

Appendix

Questionnaire about nass use

EXPANDED: Tobacco Use		
Question	Response	Code
How old were you when you stopped smoking?	Age (years) Don't Know 77 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>If Known, go to T12</i>	T10
How long ago did you stop smoking?	Years ago <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>If Known, go to T12</i>	T11a
(RECORD ONLY 1, NOT ALL 3)	OR Months ago <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>If Known, go to T12</i>	T11b
Don't Know 77	OR Weeks ago <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T11c
Do you currently use any smokeless tobacco products [such as <i>snuff, chewing tobacco, betel</i>] ? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to T15</i>	T12
Do you currently use smokeless tobacco products daily ?	Yes 1 No 2 <i>If No, go to T14aw</i>	T13
On average, how many times a day/week do you use (IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 7777	DAILY↓ WEEKLY↓	
	Snuff, by mouth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T14a/ T14aw
	Snuff, by nose <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T14b/ T14bw
	Chewing tobacco <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T14c/ T14cw
	Betel, quid <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T14d/ T14dw
	Other <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>If Other, go to T14other, if T13=No, go to T16, else go to T17</i>	T14e/ T14ew
	Other (please specify): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>If T13=No, go to T16, else go to T17</i>	T14other/ T14otherw
In the past , did you ever use smokeless tobacco products [such as <i>snuff, chewing tobacco, or betel</i>] ?	Yes 1 No 2 <i>If No, go to T17</i>	T15

<p>In the past, did you ever use smokeless tobacco products [such as <i>snuff, chewing tobacco, or betel</i>] daily?</p>	<p>Yes 1 No 2</p>	<p>T16</p>
<p>During the past 30 days, did someone smoke in your home?</p>	<p>Yes 1 No 2</p>	<p>T17</p>
<p>During the past 30 days, did someone smoke in closed areas in your workplace (in the building, in a work area, or a specific office)?</p>	<p>Yes 1 No 2 Don't work in a closed area 3</p>	<p>T18</p>