette/vaping code (20, 21) in CC1)	
BB8. Compared to smoking tobacco, would you say using e-cigarettes/ Vaping devices or e-liquids that contain nicotine are?... (Single Answer)	
Much less addictive	1
Somewhat less addictive	2
Equally addictive	3
Somewhat more addictive	4
Much more addictive	5
I don't know	77
I prefer not to answer	88
Missing value	99

Risk perception of Heat not burn

Filter: Ask only if aware of Heat not Burn (Code 2-5 for heat not burn in CC2) OR used Heat not Burn code (22) in CC1)	
BB8.5. How worried were you that using heat not burn products will damage your health in the future? (Single Answer)	
Not at all worried	1
A little worried	2
Moderately worried	3
Very worried	4
I don't know	77
Missing value	99

Risk perception of Heat-not-burn

Filter: Ask only if aware of Heat not Burn (Code 2-5 for heat not burn in CC2) OR used Heat not Burn code (22) in CC1)	
BB9. Based on what you know or believe, do you think using a Heat-not-burn product	

causes ... (Single Answer for each statement) <i>Programmer - Rotate statements</i>				
	Yes	No	I don't know	Missing value
a) Heart disease	1	2	77	99
b) Brain disorder	1	2	77	99
c) Impotence in male users/consumers	1	2	77	99
d) Lung cancer	1	2	77	99
e) Blindness	1	2	77	99
f) Mouth cancer	1	2	77	99
g) Throat cancer	1	2	77	99
h) Stroke	1	2	77	99
i) Chronic obstructive pulmonary disease (COPD) or emphysema in smokers	1	2	77	99
j) Bronchitis	1	2	77	99
k) Tuberculosis	1	2	77	99
l) Asthma in children from secondhand smoke i.e. smoke from others' e-cigarette	1	2	77	99
m) Melanoma, a type of cancer typically occur in the skin	1	2	77	99
n) Low birthweight i.e. babies born with less than average weight	1	2	77	99

Risk perception of Heat-not-burn products

Filter: Ask only if aware of heat not burn (Code 2-5 for heat not burn in CC2) OR used Heat-not- burn code (22) in CC1) BB10. Compared to smoking tobacco, would you say that Heat-not-burn products are... (Single Answer) <i>(In case of face to face interviews, interviewers will show the scale)</i>	
Much less harmful	1
Less harmful	2
Equally harmful	3

More harmful	4
Much more harmful	5
I don't know	77
Missing value	99

Addiction of Heat-not-burn products

Filter: Ask only if aware of Heat not burn (Code 2-5 for heat not burn in C2) OR use Heat not burn code (22) in C1)	
BB10.1. Compared to smoking tobacco, would you say using heat not burn products is?... (Single Answer)	
Much less addictive	1
Somewhat less addictive	2
Equally addictive	3
Somewhat more addictive	4
Much more addictive	5
I don't know	77
Missing value	99

Risk perception of smokeless tobacco products

Ask only if aware of Smokeless tobacco products (Code 2-5 for smokeless tobacco in CC2) or used smokeless tobacco i.e. coded 9,10,11,12,17,18,19 IN CC1	
BB10.2. How worried were you that using/consuming smokeless tobacco products will damage your health in the future? (Single Answer)	
Not at all worried	1
A little worried	2

Moderately worried	3
Very worried	4
I don't know	77
Missing Value	99

Risk perception of smokeless tobacco products

Ask only if aware of Smokeless tobacco products (Code 2-5 for smokeless tobacco in CC2) or used smokeless tobacco i.e. coded 9,10,11,12,17,18,19 IN CC1

BB10.5. Based on what you know or believe, do you think nicotine/smokeless tobacco products cause...

(Single Answer for each statement)

Programmer - Rotate statements)

	Yes	No	I don't know	Missing value
a) Heart disease	1	2	77	99
b) Brain disorder	1	2	77	99
c) Impotence in male users/consumers	1	2	77	99
d) Lung cancer	1	2	77	99
e) Blindness	1	2	77	99
f) Mouth cancer	1	2	77	99
g) Throat cancer	1	2	77	99
h) Stroke	1	2	77	99
i) Chronic obstructive pulmonary disease (COPD) or emphysema in smokers	1	2	77	99
j) Bronchitis	1	2	77	99
k) Tuberculosis	1	2	77	99
l) Asthma in children from second-hand smoke i.e. smoke from others' e-cigarette	1	2	77	99
m) Melanoma, a type of cancer typically occur in the skin	1	2	77	99
n) Low birthweight i.e. babies born with less than average weight	1	2	77	99

o) Popcorn Lung (That's a condition that damages your lungs' smallest airways and makes you cough and feel short of breath.)	1	2	77		99
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Risk perception of smokeless tobacco products

Ask only if aware of Smokeless tobacco products (Code 2-5 for smokeless tobacco in CC2) or used smokeless tobacco i.e. coded 9,10,11,12,17,18,19 IN CC1

BB10.7. Compared to smoking tobacco, would you say that consuming smokeless tobacco products are...? (Single Answer)

Much less harmful	1
Less harmful	2
Equally harmful	3
More harmful	4
Much more harmful	5
I don't know	77
Missing value	99

Addiction of Smokeless Tobacco products

Ask only if aware of Smokeless tobacco products (Code 2-5 for smokeless tobacco in CC2) or used smokeless tobacco i.e. coded 9,10,11,12,17,18,19 IN CC1

BB10.9. Compared to smoking tobacco, would you say using smokeless tobacco products is?... (Single Answer)

Much less addictive	1
Somewhat less addictive	2
Equally addictive	3
Somewhat more addictive	4

Much more addictive	5
I don't know	77
Missing value	99

Risk perception of Nicotine

Ask All

BB11. Do you believe nicotine is harmful? (Single Answer)	
Yes	1
No	2
I don't know	77
Missing value	99

Nicotine & Cancer in Tobacco

Ask All

BB11.5. Do you think that tobacco-related cancer is primarily caused by nicotine? (Single Answer)	
Yes	1
No	2
I don't know	77
Missing value	99

E- Cigarettes, nicotine replacement therapies & cancer

Ask All

BB12. Do you think nicotine in e-cigarettes and nicotine replacement therapies like patch or gum causes cancer? (Single Answer)	
Yes	1

No	2
I don't know	77
Missing value	99

Addiction of Nicotine

Ask All

BB13. Do you think that nicotine is addictive or just habit forming like caffeine? (Single Answer)	
Yes, it is addictive	1
No, it is not addictive	2
I don't know	77
Missing value	99

Tobacco Quitting Attempts- Number Of Quitting Attempts before Quitting Successfully

ASK BB14 FOR ALL THE PRODUCTS CODED IN CC1

BB14. How many times did you try to quit consuming each of the following products before you succeeded? [Single Answer]					
List the products coded in	Product 1	Product 1	Product 1	Product 1	Product 1
'Record Number'	'Record Number'	'Record Number'	'Record Number'	'Record Number'	'Record Number'
I don't know	77	77	77	77	77
Missing value	99	99	99	99	99

Reasons for Quitting Tobacco Consumption

BB14.5. What were the reasons behind your decision to quit tobacco/nicotine consumption? [Select all that apply]	Code
I was worried about the harmful effects of Tobacco on my health in general	1
I was particularly worried about heart attacks	2
I was particularly worried about diabetes	3

I was Pregnant/Lactating (For Female Respondents)	4
Illness of a family member who were tobacco users	5
I was worried about passive smoking (others smoking)	6
Health warnings, claims and pictures on the pack	7
I have kids who will be affected by my tobacco consumption	8
Family/friends urged me to quit	9
I don't know	77
Missing value	99

Means of Tobacco Quitting

BB15. How did you quit smoking/ using of tobacco/nicotine products? (Select all that apply)	
Nicotine replacement medications or other medications	1
Support from third party (Doctor, quit line, internet, alternative therapies) counselling	2
Alternative Risk Product (Oral, chewing, nasal, electronic, Heat-not-burn)	3
Cold turkey(Abrupt cessation of smoking/ tobacco usage)/ No assistance	4
Acupuncture	5
Others (specify)	6
I don't know	77
Missing value	99