

## INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. I am working with **THE GAMBIA BUREAU OF STATISTICS**. An important survey of adult tobacco use behaviour is being conducted throughout the country and your household has been selected to participate. All houses selected were chosen from a scientific sample.

The information we collect will help the government to plan various services and policies. The questions usually take about 10 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. There are no known risks or dangers to you associated with this study. The researchers will not attempt to identify you with the responses to your questionnaire, or to name you as a participant in the study, nor will they facilitate anyone else's doing so.

You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important and it is important that everyone participates in the survey. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions?

INTERVIEWER: OBTAIN VERBAL CONFIRMATION FROM THE RESPONDENT THAT THEY ARE WILLING TO PARTICIPATE AND CAN BEGIN THE INTERVIEW.

AA1. Are you willing to participate?

- 1 YES  
 2 NO      2 → END INTERVIEW

AA2. May I begin the interview now?

- 1 YES  
 2 NO      2 → END INTERVIEW

# IDENTIFICATION



## THE GOVERNMENT OF THE GAMBIA

Interviewer.....

Interview Date...../...../2017

Supervisor.....

Checking date...../...../2017

Local Government Area (LGA)

Banjul 1  
Kanifing 2  
Brikama 3  
Mansakonko 4

Kerewan 5  
Kuntaur 6  
Janjanbureh 7  
Basse 8

**LGA CODE [ \_ \_ ]**

Settlement Name: .....

**SCORE [ \_ \_ \_ \_ \_ ]**

Area 1 – Urban 2 – Rural

[ \_ \_ ]

Enumeration Area (E.A.) Number

[ \_ \_ \_ \_ \_ ]

Household number (1-20)

[ \_ \_ ]

Name of Household head.....

Gender Male  1 Female  2

Address: .....

Tel: .....

*{the tel. numbers will be used to contact the respondents to confirm details submitted}*

## Household Questionnaire

TIME HH INTERVIEW STARTED [24 HOUR CLOCK]	____ : ____ HRS       MINS
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HH1. In total, how many persons live in this household? Include anyone who considers this household their primary place of residence last night.

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 PERSONS

HH2. How many (male/female) household members are 18 years of age or older?

Male	Female

 NUMBER OF PERSONS

I NOW WOULD LIKE TO COLLECT INFORMATION ABOUT THE MALES/FEMALES THAT LIVE IN THIS HOUSEHOLD WHO ARE SMOKERS. LET'S START LISTING THE MALES/FEMALES FROM OLDEST TO YOUNGEST.

[ASK THE FOLLOWING QUESTIONS [HH3 TO HH AND RECORD ANSWERS IN TABLE BELOW]

HH3. What is the person's full name?

HH4. IF REPORTED AGE IS 18 ASK FOR BIRTH DATE: What is the month and year of this person's date of birth?

HH5. What is this person's age? IF RESPONDENT DOESN'T KNOW, PROBE FOR AN ACCURATE ESTIMATE

CHECK TO VERIFY IF DATE OF BIRTH FALLS BEFORE THE DATE OF [FILL MONTH/YEAR] TO MAKE SURE PERSON IS **18 OR OLDER**. IF NOT 18 OR OLDER, DELETE LINE.

IF RESPONDENT DOESN'T KNOW DATE OF BIRTH, CONTINUE TO HH6

HH6. RECORD GENDER

HH7. Does this person currently smoke tobacco, including cigarettes?

HH8. RANK THE SMOKERS FROM FIRST TO LAST ON THE LIST

RN*	HH3. Full Name	HH4. Age	ONLY IF AGE = >18	HH6. Gender		HH7. Current Smoker?			HH8. Rank number of smoker [USE FOR RANDOM SELECTION]
			HH5. Date of Birth	M	F	Y	N	DK	
			M –Month Y – Year						
01	_____	_____yrs	M____ Y_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	
02	_____	_____yrs	M____ Y_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	
03	_____	_____yrs	M____ Y_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	
04	_____	_____yrs	M____ Y_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	
05	_____	_____yrs	M____ Y_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	
06	_____	_____yrs	M____ Y_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	
07	_____	_____yrs	M____ Y_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	
08	_____	_____yrs	M____ Y_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	
09	_____	_____yrs	M____ Y_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	
10	_____	_____yrs	M____ Y_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	
11	_____	_____yrs	M____ Y_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	
12	_____	_____yrs	M____ Y_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	
13	_____	_____yrs	M____ Y_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	
14	_____	_____yrs	M____ Y_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	
15	_____	_____yrs	M____ Y_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	

\*RN = Roster Number

HH9. Please tell me whether this household or any person who lives in the household has the following items/facilities:

READ EACH ITEM:

	YES	NO
a. Electricity? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Air conditioner? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Satellite dish? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Cell phone? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Television? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Radio? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Refrigerator? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Car? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. Scooter/motorcycle? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j. Washing machine? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
k. Generator? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
l. Animal drawn cart .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
m. Solar panel? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
n. Bicycle? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
o. Boat with engine? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
p. Boat without engine? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

[USE RANDOMIZATION TABLE BELOW TO SELECT INDIVIDUAL SMOKERS AND WRITE THE SELECTED NUMBER IN HH12 BELOW (eligibility means the individual should be 18+ and a smoker) AND YOU MUST BE CONFIDENT THAT THIS PERSON CAN PROVIDE ACCURATE INFORMATION.

- IF MORE THAN 10 MALE/FEMALE SMOKERS LIVE IN THE HOUSEHOLD, END THE INTERVIEW AND CONSULT WITH YOUR SUPERVISOR BEFORE SELECTING ANYONE FOR THE INDIVIDUAL INTERVIEW]

**SELECTION OF INDIVIDUAL SMOKERS USING RANDOMIZATION TABLE:**

NUMBER OF ELIGIBLE MALES/FEMALES IN HOUSEHOLD	LAST DIGIT OF NUMBER OF HOUSEHOLD MEMBERS LISTED									
	0	1	2	3	4	5	6	7	8	9
0	END INTERVIEW									
1	1	1	1	1	1	1	1	1	1	1
2	1	2	1	2	1	2	1	2	1	2
3	3	1	2	3	1	2	3	1	2	3
4	1	2	3	4	1	2	3	4	1	2
5	1	2	3	4	5	1	2	3	4	5
6	6	1	2	3	4	5	6	1	2	3
7	5	6	7	1	2	3	4	5	6	7
8	1	2	3	4	5	6	7	8	1	2
9	8	9	1	2	3	4	5	6	7	8
10	9	10	1	2	3	4	5	6	7	8

HH10. HOUSEHOLD ROSTER NUMBER OF THE SELECTED ELIGIBLE MALE/FEMALE

[RN]

HH11. Is **person x** home and willing to be interviewed? [IF SAME PERSON WHO IS BEING INTERVIEWED THEN ASK IF THEY WILL ANSWER A FEW MORE QUESTIONS]

YES .....  1

NO .....  2 → **SELECT NEXT SMOKER USING RANDOMIZATION TABLE**

**[IF NO ONE IS AVAILABLE, END INTERVIEW]**

HH12. [FILL IN QUESTIONNAIRE ID NUMBER OF SELECTED AVAILABLE PERSON]

QUESTIONNAIRE ID NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
[EA code] - [HH #] - [RN #]

HH13. [HOUSEHOLD QUESTIONNAIRE RESULT CODES]

Household questionnaire incomplete.....  1

Household questionnaire complete: eligible smoker chosen.....  2

Household questionnaire complete: no eligible smoker available.....  3

Household questionnaire complete: no eligible smoker willing.....  4

NOTES ON HOUSEHOLD QUESTIONNAIRE:

- HOUSEHOLD QUESTIONNAIRE IS CONSIDERED COMPLETE IF THE ROSTER IS COMPLETE
- SELECT OPTION 2 IF HOUSEHOLD QUESTIONNAIRE IS COMPLETE, BUT ONE OF THE FOLLOWING OCCUR:
  - o NO ONE SMOKES
  - o NO ONE AGED 18 YEARS OR ABOVE
  - o NO ONE CONSIDERS THE HOUSEHOLD TO BE THEIR PRIMARY PLACE OF RESIDENCE LAST NIGHT

**Individual Questionnaire**

INDIVIDUAL QUESTIONNAIRE ID NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**READ INTRODUCTION:**

You have been selected to participate in the smoking behavior survey conducted by the Gambia Bureau of Statistics. All of the information you give us will be kept confidential. The interview is completely voluntary and if we should come to any question that you don't want to answer, just let me know and we will go on to the next question. The interview will take about 10 to 20 minutes. I would like to start now, is that okay?

**FILL IN THE FOLLOWING INFORMATION:**

CONSENT HAS BEEN OBTAINED [VERBAL]	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO      2 → END INTERVIEW
INTERVIEW LANGUAGE	<input type="checkbox"/> 1 ENGLISH <input type="checkbox"/> 2 MANDINKA <input type="checkbox"/> 3 WOLLOF <input type="checkbox"/> 4 FULA <input type="checkbox"/> 5 JOLA <input type="checkbox"/> 6 SARAHULE <input type="checkbox"/> 7 SERERE <input type="checkbox"/> 8 MANJAGO <input type="checkbox"/> 9 AKU/CREOLE <input type="checkbox"/> 10 BAMBARA <input type="checkbox"/> 96 OTHER LANGUAGE [SPECIFY].....
TIME INTERVIEW BEGAN [24 HOUR CLOCK]	_____ : _____ HRS      MINS

**SECTION A: INDIVIDUAL BACKGROUND CHARACTERISTICS**

**A1.** What is the month and year of birth?

MONTH: 

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 IF DON'T KNOW, ENTER "98"  
 YEAR: 

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 IF DON'T KNOW, ENTER "9998"

**INTERVIEWER: IF MONTH=98 OR YEAR=9998 IN A1, ASK A2. OTHERWISE SKIP TO A3.**

**A2.** How old are you?

INTERVIEWER: IF RESPONDENT IS UNSURE, PROBE FOR AN ESTIMATE AND RECORD AN ANSWER

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 YEARS OLD

WAS RESPONSE ESTIMATED? YES  1 NO  2

**A3.** INTERVIEWER: RECORD GENDER FROM OBSERVATION. ASK IF NECESSARY

Male.....  1  
 Female .....  2  
 Prefer not to answer.....  99

**A4.** What is your nationality?

Gambian.....  1→A5  
 Senegalese .....  2→A6  
 Guinea Conakry .....  3→A6  
 Guinea Bissau.....  4→A6  
 Malian.....  5→A6  
 Sierra Leonean.....  6→A6  
 Mauritanian .....  7→A6  
 Ghanaian.....  8→A6  
 Nigerian .....  9→A6  
 Other West African.....  10→A6  
 Other African .....  11→A6  
 Non-African .....  12→A6  
 Prefer not to answer.....  99

**A5.** What is your ethnicity?

Mandinka/ Jahanka .....  1  
 Fula/ Tukolor/ Lorobo .....  2  
 Wollof .....  3  
 Jola/ Karoninka .....  4  
 Sarahule.....  5  
 Serere.....  6  
 Creole/ Aku Marabout .....  7  
 Manjango .....  8  
 Bambara.....  9  
 Other (*specify*).....  10  
 Prefer not to answer.....  99

**A6.** What is your marital status?

- Never Married/ Single .....  1
- Married .....  2
- Divorced/ Widowed/ Separated .....  3
- Prefer not to answer .....  99

**A7.** What is the highest level of education you have completed?

*INTERVIEWER: SELECT ONLY ONE CATEGORY*

- No formal schooling .....  1
- Less than primary school completed .....  2
- Primary school completed.....  3
- Lower Secondary school completed .....  4
- Upper Secondary school completed .....  5
- Vocational training completed .....  6
- College/University completed .....  7
- Prefer not to answer .....  99

**A8.** Which of the following best describes your **main** work status over the past 12 months?

*INTERVIEWER: INCLUDE SUBSISTENCE FARMING AS SELF-EMPLOYED*

- Government Employee .....  1
- Non-Government Employee .....  2
- Self-Employed.....  3
- Retired/Pensioner .....  4
- Homemaker.....  5
- Student.....  6
- Unemployed, Able to work .....  7
- Unemployed, Unable to work.....  8
- Prefer not to answer .....  99

*INTERVIEWER: IF EMPLOYED (RESPONDENT REPLIED 1, 2, 3 OR 4 TO THE LAST QUESTION) PROCEED TO **QUESTION A8a** IMMEDIATELY BELOW, OTHERWISE PROCEED TO **SECTION B**.*

**A8a.** On average what is your **[NAME]** monthly income from all sources?

- Less than D1,000 .....  1
- D1,000 – D2,500 .....  2
- D2,501 – D5,000 .....  3
- D5,001 – D10,000 .....  4
- D10,001 – D15,000 .....  5
- D15,001 – D20,000 .....  6
- Over D20,000.....  7

**SECTION B: CURRENT SMOKING**

**B1.** Do you currently smoke tobacco on a daily basis or less than daily?

- Daily .....  1 → PROCEED TO Question **B2**
- Less than daily .....  2 → PROCEED TO Question **B3**

**[NEXT QUESTION FOR CURRENT DAILY SMOKERS ONLY]**

**B2.** On average, how many of the following products do you currently smoke each day? Also let me know if you smoke the product but not every day.

[IF RESPONDENT REPORTS DOING THE ACTIVITY, BUT LESS THAN ONCE PER DAY, RECORD AS 888. IF RESPONDENT REPORTS IN PACKS/BOXES OR CARTONS, PROBE TO FIND OUT HOW MANY ARE IN EACH AND CALCULATE TOTAL NUMBER]

Cigarettes? .....	<input type="text"/>	PER DAY
Hand-rolled cigarettes / Roll your own.....	<input type="text"/>	PER DAY
Cigars / cheroots / cigarillos? .....	<input type="text"/>	PER DAY
Pipe full of tobacco? .....	<input type="text"/>	PER DAY

**B3.** On average, how many times a day do you use the following products? Also let me know if you use the product, but not every day.

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

Snuff .....	<input type="text"/>	PER DAY
Chewing tobacco? .....	<input type="text"/>	PER DAY
E-cigarettes .....	<input type="text"/>	PER DAY
Water-pipe / hookah / hubbly-bubbly / shisha? .....	<input type="text"/>	PER DAY

**[NEXT QUESTION ONLY FOR SMOKERS THAT SMOKE LESS THAN DAILY]**

**B4.** On average, how many of the following products do you currently smoke each week? Also let me know if you smoke the product but not every week.

[IF RESPONDENT REPORTS DOING THE ACTIVITY, BUT LESS THAN ONCE PER WEEK, RECORD AS 888. IF RESPONDENT REPORTS IN PACKS/BOXES OR CARTONS, PROBE TO FIND OUT HOW MANY ARE IN EACH AND CALCULATE TOTAL NUMBER]

Cigarettes? .....	<input type="text"/>	PER WEEK
Hand-rolled cigarettes / Roll your own.....	<input type="text"/>	PER WEEK
Cigars / cheroots / cigarillos? .....	<input type="text"/>	PER WEEK
Pipe full of tobacco? .....	<input type="text"/>	PER WEEK

**B5.** On average, how many times a week do you use the following products? Also let me know if you use the product, but not every week.

[IF RESPONDENTS REPORTS USING THE PRODUCT BUT NOT EVERY WEEK, ENTER 888]

Snuff .....	<input type="text"/>	PER WEEK
Chewing tobacco? .....	<input type="text"/>	PER WEEK
E-cigarettes .....	<input type="text"/>	PER WEEK
Water-pipe / hookah / hubbly-bubbly / shisha? .....	<input type="text"/>	PER WEEK

**SECTION C: CIGARETTE PURCHASES**

**[THE NEXT FEW QUESTIONS ARE ABOUT THE LAST TIME YOU PURCHASED CIGARETTES FOR YOURSELF]**

**C1.** The last time you bought cigarettes for yourself, how many cigarettes did you buy?

RECORD NUMBER AND CHECK UNIT BELOW

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- Single cigarettes.....  1
- Packs.....  2 → How many cigarettes were in each pack?   \_\_ \_\_
- Cartons.....  3 → How many cigarettes were in each carton?   \_\_ \_\_
- Other specify:.....  4 → How many cigarettes were in each [FILL]?   \_\_ \_\_

**C2.** In total, how much money did you pay for this purchase?

GMD
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**C3.** What brand did you buy the last time you purchased cigarettes for yourself?

- Piccadilly .....  1
- Bond Street .....  2
- Bensons & Hedges .....  3
- Monte Carlo.....  4
- Business Royal .....  5
- Sir .....  6
- Marlboro .....  7
- Other .....  8 → Specify: \_\_\_\_\_
  
- Don't remember .....  98

**C4.** The last time you purchased cigarettes for yourself, where did you buy them?

- Store/Shop (e.g. supermarket)...  1
- Street Vendor .....  2
- Duty-free shop.....  3
- Outside the country .....  4
- Internet .....  5
- From another person.....  6
- Other .....  96 → Specify: \_\_\_\_\_
  
- Don't remember .....  98

**SECTION D: CIGARETTE PACK DESCRIPTION**

**D1.** Do you have the pack of cigarettes that you purchased in Question C1?

- YES .....  1 → PROCEED TO Question **D1a**
- NO .....  2 → END INTERVIEW

**D1a.** Can I take a look at the pack please?

YES.....  1 → PROCEED TO EXAMINE PACK **D2**  
NO.....  2 → END INTERVIEW

**D2.** INTERVIEWER: DOES THE CIGARETTE PACK HAVE THE FOLLOWING FEATURES PRESENT?

**D2a.** Does the pack currently have any cigarettes sticks in it?

YES.....  1  
NO.....  2

**D2b.** Are the cigarette sticks the same brand as the cigarette pack?

YES.....  1  
NO.....  2

**D2c.** Does the pack have the statement “**SOLD IN THE GAMBIA**”?

YES.....  1  
NO.....  2

**D2d.** Does the pack have the statement “**SMOKING KILLS**”?

YES.....  1  
NO.....  2

**D2e.** Does the pack have the statement “**SMOKING SERIOUSLY HARMS YOU AND THOSE AROUND YOU**”?

YES.....  1  
NO.....  2

**THOSE ARE ALL OF THE QUESTIONS I HAVE. THANK YOU VERY MUCH FOR PARTICIPATING IN THIS IMPORTANT SURVEY. DO YOU HAVE ANY QUESTIONS?**

**END INDIVIDUAL QUESTIONNAIRE**

TIME INTERVIEW ENDED  
[24 HOUR CLOCK]

\_\_\_\_ : \_\_\_\_  
HRS MINS

**E1.** [INDIVIDUAL QUESTIONNAIRE RESULT CODES]

Complete questionnaire .....  1  
Incomplete questionnaire.....  2

RECORD ANY NOTES ABOUT INTERVIEW:

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[IF MORE TO BE WRITTEN, PLEASE CONTINUE ON THE BACK OF THE PAGE]