

**QUESTIONNAIRE ID NUMBER**\_\_\_\_ \_ [USE PRE-PRINTED LABEL IF APPLICABLE]

**HEAD OF HOUSEHOLD DESIGNATION:** ☐ MALE ☐ FEMALE

Region\_\_\_\_ \_

City/Village\_\_\_\_ \_

URBAN/RURAL\_\_\_\_ \_

STREET ADDRESS and phone number \_\_\_\_\_

DISTRICT\_\_\_\_ \_

CENSUS SECTOR \_\_\_\_ \_

HOUSEHOLD # \_\_\_\_ \_

SEGMENT # \_\_\_\_ \_

## INTRODUCTION AND CONSENT

Hello. My name is \_\_\_\_\_. The Institute of Social Studies and Analyses is conducting an important international survey of adult tobacco use and your household was selected to participate in the survey. The information we collect will help non-governmental organizations to promote public health policies.

The survey usually takes 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. The researchers will not attempt to identify you or name you as a participant in the study, nor will they facilitate anyone else's doing so. We are in no way linked to any state authority or any commercial enterprise. There are no known risks or dangers to you associated with this study.

It is important that every selected household participates in the survey. We hope you will agree to answer the questions since your views and knowledge are important. If I ask you any question you don't want to answer, just let me know and I will move 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 to ISSA's project coordinator on the mobile phone 599 506 143.

Do you have any questions?

May I begin the interview now?

*I acknowledge that I am participating in this study of my own free will. I understand that I may refuse to participate or stop participating at any time without penalty.*

**INTERVIEWER ID** \_\_\_\_

Consent has been read to participant

1. Yes
2. No

*If no, read consent*

Consent has been obtained

1. Yes
2. No

*if 'No' end interview*

## Household Questionnaire

HH0. Record the type of dwelling of the household .....

1. Apartment (flat) in a block (owned by one household)
2. Apartment (flat) in a block (owned by several households)
3. Private house (owned by one household)
4. Private house (owned by several households)
5. Apartment in hostel or hotel
6. Flat in the common (so called "Italian") yard
7. Nonresidential shelter (wagon, store house, etc.)
8. Flat in the nonresidential institution (hospital, kindergarten, school, etc)
9. Other [specify] \_\_\_\_\_

TIME HH INTERVIEW STARTED [24 HOUR CLOCK]	____ : ____ HRS       MINS
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INT: THE HOUSEHOLD SCREENING RESPONDENT MUST BE 18 YEARS OF AGE OR OLDER, PRESENT AT HOME, AND YOU MUST BE CONFIDENT THAT THIS PERSON CAN PROVIDE ACCURATE INFORMATION ABOUT ALL MEMBERS OF THE HOUSEHOLD.

HH1. First, I'd like to ask you a few questions about your household. Is there anyone who smokes cigarettes in this household?

YES .....	<input type="checkbox"/> 1
NO .....	<input type="checkbox"/> 2
DON'T KNOW .....	<input type="checkbox"/> 77
REFUSE TO ANSWER .....	<input type="checkbox"/> 99

HH2. Is there anyone in this household who uses other tobacco products than cigarettes?

YES .....	<input type="checkbox"/> 1	→ <b>go to HH3</b>
NO .....	<input type="checkbox"/> 2	→ <b>go to HH4</b>
DON'T KNOW .....	<input type="checkbox"/> 77	→ <b>go to HH4</b>
REFUSE TO ANSWER .....	<input type="checkbox"/> 99	→ <b>go to HH4</b>

IF HH1 = 2, or 77, or 99 AND HH2 = 2, or 77, or 99 (I.E. NO TOBACCO USER IN THE HOUSEHOLD) END THE INTERVIEW AND RECORD TIME INTERVIEW ENDED OTHERWISE CONTINUE WITH INTERVIEW

HH3. Which type/s of product is/are used in the household?

1. Snuff
2. Water-pipe / hookah
3. Roll your own (RYO)
4. E-cigarettes
5. Cigars
6. Cigarillos
7. Pipe tobacco
8. Other SPECIFY
77. DON'T KNOW
99. REFUSE TO ANSWER

HH4. In total, how many persons live in this household?

INCLUDE ANYONE WHO CONSIDERS THIS HOUSEHOLD THEIR PRIMARY PLACE OF RESIDENCE LAST NIGHT

PERSONS

HH5. How many (male/female) household members are 18 years of age or older?

Male	Female	Adults (Total)
<input type="text"/>	<input type="text"/>	<input type="text"/>

I now would like to collect information about the males/females that live in this household, who's age is 18 years and older. Let's start listing the males/females from oldest to youngest.

ASK THE FOLLOWING QUESTIONS AND RECORD ANSWERS IN TABLE BELOW

HH6. What are these persons' household statuses?

HH7. What are these persons' age? IF RESPONDENT DOESN'T KNOW, PROBE FOR AN ESTIMATE

HH8. IF REPORTED AGE IS 18 ASK FOR BIRTH DATE: What is the month and year of this person's date of birth?

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 HH9

HH9. RECORD GENDER

HH10. Does this person currently smoke cigarettes?

MALE DESIGNATED HH ..... ☐ 1  
 FEMALE DESIGNATED HH ..... ☐ 2

	HH6. Status in the Household (e.g. Mother, Father, Sister, Brother, Grandmother, Grandfather, Uncle, etc.)	HH7. Age	ONLY IF AGE = 18		HH9. Gender		HH10. Current Cigarette Smoker?		
			HH8. Date of Birth		M	F	YES	NO	DK
1	_____	____	Month: ____ Year: ____	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 77			
2	_____	____	Month: ____ Year: ____	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 77				
3	_____	____	Month: ____ Year: ____	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 77				
4	_____	____	Month: ____ Year: ____	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 77				
5	_____	____	Month: ____ Year: ____	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 77				
6	_____	____	Month: ____ Year: ____	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 77				
7	_____	____	Month: ____ Year: ____	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 77				
8	_____	____	Month: ____ Year: ____	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 77				
9	_____	____	Month: ____ Year: ____	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 77				
10	_____	____	Month: ____ Year: ____	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 77				

HH11. Please tell me whether this household or any person who lives in the household has the following:

READ EACH ITEM:	YES ▼	NO ▼	DON'T KNOW ▼	REFUSED ▼
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- a. Holiday house ..... ☐ 1 ☐ 2 ☐ 77 ☐ 99  
 b. Satellite dish ..... ☐ 1 ☐ 2 ☐ 77 ☐ 99  
 c. Computer ..... ☐ 1 ☐ 2 ☐ 77 ☐ 99  
 d. Take vacation abroad? ..... ☐ 1 ☐ 2 ☐ 77 ☐ 99  
 e. Car ..... ☐ 1 ☐ 2 ☐ 77 ☐ 99

HH12. What is your household monthly income from all sources?

DON'T KNOW ..... ☐ 77  
 REFUSE TO ANSWER ..... ☐ 99

USE RANDOMIZATION TABLE BELOW TO SELECT INDIVIDUAL SMOKERS AND WRITE THE SELECTED NUMBER IN HH13 BELOW (eligibility means the individual should be 18+ and a cigarette smoker)

-IF ONLY ONE ELIGIBLE MALE/FEMALE LIVES IN THE HOUSEHOLD, WRITE "1" IN HH13

-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 QUESTIONNAIRE ID NUMBER									
	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

**INTERVIEWER:** ANSWER HH13 FOR EACH RANDOMLY SELECTED INDIVIDUAL FROM THE HOUSEHOLD.

HH13. Was the interview conducted

1. Yes
2. No

*If no, reason why interview was not done*

1. Completed part of individual questionnaire
2. The chosen respondent was later determined to be survey ineligible
3. The chosen respondent was not at home
4. The chosen respondent refused
5. The chosen respondent incompetent
6. Other individual non-response

HOUSEHOLD ROSTER NUMBER OF THE SELECTED ELIGIBLE MALE/FEMALE and FIRST NAME of the RESPONDENT

HH14. FILL IN QUESTIONNAIRE ID NUMBER

QUESTIONNAIRE ID NUMBER: \_\_\_\_ - \_\_\_\_

TIME HH INTERVIEW ENDED  
[24 HOUR CLOCK]

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

**End Household Questionnaire**

## Individual Questionnaire

QUESTIONNAIREID NUMBER    \_ \_ \_ \_ \_ - \_ \_ \_ \_

### READ INTRO:

You have been selected to participate in a smoking behavior survey conducted by the University of Cape Town. 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'll 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 READ TO PARTICIPANT	<input type="checkbox"/> <sub>1</sub> YES <input type="checkbox"/> <sub>2</sub> NO  IF NO READ CONSENT
CONSENT HAS BEEN OBTAINED [VERBAL]	<input type="checkbox"/> <sub>1</sub> YES <input type="checkbox"/> <sub>2</sub> NO  IF NO, END INTERVIEW IF YES, SIGNATURE OF INTERVIEWER:  _____
INTERVIEW LANGUAGE [INSERT LANGUAGE]	<input type="checkbox"/> <sub>1</sub> Georgian <input type="checkbox"/> <sub>2</sub> Russian
TIME INTERVIEW BEGAN [24 HOUR CLOCK]	_____ : _____ HRS       MINS



## SECTION A. BACKGROUND CHARACTERISTICS

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

A1. INTERVIEWER: RECORD GENDER FROM OBSERVATION. ASK IF NECESSARY.

MALE..... ☐ 1  
FEMALE .... ☐ 2

A2. What is the day, month and year of your date of birth?

DAY:	<input type="text"/>	<input type="text"/>			IF DON'T KNOW, ENTER "77"
MONTH:	<input type="text"/>	<input type="text"/>			IF DON'T KNOW, ENTER "77"
YEAR:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	IF DON'T KNOW, ENTER "7777"

INT: IF DAY/MONTH=77 OR YEAR=7777 IN A2, ASK A3. OTHERWISE SKIP TO A4.

A3. How old are you?

<input type="text"/>	<input type="text"/>	<input type="text"/>
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 YEARS OLD

A4. What is the highest level of education you have completed?

INTERVIEWER: SELECT ONLY ONE CATEGORY

1. No formal schooling
2. Less than primary school completed
3. Primary school completed
4. Less than secondary school completed
5. Professional education completed
6. Secondary school completed
7. College/university incomplete
8. College/university completed
9. Post graduate degree completed
77. DON'T KNOW
99. REFUSE TO ANSWER

A5. Which of the following best describes your main work status over the past 12 months?

INTERVIEWER: INCLUDE SUBSISTENCE FARMING AS SELF-EMPLOYED

1. State sector employee
2. Private sector employee
3. NGO
4. Self-employed
5. Student
6. Homemaker
7. Retired
8. Unemployed, able to work
9. Unemployed, unable to work
77. DON'T KNOW
99. REFUSE TO ANSWER

A6. If employed, do you get paid daily, weekly, monthly or quarterly?

1. Daily
2. Weekly
3. Monthly
4. Quarterly
5. Other
77. DON'T KNOW
99. REFUSE TO ANSWER

## SECTION B. CIGARETTE SMOKING

INTRO: I would now like to ask you some questions about smoking cigarettes.

B1. Currently, do you smoke cigarettes on a daily basis, or less than daily?

DAILY ..... ☐ 1  
LESS THAN DAILY ..... ☐ 2

**[IF B1 = 2 SKIP TO B5]**

B2. How old were you when you first started smoking cigarettes daily?

YEARS OLD IF DON'T KNOW, ENTER "77"

**[IF B2 = 77, ASK B3. OTHERWISE SKIP TO B4]**

B3. How many years ago did you first start smoking cigarettes daily?

YEARS

B4. On average, how many of the following do you currently smoke each day?

INTERVIEWER: IF RESPONDENT REPORTS DOING THE ACTIVITY, BUT LESS THAN ONCE PER DAY, LEAVE THE FIELD BLANK AND CHECK THE BOX (888) TO THE RIGHT

INTERVIEWER: IF RESPONDENT REPORTS IN PACKS OR CARTONS, PROBE TO FIND OUT HOW MANY ARE IN EACH AND CALCULATE TOTAL NUMBER

READ EACH ITEM:

B4.a. Cigarettes with filter?			PER DAY	<input type="checkbox"/> 888
.....			.....	
B4.b. Cigarettes without filter/ papirosi?			PER DAY	<input type="checkbox"/> 888
.....			.....	
B4.c. Hand-rolled cigarettes?			PER DAY	<input type="checkbox"/> 888
.....			.....	
B4.d. E-cigarettes?			PER DAY	<input type="checkbox"/> 888
.....			.....	
B4.e. Cigars or cigarillos?			PER DAY	<input type="checkbox"/> 888
.....			.....	
B4.f. Any others?			PER DAY	<input type="checkbox"/> 888
.....			.....	

LESS THAN 1  
PER DAY BUT  
MORE THAN 0

▼

→ Specify type: \_\_\_\_\_

**[SKIP TO C1]**

B5. How old were you when you first started smoking cigarettes?

<div><div></div><div></div></div>	YEARS OLD	IF DON'T KNOW, ENTER "77"
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**[IF B5 = 77, ASK B6. OTHERWISE SKIP TO B7]**

B6. How many years ago did you first start smoking cigarettes?

<div><div></div><div></div></div>	YEARS
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B7. How many of the following do you currently smoke during a usual week?

INTERVIEWER: IF RESPONDENT REPORTS DOING THE ACTIVITY, BUT LESS THAN ONCE PER WEEK, LEAVE THE FIELD BLANK AND CHECK THE BOX (888) TO THE RIGHT

INTERVIEWER: IF RESPONDENT REPORTS IN PACKS OR CARTONS, PROBE TO FIND OUT HOW MANY ARE IN EACH AND CALCULATE TOTAL NUMBER

READ EACH ITEM:

LESS THAN 1  
PER WEEK  
BUT MORE  
THAN 0

a. Cigarettes with filter? .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	PER week	<input type="text"/> 888
b. Cigarettes without filter? .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	PER week	<input type="text"/> 888
c. Hand-rolled cigarettes? .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	PER week	<input type="text"/> 888
d. E-cigarettes? .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	PER week	<input type="text"/> 888
e. Cigars or cigarillos? .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	PER week	<input type="text"/> 888
f. Any others? .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	PER week	<input type="text"/> 888

→ Specify type: \_\_\_\_\_

## SECTION C. MANUFACTURED CIGARETTES

**INT: CHECK THE ANSWERS TO B1, B4a, B4b, B4c, B7a, B7b AND B7c. RECORD BELOW:**

B1= \_\_\_\_  
B4a = \_\_\_\_  
B4b = \_\_\_\_  
B4c = \_\_\_\_  
B7a = \_\_\_\_  
B7b = \_\_\_\_  
B7c = \_\_\_\_

**IF B1 = 1 OR 2 (RESPONDENT CURRENTLY SMOKES DAILY OR LESS THAN DAILY)**

**AND**

**[B4a, B4b, B4c OR B7a, B7b, B7c] > 0 OR = 888 (RESPONDENT SMOKES CIGARETTES)**

**THEN CONTINUE WITH THIS SECTION** ☐ <sub>1</sub>

**OTHERWISE, SKIP TO SECTION D** ☐ <sub>2</sub>

INTRO: 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? \_\_\_\_ \_\_\_\_ \_\_\_\_  
EMPTY CIGARETTE TUBES ..... ☐ 4 → How many tubes were in each box? \_\_\_\_ \_\_\_\_ \_\_\_\_  
OTHER SPECIFY: ..... ☐ 5 → How many cigarettes were in each [FILL]? \_\_\_\_ \_\_\_\_ \_\_\_\_  
NEVER BOUGHT CIGARETTES ..... ☐ 6 → SKIP TO D SECTION  
DON'T KNOW ..... ☐ 77  
REFUSE TO ANSWER ..... ☐ 99

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

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- DON'T KNOW ..... ☐ 77  
REFUSE TO ANSWER ..... ☐ 99

C3. Do you share your cigarettes with other members of your household?

- YES ..... ☐ 1  
NO ..... ☐ 2  
REFUSE TO ANSWER ..... ☐ 99

C4. What brand did you buy the last time you purchased cigarettes for yourself?

Specify the brand name .....

- DON'T KNOW ..... ☐ 77  
REFUSE TO ANSWER ..... ☐ 99

C5. The last time you purchased cigarettes for yourself, where did you buy them?

1. Kiosk
2. Supermarket/Store
3. Street stand/on street
4. House shop (sales of goods within people's homes)
5. Internet
6. From family/friend
77. DON'T KNOW
99. REFUSE TO ANSWER

C6. Why did you buy them there? (choose all that apply)

1. It is convenient – close to home
2. It is convenient – close to work
3. It has the cheapest price
4. Needed other things from the shop
5. I like the shop
77. DON'T KNOW
99. REFUSE TO ANSWER

C7. Could you show me a cigarette pack that is currently available?

- YES ..... ☐ 1  
Does not have one ..... ☐ 2  
REFUSED..... ☐ 99 → **[GO TO D1]**

INTERVIEWER: RECORD

C7.1 ARE CIGARETTES IN PACKS?

1. YES ..... ☐ 1  
2. NO..... ☐ 2

C7.2. TYPE OF CIGARETTES:

1. FILTERED..... ☐ 1  
2. NOT FILTERED..... ☐ 2  
3. HAND ROLLING..... ☐ 3  
4. OTHER (SPECIFY)..... ☐ 4

C7.3. THE BRAND .....

C7.4. PRESENCE OF A TAX STAMP (Please mark)

1. GEORGIAN TAX STAMP..... ☐ 1  
2. OTHER COUNTRY TAX STAMP (note which country)..... ☐ 2  
3. NO TAX STAMP..... ☐ 3  
4. DIFFICULT TO TELL..... ☐ 4

PRESENCE OF HEALTH WARNING (Please mark)

1. GEORGIAN HEALTH WARNING ..... ☐ 1  
2. OTHER COUNTRY HEALTH WARNING (note which country) ..... ☐ 2  
3. NO HEALTH WARNING AT ALL..... ☐ 3

C8. How much did you pay for this pack?

- DON'T KNOW ..... ☐ 77  
REFUSE TO ANSWER..... ☐ 99

C9. Is this the only pack in the house that is currently available?

- |                        |  |
|------------------------|--|
| YES .....              | <input type="checkbox"/> 1 → [GO TO D1]  |
| NO .....               | <input type="checkbox"/> 2               |
| DON'T KNOW .....       | <input type="checkbox"/> 77 → [GO TO D1] |
| REFUSE TO ANSWER ..... | <input type="checkbox"/> 99 → [GO TO D1] |

C10. Could you show me the other open cigarette pack?

- |                         |  |
|-------------------------|--|
| YES .....               | <input type="checkbox"/> 1               |
| Does not have one ..... | <input type="checkbox"/> 2               |
| REFUSED .....           | <input type="checkbox"/> 99 → [GO TO D1] |

INTERVIEWER: RECORD

C10.1 ARE CIGARETTES IN PACKS?

- |              |                            |
|--------------|----------------------------|
| 1. YES ..... | <input type="checkbox"/> 1 |
| 2. NO .....  | <input type="checkbox"/> 2 |

C10.2 TYPE OF CIGARETTES:

- |                                |                            |
|--------------------------------|----------------------------|
| 1. FILTERED .....              | <input type="checkbox"/> 1 |
| 2. NOT FILTERED .....          | <input type="checkbox"/> 2 |
| 3. HAND ROLLING .....          | <input type="checkbox"/> 3 |
| 4. OTHER (SPECIFY) _____ ..... | <input type="checkbox"/> 4 |

C10.3 THE BRAND .....

C10.4 PRESENCE OF A TAX STAMP (Please mark)

- |   |                             |
|---|-----------------------------|
| 1. GEORGIAN TAX STAMP .....                           | <input type="checkbox"/> 1  |
| 2. OTHER COUNTRY TAX STAMP (note which country) ..... | <input type="checkbox"/> 2  |
| 3. NO TAX STAMP .....                                 | <input type="checkbox"/> 3  |
| 77. DIFFICULT TO TELL .....                           | <input type="checkbox"/> 77 |

C10.5 PRESENCE OF HEALTH WARNING (Please mark)

- |  |                            |
|--|----------------------------|
| 1. GEORGIAN HEALTH WARNING .....                           | <input type="checkbox"/> 1 |
| 2. OTHER COUNTRY HEALTH WARNING (note which country) ..... | <input type="checkbox"/> 2 |
| 3. NO HEALTH WARNING AT ALL .....                          | <input type="checkbox"/> 3 |

C11. How much did you pay for this pack?

- |                        |                             |
|------------------------|-----------------------------|
| DON'T KNOW .....       | <input type="checkbox"/> 77 |
| REFUSE TO ANSWER ..... | <input type="checkbox"/> 99 |

## SECTION D. KNOWLEDGE, ATTITUDES & PERCEPTIONS

D1. Which of the following do you think, are the most important when people speak about illicit cigarettes? (check all that apply)

- 1. No tax paid
- 2. Low price
- 3. Poor quality
- 4. Sold at an unregistered outlet
- 5. No health warning
- 6. Health warning in not in Georgian language
- 7. No indication of tar and nicotine
- 77. DON'T KNOW
- 99. REFUSE TO ANSWER

D2. Are you aware of the sale of illicit/smuggled tobacco products in your area?

- YES ..... ☐ 1 → [go to D3]  
NO ..... ☐ 2 → [go to D5]  
DON'T KNOW ..... ☐ 77 → [go to D5]  
REFUSE TO ANSWER..... ☐ 99 → [go to D5]

D3. How big is the issue?

- 1. Very small
- 2. Small
- 3. Moderate
- 4. Large
- 5. Very large
- 77. DON'T KNOW
- 99. REFUSE TO ANSWER

D4. In which type of outlet can you find illegal cigarettes in your area?

Specify the type.....  
DON'T KNOW ..... ☐ 77  
REFUSE TO ANSWER..... ☐ 99

D5. If people know that certain cigarettes were illegal (e.g. had not paid taxes), would they still buy them?

- YES ..... ☐ 1  
NO ..... ☐ 2  
DON'T KNOW ..... ☐ 77  
REFUSE TO ANSWER..... ☐ 99

### END INDIVIDUAL QUESTIONNAIRE

Those are all of the questions I have. Thank you very much for participating in this important survey. Do you have any questions?

TIME INTERVIEW ENDED  
[24 HOUR CLOCK]

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



RECORD ANY NOTES ABOUT INTERVIEW:

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**\*Household Questionnaire Result Codes:**

- 1: Completed Household Questionnaire, One Person Selected  
-Household questionnaire is considered complete if the roster is complete
- 2: Completed Household Questionnaire, No One Selected
  - No one smokes
  - No one age 18+  
No one considers the household to be their primary place of residence last night
- 3: Completed Part of Household Questionnaire, Could Not Finish Roster (Incomplete)
- 4: Nobody Home
- 5: Household Refusal (specify reasons on visit record)
- 6: Unoccupied House
- 7: Respondent Incompetent (specify on visit record)
- 8: Other Household Nonresponse (specify on visit record)

**\*\*Individual Questionnaire Result Codes:**

- 11: Completed Individual Questionnaire
- 12: Completed Part of Individual Questionnaire (Incomplete)
- 13: Selected Individual Was Later Determined To Be Survey Ineligible
  1. Age < 18
  2. Person does not consider household their primary place of residence
  3. Person does not smoke
- 14: Selected Respondent Not Home
- 15: Selected Respondent Refusal (specify reasons on visit record)
- 16: Selected Respondent Incompetent (specify on visit record)
- 17: Other Individual Nonresponse (specify on visit record)