



### Smoking and Tobacco Consumption Survey, 2021

All information in this questionnaire is for statistical purposes only. It is considered confidential in accordance with the General Statistics Law of 2000.

#### Identification Data

ID00	Questionnaire's Serial Number in the Sample	□□□□□	ID01	Questionnaire's Serial Number in the Enumeration Area:	□□
ID02	Governorate.....	□□	ID03	Locality: .....	□□□□□□
ID04	Enumeration Area Number:	□□□	ID05	Building Number:	□□□
ID06	Housing Unit Number: .....	□	ID07	Name of the head of household .....	
ID08	Phone number:	□□□□□□□□	ID09	Cell phone number	□□□□□□□□□□

IR01	Schedule of Visits	Day	Month	Year	Schedule of Visits	Start Hour Minute	End Hour Minute	
		□□	□□	□□□□	First Visit	□□:□□	□□:□□	
		□□	□□	□□□□	Second Visit	□□:□□	□□:□□	
		□□	□□	□□□□	Third Visit	□□:□□	□□:□□	
IR02	Total Number of Visits							□
IR03	Final result of the interview	□	1	Completed	6	Refused to cooperate/ (reason): .....		
			2	Partially completed	7	The housing unit is uninhabited		
			3	Household was abroad	8	No available Information		
			4	Housing unit not found	9	Other/ specify .....		
			5	No one at home				
IR04	Total number of household members	□□						
IR05	Number of male members (18 years and over)	□□		IR06	Number of female member (18 years and over)		□□	
IR07	Fieldworker's Name:	IR08		Fieldworker's Number:		□□□□		
IR09	Supervisor's Name:	IR10		Supervisor's Number:		□□□□		

**Section 1  
Household Members Information**

I would like to ask you some general questions about all those permanently residing in this home regardless of their gender, age, and marital status.

HR01	HR02	HR03	HR04	HR05			HR06
<i>Line number</i>	<p>First, please tell me the name of each person who usually lives here, starting with the head of the household.</p> <p><i>-Probe for additional household members.</i></p>	<p><b>What is the relationship of (name) to (name of the head of household)?</b></p> <p>1. Head of household</p> <p>2. Spouse</p> <p>3. son/ daughter</p> <p>4. father/ mother</p> <p>5. brother/ sister</p> <p>6. grandfather/ grandmother</p> <p>7. grandson/ granddaughter</p> <p>8. daughter/ son in law</p> <p>9. other relatives</p> <p>10. others</p>	<p>Is (<i>name</i>) male or female?</p> <p>1. Male</p> <p>2. Female</p>	<p>What is (<i>name</i>)'s date of birth?</p> <p><b>Record this through official documents, if possible.</b></p> <p>DK: Record 77 in today's field Record 77 in the month field Record 7777 in the year field</p>			<p><b>How Old Is (Name)?</b></p> <p><b>Calculate The Age From The Date Of Birth In Hr05 And Record The Answer In Whole Years.</b></p> <p><b>If You Do Not Know The Date Of Birth, Ask About The Age And Record It</b></p> <p>(00) If The Age Is Less Than One Year</p> <p>(98) And Over My Record 98</p> <p>(77) I Don't Know</p>
01		0 1	---	---	---	----	--
02		--	---	---	---	----	--
03		--	---	---	---	----	--
04		--	---	---	---	----	--
05		--	---	---	---	----	--
06		--	---	---	---	----	--
07		--	---	---	---	----	--
08		--	---	---	---	----	--
09		--	---	---	---	----	--
10		--	---	---	---	----	--
11		--	---	---	---	----	--
12		--	---	---	---	----	--
13		--	---	---	---	----	--
14		--	---	---	---	----	--
15		--	---	---	---	----	--

Put an X inside the box if the number of household members is more than (15) and use a supplementary questionnaire

**Interviewer: One person from each Household who is aged 18 years and over is selected using a Kish method to be interviewed.**

**Section 2**  
**Individuals 18 years and over**

Identification data for interviewee			
A00 Line number from Household list <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	A01 Name from Household list.....		
<b>A02. Sex</b>  1. Male      2. Female <input type="checkbox"/>	<b>A03 What is (name)'s date of birth?</b>	date of birth DAY <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> DON'T KNOW                    77 MONTH <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> DON'T KNOW                    77 YEAR <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> DON'T KNOW                    7777	
A04 Age in Complete years (18 years and over) <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>			
<b>R0 Result of the interview</b>	1. Completed      2. Partially completed	3. Refusal	<input type="checkbox"/>
		4. Unable to interview the individual	

<b>A5</b>	<b>Current Marital Status</b>	1. Never married      2. Legally engaged      3. Currently married  4. Divorced                    5. Widowed      6. Separated	<input type="checkbox"/>	
<b>A6</b>	<b>Attending School</b>	1. Currently attending school      2. Attended and dropped out 3. Attended school and graduated      4. Never attended school	<input type="checkbox"/>	
<b>A7</b>	<b>Educational Status</b>	1. Illiterate 2. Can read and write 3. Elementary 4. Preparatory	5. Secondary 6. Associate diploma 7. Bachelor 8. High diploma 9. Masters 10. Ph. D.	<input type="checkbox"/> <input type="checkbox"/>
<b>A8</b>	<b>Refugee Status</b>	1. Registered refugee      2. Non-registered refugee      3. Non-refugee	<input type="checkbox"/>	

<p><b>A9</b></p>	<p><b>Labor Force Status during last week_</b></p>	<p>01.Working for 1-14 hrs  02.Working for 15- 34 hrs  03.Working for 35-45 hrs  04.Working for 46+  05. <b>Unemployed, previously working (looked for a job in the past 4 weeks</b>  06.<b>Unemployed, previously did not work (looked for a job in the past 4 weeks</b>  07.Full time student/ trainee  08. Full time housekeeper  09.Disabled/ elderly/ ill  10.the existence of revenue  11.Retirement  12. Other, specify.....</p>	<p><input type="checkbox"/>  <input type="checkbox"/></p>
<p><b>A10</b></p>	<p><b>Do you have any of the following chronic diseases diagnosed by a specialist and you receive medical treatment continuously?</b></p> <p>1. Yes      2. No</p>	<p>A. Diabetes  B. cancer  C. Heart disease and stroke  D. High blood pressure  E. Asthma (respiratory)  F. Kidney disease  G. Nerve disease  X. Other, specify.....</p>	<p><input type="checkbox"/>  <input type="checkbox"/></p>

Tobacco Consumption			
Now I am going to ask you some questions about tobacco use. Firstly, you will be asked questions about the conventional smoking tobacco products such as manufactured cigarettes, cigars, pipes, shisha, and smokeless tobacco including [snuff, chewing tobacco, betel]. Then you will be asked questions about the new and emerging products which are the heated tobacco products (HTPs) and the electronic cigarettes.			
<b>T1</b>	Do you currently smoke tobacco, such as cigarettes, cigars, pipes on a daily basis, less than daily, or not at all?	1. DAILY (SKIP TO T6A) 2. LESS THAN DAILY 3. NOT AT ALL (SKIP TO T3)	<input type="checkbox"/>
<b>T2</b>	Have you smoked tobacco daily in the past?	1. Yes (SKIP TO T6A) 2. NO (SKIP TO T6A) 7. DON'T KNOW\Don't remember (SKIP TO T6A)	<input type="checkbox"/>
<b>T3</b>	In the past, have you smoked tobacco on a daily basis, less than daily, or not at all?	1. DAILY 2. LESS THAN DAILY 3. NOT AT ALL (SKIP TO T13) 7. DON'T KNOW\Don't remember (SKIP TO T13)	<input type="checkbox"/>
<b>T4</b>	How old were you when you stopped smoking tobacco?	Age (skip to T5A) DON'T KNOW\Don't remember 77	<input type="text"/> <input type="text"/>
<b>T5</b>	How long ago did you stop smoking?  <b>Interviewer:</b>  <b>Record only one answer, either per days, week, month or year</b>	1. Years 2. Months 3. Weeks 4. Days 5. Less than 24 hrs 77. Don't Know	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>T5A</b>	Was Covid-19 or any issue related to the pandemic (health issues, financial....) among the reasons for quitting smoking?	1. Yes 2. NO (skip to T6B) 7. DONT KNOW\ Don't remember skip to T6B)	<input type="checkbox"/>
<b>T5B</b>	which of the following reasons led you to think about quitting smoking because of COVID-19?  <b>1. Yes      2. No</b>  <b>record the answer and then skip to T6B</b>	A. the fear of COVID-19 infection and its complications B. Financial distress during covid-19 C. Smoking is/was not allowed in your home D. concern about the health effects of your tobacco smoke on non-smokers E. others	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>T6A</b>	Which of the following tobacco products do you currently smoke?  <b>record the answer and then skip to T7</b>	Manufactured cigarettes.....A Hand-rolled cigarettes .....B Cigars.....C Shisha.....D Other .....E	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>T6B</b>	Which of the following tobacco products did you smoke in the past?	Manufactured cigarettes.....A Hand-rolled cigarettes .....B Cigars.....C Shisha.....D Other .....E	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Check k0	For the Interviewer: Check T1: Currently not smoking at all (T1=3)	1. Yes..... Skip to T13 2. Currently smoking		
T7	On average, <b>how many</b> of the following products do you smoke <b>each day/week?</b>  <i>(IF LESS THAN DAILY, RECORD WEEKLY)</i> <i>(Don't Know 7777)</i>  Manufactured cigarettes.....A  Hand-rolled cigarettes .....B  Cigars.....C  Shisha.....D  Other .....E	1. Daily	2. Weekly	
T8	How old were you when you first started smoking?	Age (years)..... (Skip to T10) <b>DON'T KNOW\Don't remember 77</b>		<input type="checkbox"/> <input type="checkbox"/>
T9	Do you remember how long ago it was?  RECORD ONLY 1 ANSWER	1. Years  2. Months  3. Weeks  77. Don't Know\ Don't remember		<input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/>
<b>Smoking cessation for current smokers</b>				
T10	During the past 12 months, have you tried to <b>stop smoking?</b>	1. Yes 2. No (skip to T12)		<input type="checkbox"/>
T10A	Was the fear of COVID-19 infection and its complications among the reasons to try to stop smoking?	1. Yes 2. NO 7. DONT KNOW\ Don't remember		<input type="checkbox"/>
T11	How long did you stop smoking, the last time you tried to quit smoking?	1. Months  2. Weeks  3. Days  4. Less than 24 hrs  77. Don't Know\ Don't remember		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
T12	During any visit to a doctor or health care provider in the past 12 months, were you advised to quit smoking tobacco?	1. Yes 2. No 3. No visit in the past 12 months		<input type="checkbox"/>

smokeless tobacco			
<b>T13</b>	Smokeless tobacco is tobacco that is not smoked, but is sniffed through the nose, held in the mouth, or chewed.  Do you currently use smokeless tobacco on a daily basis, less than daily, or not at all?	1. DAILY (SKIP TO T15) 2. LESS THAN DAILY 3. NOT AT ALL (SKIP TO T16)  7. DON'T KNOW\ Don't remember (SKIP TO T18)	<input type="checkbox"/>
<b>T14</b>	Have you used smokeless tobacco daily in the past?	1. Yes 2. NO 7. DONT KNOW\ Don't remember	<input type="checkbox"/>
<b>T15</b>	Which of the following smokeless tobacco products do you currently use?  <b>1. Yes      2. No</b>  <b>Interviewer : record the answer and then skip to T18</b>	Snuff, by mouth..... A  Snuff, by nose..... B  Chewing tobacco.....C  Betel, quid .....D  Other.....E	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>T16</b>	In the past, have you used smokeless tobacco on a daily basis, less than daily, or not at all?  [IF RESPONDENT HAS DONE BOTH "DAILY" AND "LESS THAN DAILY" IN THE PAST, CHECK "DAILY"]	1. DAILY 2. LESS THAN DAILY 3. NOT AT ALL 7. DONT KNOW	<input type="checkbox"/>

Second-hand Smoke			
<b>T18</b>	I would now like to ask you a few questions about smoking in various places.  Which of the following best describes the rules about smoking inside of your home:	1. ALLOWED 2. NOT ALLOWED, BUT EXCEPTIONS 3. NEVER ALLOWED (Skip to T21) 4. NO RULES (Skip to T21)  7. DON'T KNOW	<input type="checkbox"/>
<b>T19</b>	Inside your home, is smoking allowed in every room?	1. Yes 2. No (Skip to T21)	<input type="checkbox"/>
<b>T20</b>	How often does anyone smoke inside your home? (Does not include outdoor terraces or patios)	1. DAILY 2. WEEKLY 3. MONTHLY 7. DON'T KNOW	<input type="checkbox"/>
<b>T21</b>	During the past 30 days, did someone smoke <b>inside your home</b> ?	1. Yes 2. No	<input type="checkbox"/>
<b>T22</b>	During the past 30 days, did someone smoke in closed areas <b>in your workplace</b> (in the building, in a work area or a specific office)?	1. Yes 2. NO 3. Don't work in a closed area, Don't work	<input type="checkbox"/>

<b>T23</b>	Did anyone smoke inside of any public transportation that you used in the past 30 days?	1. Yes 2. NO 3. Did not use any public transportation	<input type="checkbox"/>
<b>Use of heated tobacco products</b>			
<b>HT1A</b>	<p>Now I want to ask you about heated tobacco products. These are products that heat tobacco sticks or capsules that contain tobacco to produce an aerosol or “vapor.” They are different from e-cigarettes, which heat a liquid only and do not contain tobacco leaf. Examples of these products include { iOS, Ploom}.</p> <p>Prior to today, have you ever heard of heated tobacco products?</p>	1. Yes 2. NO (SKIP TO EC1A) 9. Refused (SKIP TO EC1A)	<input type="checkbox"/>
<b>HT1</b>	Do you currently use heated tobacco products? Eg IQOS, Ploom TECH, Glo and PAX	1. Yes 2. No (Skip to EC1A)	<input type="checkbox"/>
<b>HT2</b>	Do you currently use heated tobacco products daily?	1. Yes 2. No	<input type="checkbox"/>
<b>HT3</b>	How old were you when you first started using heated tobacco products? <b>if known, go to EC1A</b>	Age (years)..... (Skip to EC1A) DON'T KNOW\Don't remember 77	<input type="checkbox"/> <input type="checkbox"/>
<b>HT4</b>	Do you remember how long ago it was?	1. Years 2. Months 3. Weeks 77. Don't Know\Don't remember	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<b>Use of electronic cigarettes</b>			
<b>EC1A</b>	<p>Now I want to ask you about electronic cigarettes, which are also called e-cigarettes, and other vaping devices. These devices are battery powered and heat a liquid to produce an aerosol instead of smoke. Using these products is often called “vaping.” These products include personal vaporizers, modular systems, tank systems, and rechargeable systems with pods or cartridges. Examples of these products include [vapes, nape pens, vape mods].</p> <p>Prior to today, have you ever heard of electronic cigarettes or vaping devices?</p>	1. Yes 2. NO (SKIP TO Check2) 9. Refused (SKIP TO Check2)	<input type="checkbox"/>
<b>EC1</b>	Do you currently use electronic cigarettes? Eg e-cigar, vape pens and mods or Jul?	1. Yes 2. No (Skip to Check2)	<input type="checkbox"/>
<b>EC2</b>	Do you currently use electronic cigarettes daily?	1. Yes 2. No	<input type="checkbox"/>
<b>EC3</b>	How old were you when you first started using electronic cigarettes?	Age (years)..... DON'T KNOW\Don't remember 77	<input type="checkbox"/> <input type="checkbox"/>
<b>EC4</b>	From where do you usually buy electronic cigarettes?	1. Shops inside Palestine 2. Shops outside Palestine 3. Online shopping 4. Duty free 5. Other, please specify... 7. Don't know	<input type="checkbox"/>

Chcek2	<i>to the Interviewer: check Answer T6A = D</i>	1. <b>Yes</b> 2. <b>No (move X6)</b>	
<b>EXPANDED: Smoking Shisha</b>			
<b>X1</b>	How old were you when you <b>started</b> smoking shisha? <b>if known go to X3</b>	Age (years)..... DON'T KNOW\Don't remember 77	<input type="checkbox"/> <input type="checkbox"/>
<b>X2</b>	Do you remember how long ago it was? (RECORD ONLY 1, NOT ALL 3)	1. Years 2. Months 3. Weeks 77. Don't Know\Don't remember	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>X3</b>	The last time you smoked shisha, how long did you participate in the shisha smoking session?	Minutes ___01 Hrs ___02 DON'T KNOW\Don't remember 77	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>X4</b>	The last time you smoked shisha, about how many rocks/hagar were smoked while you were participating in the session?	Number	<input type="checkbox"/> <input type="checkbox"/>
<b>X5</b>	The last time you smoked a shisha, where did you smoke it?	1. <i>Home</i> 2. <i>Café</i> 3. <i>Restaurant</i> 4. <i>Friend's /relative's home</i> 5. <i>Public garden/outdoor space</i> 6. <i>Other place</i> 7. <i>Don't know</i>	<input type="checkbox"/>
<b>X5A</b>	Do you believe that smoking shisha is associated with an increased risk of transmission of COVID-19	1. <i>Yes</i> 2. <i>No</i> 7. <i>Don't know\Don't remember</i>	
<b>X5B</b>	Following the spread of the COVID-19 and the ban on shisha use, did it affect your use of shisha?	1. <i>Yes, I quit shisha</i> 2. <i>Yes, I smoke less shisha</i> 3. <i>No effect</i> 4. <i>Did not know about ban</i> 5. <i>No answer</i>	

<b>This section should be answered by both smokers and non-smokers</b>			
<b>X6</b>	According to your general knowledge, do you think that shisha smoking is less harmful or have the same harm or more harmful than cigarettes	1. Less harmful 2. No difference 3. More harmful 7. Don't know	<input type="checkbox"/>
<b>X7</b>	According to your general knowledge, do you think that using e- cigarettes is less harmful or have the same harm or more harmful than cigarettes	1. Less harmful 2. No difference 3. More harmful 7. Don't know	<input type="checkbox"/>

<b>Tobacco Policy</b>					
You have been asked questions on tobacco consumption before. The next questions ask about tobacco control policies. They include questions on your exposure to the media and advertisement, on cigarette promotions, health warnings and cigarette purchases.					
<b>TP1</b>	<p><i>In the last 30 days, have you noticed <u>information about the dangers of smoking cigarettes</u> or that encourages quitting in any of the following places?</i></p> <p><i>record for each type of media</i></p> <p>[A] Newspapers or magazines            [B] Television            [C] Radio            [D] Social media            [E] advertisements or signs</p>	1. Yes	2. No	7. DK	
		1	2	7	<input type="checkbox"/>
		1	2	7	<input type="checkbox"/>
		1	2	7	<input type="checkbox"/>
		1	2	7	<input type="checkbox"/>
		1	2	7	<input type="checkbox"/>
<b>TP2</b>	<p>During the past 30 days, have you noticed any of the following types of cigarette promotions?            (RECORD FOR EACH) Ask the participant to think of the past 30 days. Ask the stem question and each item part. Note that the stem question does not need to be</p> <p>[A] Cigarettes at sale prices            [B] Coupons for cigarettes            [C] Free gifts or special discount offers on other products when buying cigarettes            [D] Clothing or other items with a cigarette brand name or logo            [E] Cigarette promotions in the mail</p>	1. Yes	2. No	7. DK	
		1	2	7	<input type="checkbox"/>
		1	2	7	<input type="checkbox"/>
		1	2	7	<input type="checkbox"/>
		1	2	7	<input type="checkbox"/>
		1	2	7	<input type="checkbox"/>
<b>The next questions are administered to current smokers only</b>					
<b>Check3</b>	<b>To the Interviewer: Check answer to T6A = A (asked for current smokers of manufactured cigarettes)</b>	1. Yes 2. No (END)			
<b>TP3</b>	During the past 30 days, did you notice any health warnings on cigarette packages?	1. Yes 2. No ( Skip toTP5) 3. Did not see any cigarette packages (Skip to TP5 ) 7. Don't know ( Skip toTP5)		<input type="checkbox"/>	
<b>TP4</b>	During the past 30 days, have warning labels on cigarette packages led you to think about quitting?	1. Yes 2. No 7. Don't know		<input type="checkbox"/>	
<b>TP5</b>	The last time you bought manufactured cigarettes for yourself, how many cigarettes did you buy in total?	1. Number of cigarettes_____ 2. Number of packs of Cigarettes_____		<input type="checkbox"/>	
		DON'T KNOW\Don't remember 7777			
<b>TP6</b>	In total, how much money did you pay for this purchase?	Amount Don't know\Don't remember .....7777 Refused.....8888		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	