Royal Government of Cambodia
National Institute of Statistic, Ministry of Planning

NATSC 2010

A. To be completed by supervisor before interview			B. To be completed by interviewer	
Province /City			Name of household head	
District /Khan			Address (house No., street….) of other identification)	
Commune/Sangkat				
Sample Village/Mondol			Date of the interview Day: Month: Year: 2010	
Domain number (1 to 17)			Date of last visit Day: Month: Year: 2010	
Sector (Urban=1, Rural=2)			Interviewer's name: Id:	
Sample reference number of household			Interviewer's signature: (indicates survey completed and consent obtained)	
			Team Number:	

C. To be completed by supervisor after checking completed questionnaire thoroughly	D: To be completed after re-interview (when required)
Supervisor's name: Id:	Name of re-interviewer: Id:
Date checked by supervisor Day: Month: Year: 1 0	Date of re-interview Day: Month: Year: 2010
Date of re-interview (if necessary) Day: Month: Year: 1 0	Interviewer's signature:
Supervisor' s signature:	Remarks of re-interviewer:

Reception		Preparation		Data Entry		Approval	
Id: Date:		Id: Date:		Id: Date		Date:	

Section A.1 Demographics

Please provide the total number of household members ages 0-14 years: …… and the following information on all members **ages 15 years and older** usually residing in this household. Try to ask each member individually

ID No	Name	Sex 1=Male, 2=Female (Enter Code)	Date of Birth Write '98' if don't know, for day or month and '999' for Year			What is.. [NAME] ...'s age in completed years? Write '96' if 96 years or more and 98 if don't know	Ethnicity (see ethnicity codes)	Religion (see Religion Codes)	Marital Status (see marital status codes)	Education					Is ..[NAME]'s.. present at home during the entire period of the survey? 1 = Yes (if yes >>Col. 15) 2 = No	Reason for not present at home during the entire period of the survey? Enter code
			Day	Month	Year					Can [NAME] ... read and write a simple message in any language? 1=yes 2=no	Has [NAME] ... ever attended school? 1=yes 2=no (if no >>Col. 14A)	What is the highest level ..[NAME].. successfully completed? (see grade level codes)	Is ..[NAME].. currently in the school system? 1 = Yes 2 = No (if no >>Col. 14A) If the child is on holidays, he/she must be considered as being in the school system	What's ..[NAME]'s.. current grade? (see grade level codes)		
(1)	(2)	(3)	(4A)	(4B)	(4C)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14A)	(14B)
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Ethnicity codes (Col 6)	1= Khmer, 2= Cham, 3=Other local ethnic group, 4= Chinese, 5=Vietnamese, 6=Thai, 7=Lao , 8=Other (specify)
Religion codes (Col 7)	1=Buddhist, 2=Islamic ,3 = Christian, 4 = Other (specify), 5 = None
Marital status (Col. 8)	1 = Never Married, 2 = Currently Married, 3 = Live Together, 4 = Widowed , 5 = Divorced , 6 = Separated
Grade level codes (Col 11 and Col.13)	99= none; 0 = preschool/kindergarten, 1= class one, 2=class two………..11=class eleven, 12=class twelve, 13= secondary , 14=technical/vocational pre-secondary, 15=technical/vocational post-secondary, 16= college undergraduate, 17= college graduate, 18=post graduate, 19=other (specify)
Reason for not present at home (Col. 14B)	1=Study away from home, 2=Work away from home, 3=Seeking for work away from home, 4=Visit relatives away from home, 5=Vacation away from home, 6=Medical treatment away from home, 7=Working mission away from home, 8=Stay away from home for security reason, 9=Go abroad, 10= Other (Specify)

Section A. Demographics (Continued)

ACTIVITY STATUS DURING THE PAST MONTH

Please provide information on all members aged 15 years and older who usually reside in this household. Try to ask each member individually

ID No	Primary Economic Activity									Secondary Economic Activity							
	Did ..[NAME].. do any work at all, even one hour (if no but having a job), for primary occupation during the past month 1=yes 2=no (if no >>Col.2 of Q20 of next section)	What was ..[NAME]..'s primary occupation during the past month? (Write specific occupation) Note: beggar and sex worker are occupations		In what kind of primary economic activity, like agriculture, manufacturing, construction, trade or service, did ..[NAME].. work in the past month?		What was ..[NAME]..' s employment status? Enter code	Under what type of employer did ..[NAME].. work? Enter code	What was your income (in riels) from the primary occupation during the past month? (Write in amount in riel) Enter "98" if no income from primary occupation		Did ..[NAME].. do any work at all, even one hour (if no but having a job), for secondary occupation during the past month 1=yes 2=no (if no >>Col.2 of Q20 of next section)	What was ..[NAME].. 's secondary occupation during the past month? (Write specific occupation) Note: beggar and sex worker are occupations		In what kind of secondary economic activity, like agriculture, manufacturing, construction, trade or service, did ..[NAME].. work in the past month?		What was ..[NAME]..'s employ ment status? Enter code	Under what type of employer did ..[NAME].. work? Enter code	(in riels) from the secondary occupation during the past month? (Write in amount in riel) Enter "98" if no income from secondary occupation
		Occupation description	Code (NIS)	Industry description	Code (NIS)			In cash	In kind		Occupation description	Code (NIS) *	Industry description	Code (NIS)			In cash	In kind
(1)	(15)	(16A)	(16B)	(16C)	(16D)	(16E)	(16F)	(17A)	(17B)	(18)	(19A)	(19B)	(19C)	(19D)	(19E)	(19F)	(20A)	(20B)
01																		
02																		
03																		
04																		
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Employment status Codes (Col.16E and Col.19E)	1=Paid employee, 2=Employer, 3=Own account worker, /self-employed, 4=Unpaid family worker, 5=Other(specify)
Type of employer Codes (Col.16F and Col.19F)	01 = Government, 02 = State enterprise, 03 = Private enterprise, 04 = Joint venture, 05 = Foreign govt, international organization and NGO, 06 = Local NGO, 07 = Self-employed farm , 08 = Non-farm self-employed, 09 = Domestic servant, 10 = Other (specify)

Section A.2 2005 Tobacco Questions (exact wording and format)

ID	A2.1 Do you currently smoke cigarettes? 1= yes, 2= no	A2.2 Do you currently smoke a tobacco pipe? 1= yes, 2= no	A2.3 Do you currently chew tobacco? 1= yes, 2=no
(1)	(2)	(3)	(4)
01			
02			
03			
04			
05			
06			
07			
08			

SECTION B. TOBACCO SMOKING

I would now like to ask you some questions about <u>smoking</u> tobacco (Show Card 0). "To smoke" means at least one puff. Please do not answer about smokeless tobacco at this time (Show Card 1).

ID	B1. Do you currently smoke tobacco daily, less than daily, or not at all? 1= DAILY skip to **B4** 2= LESS THAN DAILY 3= NOT AT ALL skip to **B3**	B2. Have you smoked tobacco daily in the past? 1= YES skip to **B7** 2= NO skip to **B8**	B3. In the <u>past</u>, have you smoked tobacco on a daily basis, less than daily, or not at all? 1= DAILY skip to **B9** 2= LESS THAN DAILY skip to **B10** 3=NOT AT ALL skip to section **C**	B4. How old were you when you first started smoking tobacco <u>daily</u>? In years IF DON'T KNOW, ENTER "99"	- - - - - - - - - D A I L Y S M O K E R - - - - - - - - B5. Usually, how many of the following types of tobacco do you currently smoke each day? 　a-d Number of cigarettes or cigars. Smoking part of cigarette or cigar and throwing it away counts as one cigarette. 　e-f Number of pipe loads (define pipe loads using Card 0) 　Show Card 0 to help the subject select						B6. How soon after you wake up in the morning do you usually have your first smoke of tobacco? 1=Less than 5 minutes 2=5 to 30 minutes, 3=31 to 60 minutes, or 4=More than 60 minutes? skip to **B11**
					a. Manufactured cigarettes **Complete B11-B12** *Number of cigarettes*	b. Hand-rolled cigarettes (made by local business) *Number of cigarettes*	c. Hand-rolled cigarettes (rolled by self, home-made) **Complete B13-B14** *Number of cigarettes*	d. Cigars *Number of cigars*	e. Tobacco pipe (exclude waterpipe) *pipe-loads*	f. Water- pipes *pipe-loads*	
(1)	(2)	(3)	(4)	(5)	(6a)	(6b)	(6c)	(6d)	(6e)	(6f)	(7)
01											
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| | B7. How old were you when you first started smoking tobacco <u>daily</u>?

 Enter age in year

 IF DON'T KNOW, ENTER "99" | \
| ID | | |

LESS THAN DAILY SMOKER

B8. How many of the following types of tobacco do you currently smoke during a usual week?

a-d Number of cigarettes or cigars. Smoking part of cigarette or cigar and throwing it away counts as one cigarette.

e-f Number of pipe loads (define pipe loads using Card 0)

Show Card 0 to help the subject select

ENTER 888 if less than weekly but greater than 0

skip to **B11**

DO NOT SMOKE AT ALL (CURRENTLY)

B9. How old were you when you first started smoking tobacco <u>daily</u>?

Enter age in years

IF DON'T KNOW, ENTER "99"

B10. How long has it been since you stopped smoking?

Number of Years/month

to C

code < 1 month as 888

ID	B7.	a. Manufactured cigarettes **Complete B11-B12** *Number of cigarettes*	b. Hand-rolled cigarettes (made by local business) *Number of cigarettes*	c. Hand-rolled cigarettes (rolled by self, homemade) **Complete B13-B14** *Number of cigarettes*	d. Cigars *Number of cigars*	e. Tobacco pipe (exclude waterpipe) *pipe-loads*	f. Water-pipes *pipe-loads*	B9.	B10. Years	B10. Months
(1)	(8)	(9a)	(9b)	(9d)	(9e)	(9f)	(9g)	(10)	(11a)	(11b)
01										
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SECTION B. TOBACCO SMOKING (Cont.)
Before going to Section C, check items B5a, B8a, B5c, B8c!

Complete Manufactured Cigarette (card 0,a) items for subjects reporting > 0 cigarettes in B5a or B8a. Complete Handrolled by Self (card 0, c) items for subjects reporting > 0 cigarettes in B5c or B8c.

ID	MANUFACTURED CIGARETTE					HAND ROLLED BY SELF	
	B11. Request the last empty pack of cigarettes purchased by the subject. The interviewer should answer the following questions by inspecting the pack. Does the empty pack given to you by the subject display the following?: 1= YES 2=NO 8= Refused to answer 9=DK				B12. Could an empty pack be obtained from the respondent? 1= YES 2=NO	B13. Diameter of the hand rolled cigarette Show **CARD 2** and have subject select diameter from the card. Enter code (A, B,C)	B14. Length of the hand rolled cigarette Show **CARD 2** and have subject select length from the card. Enter length in cm from the ruler in card 2
	a) Domestic tax stamp	b) A foreign tax stamp	c) Khmer health warning label	d) Presence of bar code			
(1)	(12a)	(12b)	(12c)	(12d)	(13)	(14)	(15)
01							
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SECTION C. CHEWING TOBACCO

The next questions are about chewing tobacco. [INTERVIEWER NOTES: SHOW CARD 1 DURING QUESTIONS C1-C3]

- - - - - - - - - - - - - - - - - - D A I L Y -

ID	C1. Do you currently chew tobacco on a daily basis, less than daily, or not at all? 1= DAILY skip to **C4** 2= LESS THAN DAILY 3= NOT AT ALL skip to **C3**	C2. Have you chewed tobacco daily in the past? 1=Yes skip to **C7** 2=No skip to **C8**	C3. In the past, have you chewed tobacco on a daily basis, less than daily, or not at all? 1=DAILY skip to **C9** 2=LESS THAN DAILY skip to **C10** 3=NOT AT ALL skip to **SECTION D**	C4. How old were you when you first chewed tobacco daily? Enter age in years IF DON'T KNOW, ENTER "99"	C5. Usually, how many times a day do you chew the following? Show **CARD 3** to help subject select a choice(s). Non-users of an item should be entere as 0.				C5-1. Amount of tobacco chewed (with or without betel quid) (Interviewer note: show **CARD 4** and have subject select amount from the card, enter code) 1= about the same 2= less than the amount 3= more than the amount 4= not used	C5-2. Betel quid ingredients Show **CARD 5** and have subject select amount of each ingredient and enter code 1= about the same 2= less than the amount 3= more than the amount 4= not used			C6. How soon after you wake up in the morning do you usually chew tobacco for the first time? 1=Less than 5 minutes 2=5 to 30 minutes 3=31 to 60 minutes 4=More than 60 minutes Skip to **D**
					a. Betel quid with tobacco **Times per day**	b. Betel quid without tobacco **Times per day**	c. Tobacco without betel quid **Times per day**	d. Chewing tobacco from a commercial tin **Times per day**		a. Betel leaf	b. Betel nut	c. Slaked lime	
(1)	(2)	(3)	(4)	(5)	(6a)	(6b)	(6c)	(6d)	(7)	(8a)	(8b)	(8c)	(9)
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SECTION C. CHEWING TOBACCO (Cont.)

The next questions are about chewing tobacco

		- - - - - - - - L E S S T H A N D A I L Y - - - - - - - -								D O N O T C H E W T O B A C C O A T A L L (C U R R E N T L Y)	
ID	C7. How old were you when you first chewed tobacco <u>daily</u>? Enter age in years IF DON'T KNOW, ENTER "**99**"	C8. How many times a week do you usually chew the following? ENTER **888** IF LESS THAN 1 PER WEEK BUT MORE THAN 0 Show Card 3 to help subject select choice(s).				C8-1. Amount of tobacco chewed (with or without betel quid) Show **CARD 4** and have subject select amount from the card, enter code 1= about the same 2= less than the amount 3= more than the amount 4= not used	C8-2. Betel quid ingredients Show **CARD 5** and have subject select amount of each ingredient and enter code 1= about the same 2= less than the amount 3= more than the amount 4= not used Skip to **D**			C9. How old were you when you first chewed tobacco <u>daily</u>? Enter age in year IF DON'T KNOW, ENTER "99"	C10. How long has it been since you stopped using smokeless tobacco? Number of year/month to **D**	
		a. Betel quid with tobacco	b. Betel quid without tobacco	c. Tobacco without betel quid	d. Chewing tobacco from a commercial tin		a. Betel leaf	b. Betel nut	c. Slaked lime		Years	Months
(1)	(10)	(11a)	(11b)	(11c)	(11d)	(12)	(13a)	(13b)	(13c)	(14)	(15a)	(15b)
01												
02												
03												
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06												
07												
08												

SECTION D. CESSATION

I would now like to ask you questions about use of health care services and cessation of tobacco use

ID	D1. How many times did you visit a doctor or health care provider in the past 12 months? Would you say 0 times. 1 or 2 times, 3 to 5 times, or 6 or more times? 1= 0 times skip to **D6** 2= 1 or 2 3= 3 to 5 4= 6 or MORE	D2. During any visit to a doctor or health care provider in the past 12 months, were you asked if you chew tobacco? 1=Yes 2 =No	D3. During any visit to a doctor or health care provider in the past 12 months, were you asked if you smoke tobacco? 1=Yes 2 =No	D4. *(Check if subject chews tobacco before reading question)* During any visit to a doctor or health care provider in the past 12 months, were you advised to stop chewing tobacco? 1=Yes 2 =No 3= Do not chew tobacco	D5. *(Check if subject smokes tobacco before reading question)* During any visit to a doctor or health care provider in the past 12 months, were you advised to stop smoking tobacco? 1=Yes 2 =No 3= Do not smoke tobacco		D6. *(Check if subject chews tobacco before reading question)* During the past 12 months, did you use any of the following methods to try to stop chewing tobacco? 1=Yes 2 =No 3= Do not chew tobacco (if do not chew tobacco, check 3 for each method)
						a. Counseling to stop chewing tobacco (examples: at a clinic, health center school, Wat)	b. Medical Treatment to stop chewing tobacco (example: nicotine patch, nicotine gum)?	c. Other prescription medications to stop chewing tobacco (not related to nicotine)?	d. Traditional medicines to stop chewing tobacco	e. Telephone support line to stop chewing tobacco ?	f. Anything else? Specify by writing in
(1)	(2)	(3)	(4)	(5)	(6)	(7a)	(7b)	(7c)	(7d)	(7e)	(7f)
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07											
08											

SECTION D. CESSATION (Cont.)

ID	D7. *(Check if subject smokes tobacco before reading question)* During the past 12 months, did you use any of the following methods to try to stop smoking tobacco? 1= Yes 2= No 3= Do not smoke tobacco							D8. *(Check if subject smokes tobacco before reading question)* Which of the following best describes your thinking about quitting smoking? 1= I am planning to quit within the next month 2= I am thinking about quitting within the next 12 months 3= I will quit someday, but not within the next 12 months. 4 = I am not interested in quitting 5= I do not smoke tobacco	D9. *(Check if subject chews tobacco before reading question)* Which of the following best describes your thinking about quitting chewing tobacco? 1= I am planning to quit within the next month 2= I am thinking about quitting within the next 12 months 3= I will quit someday, but not within the next 12 months 4= I am not interested in quitting 5= I do not chew tobacco
	a. Counseling to stop smoking tobacco (examples: at a clinic, health center school, Wat)?	b. Medical Treatment to stop smoking tobacco (example: nicotine patch, nicotine gum)?	c. Other prescription medications to stop smoking tobacco (not related to nicotine)?	d. Traditional medicines to stop smoking tobacco	e. Smoking telephone support line to stop smoking tobacco	f. Switching from smoking tobacco to chewing tobacco (example betel quid, chewing tobacco)?	g. Anything else? Specify by writing in		
(1)	(8a)	(8b)	(8c)	(8d)	(8e)	(8f)	(8g)	(9)	(10)
01									
02									
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SECTION E. SECONDHAND SMOKE

II would now like to ask you a few questions about smoking in various places.

ID	E1. Which of the following best describes the family rules about smoking inside of your home: Smoking is allowed, sometimes is allowed, or never allowed? 1= ALLOWED; 2= SOMETIMES IS ALLOWED 3= NEVER ALLOWED SKIP TO **E4**	E2. Inside your house, is smoking allowed in every place? 1=Yes 2 =No	E3. How often does <u>anyone</u> smoke inside your home? Would you say daily, weekly, monthly, or less than monthly? 1= DAILY 2= WEEKLY 3= MONTHLY 9= LESS THAN MONTHLY	E4. Are you currently employed outside of your home? 1=Yes 2 =No Skip to **E8**	E5. Where do you usually work? Would you say: inside a building, outdoors or both? 1 INSIDE A BUILDING 2= OUTDOORS Skip to **E8** 3= BOTH	E6. Which of the following best describes the smoking policy in the building where you work: Smoking is allowed anywhere, smoking is allowed only in some places, or smoking is not allowed in any indoor areas? 1= ALLOWED ANYWHERE 2= ALLOWED ONLY IN SOME PLACES 3= NOT ALLOWED IN THE BUILDING 9= DON'T KNOW	E7 During the past 30 days, did anyone smoke in the building where you work? 1=Yes 2 =No	E8. During the past 30 days, did you visit any government buildings or government offices? 1=Yes 2 =No Skip to **E10** 9= DON'T KNOW Skip to **E10**
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
01								
02								
03								
04								
05								
06								
07								
08								

SECTION E. SECONDHAND SMOKE (Cont.)
II would now like to ask you a few questions about smoking in various places.

ID	E9. Did you see anyone smoke inside of any government buildings or government offices that you visited in the past 30 days? 1=Yes 2 =No 9= DON'T KNOW	E10. During the past 30 days, did you visit any health care facilities? 1=Yes 2 =No Skip to **E12** 9= DON'T KNOW Skip to **E12**	E11. Did you see anyone smoke inside of any health care facilities that you visited in the past 30 days? 1=Yes 2 =No 9= DON'T KNOW	E12. During the past 30 days, did you visit any restaurants/food -stores? 1=Yes 2 =No Skip to **E14** 9= DON'T KNOW Skip to **E14**	E13. Did you see anyone smoke inside of any restaurants/food-stores that you visited in the past 30 days? 1=Yes 2 =No 9= DON'T KNOW	E14. During the past 30 days, did you use any public transportation? 1=Yes 2 =No Skip to **E16** 9= DON'T KNOW Skip to **E16**	E15 Did you see anyone smoke inside of any public transportation vehicles that you used in the past 30 days? 1=Yes 2 =No 9= DON'T KNOW
(1)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
01							
02							
03							
04							
05							
06							
07							
08							

SECTION F1. ECONOMICS – MANUFACTURED CIGARETTES

The next few questions are about how you obtain manufactured cigarettes (i.e. sold in commercial packs) for yourself.

ID	F1.1. The last time you bought manufactured cigarettes for yourself, how many cigarettes did you buy? Enter number of cigarettes. Enter **888** in "total" column if NEVER BOUGHT MANUFACTURED CIGARETTES and then skip to **F2**					F1.2. Amount spent on the TOTAL (total in column 2a). Enter price in Riels. Enter '00' if don't smoke purchased cigarette	F1.3. Value of the manufactured cigarettes obtained during the last time you traded for them. Enter price in Riels. Enter '00' if don't smoke cigarette taken in trade	F1.4. Value of the manufactured cigarettes obtained during the last time you received them as a gift. Enter price in Riels. Enter '00' if don't smoke cigarette received from gift	F1.5. What brand did you buy the last time you purchased cigarettes for yourself? Show **CARD 6** and ENTER CODE for the BRAND. Other Brand (not on the card)= 49	F1.6. The last time you purchased manufactured cigarettes for yourself, where did you buy them? 1= SUPERMARKET 2= TRADITIONAL MARKET 3= STREET VENDOR 4= GROCERY STORE 5= RESTAURANT BAR, BEER GARDEN 6= NIGHTCLUB, KARAOKE 7= HOTEL/GUESTHOUSE 8= INTERNET 9= TRADE 10= GIFT 99= DON'T REMEMBER	F1.7 How much did you spend on manufactured cigarettes in the past week? Enter price in Riels
	Total	SINGLE CIGARETTES	PACKS	CARTONS	OTHER SPECIFY						
(1)	(2a)	(2b)	(2c)	(2d)	(2e)	(3)	(4)	(5)	(6)	(7)	(8)
01											
02											
03											
04											
05											
06											
07											
08											

SECTION F2. ECONOMICS – HANDROLLED CIGARETTES (LOCAL BUSINESS)

The next few questions are about how you obtain hand-rolled cigarettes for yourself from a local business.

ID	F2.1. The last time you bought hand-rolled cigarettes for yourself from a local business, how many hand-rolled cigarettes did you buy? Enter **888** in "Total" if NEVER BOUGHT HANDROLLED CIGARETTES FROM A LOCAL BUSINESS and skip to **F3**					F2..2. Amount spent on TOTAL (total in column 10a). Enter price in Riels Enter '00' if don't smoke purchased hand rolled cigarette	F2.3. Value of the handrolled cigarettes (local business) obtained during the last time you traded for them. Enter price in Riels. Enter '00' if don't smoke hand rolled cigarette taken in trade	F2..4. Value of the handrolled cigarettes (local business) obtained during the last time you received them as a gift. Enter price in Riels Enter '00' if don't smoke hand rolled cigarette received from gift ¬	F2.5. The last time you purchased handrolled cigarettes (local business) for yourself, where did you buy them? 1= TRADITIONAL MARKET 2= STREET VENDOR 3= GROCERY STORE 4= RESTAURANT BAR, BEER GARDEN 5= NIGHTCLUB, KARAOKE 6= HOTEL/GUESTHOUSE 7= TRADE 8=GIFT 9= OTHER 99= DON'T REMEMBER	F2.6. How much did you spend on hand rolled cigarette (local business) in the past week? Enter price in Riels
	TOTAL	SINGLE CIGARETTES	BAG	TIED/BUNDLED	OTHER SPECIFY					
(1)	(9a)	(9b)	(9c)	(9d)	(9e)	(10)	(11)	(12)	(13)	(14)
01										
02										
03										
04										
05										
06										
07										
08										

SECTION F3. ECONOMICS – Loose Tobacco for Hand-rolled Cigarettes or Chewing

The next few questions are about the last time you obtained loose tobacco for yourself to roll a cigarette or chew tobacco

ID	F3.1. The last time you bought loose tobacco for yourself, how much did you buy (in kam)? 1 kam = 0.1 kg Enter 888 if NEVER BOUGHT LOOSE TOBACCO and skip to **G**	F3.2. Amount spent on the loose tobacco reported from F3.1. Enter price in Riels Enter '00' if don't smoke purchased loose tobacco for hand rolled cigarette	F3.3. Value of the loose tobacco obtained during the last time you traded for it. Enter price in Riels. Enter '00' if don't smoke loose tobacco for hand rolled cigarette taken in trade	F3.4. Value of the loose tobacco obtained during the last time you received it as a gift. Enter price in Riels Enter '00' if don't smoke loose tobacco for hand rolled cigarette received as a gift	F3.5. The last time you purchased loose tobacco for yourself, where did you buy it? 1= TRADITIONAL MARKET 2= STREET VENDOR 3= GROCERY STORE 4= RESTAURANT BAR, BEER GARDEN 5= NIGHTCLUB, KARAOKE 6= TRADE 7= GIFT 8= Did not obtain it by purchase,trade ,or gift 9= OTHER 99= DON'T REMEMBER	F3.6. Did you grow your loose tobacco that you chew or smoke? 1= yes 2=no	F3.7. How much did you spend on loose tobacco in the past week? Enter price in Riels
(1)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
01							
02							
03							
04							
05							
06							
07							
08							

SECTION G. MEDIA

The next few questions ask about your exposure to the media, advertisements, and health warning label in the last 30 days.

ID	G1. In the last 30 days, have you noticed <u>information</u> about the dangers of smoking tobacco or that encourages quitting in any of the following places? 1=YES 2=NO 9= NOT APPLICABLE					Health Warning Label		
						G2. In the last 30 days, did you notice any health warnings on cigarette packages? 1=Yes 2 =No Skip to **G5** 3= DID NOT SEE ANY CIGARETTE PACKAGES Skip to **G5**	G3. In the last 30 days, did you look closely at these health warnings on cigarette packages? 1=Yes 2 =No	G4. Should health warning pictures be included on cigarette packages? 1=Yes 2 =No Show **picture card 10**
	a. In newspapers or in magazines?	b. On television?	c. On the radio?	d. On billboards?	e. Somewhere else? Specify			
(1)	(2a)	(2b)	(2c)	(2d)	(2e)	(3)	(4)	(5)
01								
02								
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SECTION G. MEDIA (Cont.)

The next few questions ask about your exposure to the media, advertisements, and health warning label in the last 30 days.

ID	Advertisement, Signs, and Promotion															
	G5. In the last 30 days, have you noticed any <u>advertisements</u> for cigarettes in the following places? 1=YES 2=NO 9=DK															
	a. In stores where cigarettes are sold?	b. On television?	c. On the radio?	d. On billboards?	e. On posters?	f. In newspapers or magazines?	g. In cinemas?	h. On the internet?	i. On public transportation vehicles or stations?	j. On tobacco company vehicles?	k. Umbrella (ex: at a stall)	l. Banner (in public area)	m. On public walls?	n. Concert?	o. Advertisement counter (example: in a restaurant or other public area)	p. Anywhere else? Specify:
(1)	(6a)	(6b)	(6c)	(6d)	(6e)	(6f)	(6g)	(6h)	(6i)	(6j)	(6k)	(6l)	(6m)	(6n)	(6o)	(6p)
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SECTION G. MEDIA (Cont.)

The next few questions ask about your exposure to the media, advertisements, and health warning label in the last 30 days.

No.	Advertisement, Signs, and Promotion (Cont.)								
	G6. In the last 30 days, have you noticed any sport or sporting event that is associated with cigarette brands or cigarette companies? 1=YES 2=NO 9=DK	G7. In the last 30 days, have you seen any of the following ? 1=YES 2=NO 9=DK						G8. Do you listen to radio programs on the harms of tobacco? 1= yes 2= no (skip to **H**) (not adverstisements!)	G9. On what station? (Write in) To **H** Enter 99 for don't know
		a. Free samples of cigarettes?	b. Cigarettes at sale prices?	c. Coupons for cigarettes?	d. Free gifts or special discount offers on other products when buying cigarettes?	e. Clothing or other items with a cigarette brand name or logo?	f. Mail promoting cigarettes?		
(1)	(7)	(8a)	(8b)	(8c)	(8d)	(8e)	(8f)	(9)	(10)
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Section H. Knowledge and Attitudes about Tobacco Use

Ask all members aged 15 and over individually who are present during the entire period of the survey

ID No	Knowledge and Attitudes about Harmful Effects									
	H1. Answer the following questions about your beliefs on smoking Choose one of the following: 1= No, not harmful 2= Yes, a little harmful or moderately harmful 3= Yes, seriously harmful 9= Don't know or refuse to answer			H2. Smoking causes the following diseases: 1 = agree 2 = disagree 9 = don't know/refuse to answer				H3. It is a sin for a cigarette or pipe smoker to produce smoke that is inhaled by other persons. 1 = agree 2 = disagree 9 = don't know/refuse to answer	H4. Harming your body with tobacco is a sin 1 = agree 2 = disagree 9 = don't know/refuse to answer	H5. "A man who does not smoke is not a real man" 1 = agree 2 = disagree 9 = don't know/refuse to answer
	(a) "Is smoking harmful to your health?"	(b) "Is breathing the smoke from someone else's cigarette or pipe harmful to your health?"	(c) "Is smoking during pregnancy harmful to the health of the fetus?"	(a) Bronchitis	(b) Lung Cancer	(c) Heart Disease	(d) Any Illness			
(1)	(2)	(3)	(4)	(5a)	(5b)	(5c)	(5d)	(6)	(7)	(8)
01										
02										
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Section H. Knowledge and Attitudes about Tobacco Use (Cont.)

Ask all members aged 15 and over individually who are present during the entire period of the survey

ID	H6. Smoking should not be allowed at the following places 1 = agree 2 = disagree 9 = don't know/refuse to answer				H7. All cigarette tax should be increased 1 = agree 2 = disagree 9 = don't know/refuse to answer	H8. The price of cigarettes should be raised to encourage people to stop smoking 1 = agree 2 = disagree 9 = don't know/refuse to answer
	(a) Wat	(b) Restaurant and food store	(c) Public transportation	(d) Workplace inside a building/house		
(1)	(9a)	(9b)	(9c)	(9d)	(10)	(11)
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SECTION I . DIET

Use Card 7 for rice and noodle questions (plates, bowls)
Use Card 8 to estimate cups and glasses
Use Card 9 to identify bread

ID	I1. How much **rice** did you eat yesterday? Show the plate on **Card 7** and enter number of plates. If a person didn't eat rice, enter "0" for that meal. Enter "99" if data is not available for a person. Note: If the quantity of rice is less than one plate, please record a half (0.5) or a quarter (0.25) of plate Be sure to enter RICE ONLY. An item for noodles occurs later.				
	For breakfast	For lunch	For dinner	Other	Total (6)=(2)+(3)+(4)+(5)
(1)	(2)	(3)	(4)	(5)	(6)
01					
02					
03					
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06					
07					
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ID No	I2. FOODS Note: a palm is approximately 50 kam / 1 kam = 0.1 kg													
	a.Noodles *bowls* Show **Card 7**	b.Breads *kam* Show **Card 9**		c. Eggs (Chicken, Duck) NUMBER		d.Milk (Cow) CUP Show **Card 8**		e.Condensed sweetened Milk (Cow)	f. Fresh Fish *kam*		g. Fish Paste, Fermented Fish. Dried Fish, Salted Fish *kam*		h. Squid, Shrimp, Prawns *kam*	
	How many bowls of noodles did you consume in the past 7 days?	How many times in the past 7 days did you consume breads?	How much did you consume each time? Show **Card 9** 1= about this amount 2= less than this amount 3= more than this amount	How many times in the past 7 days did you consume eggs?	Usual number of eggs consumed each time.	How many times in the past 7 days did you consume a cup of a cow's milk	Does this cup best match the amount consumed each time. 1=about the same 2= less than this cup 3= more than this cup	How many tins of condensed milk did you consume in the past 7 days? (Fractions of tin can be reported (0.5 = half a tin)) (Make sure this is not included in the last item)	How many times in the past 7 days did you consume fresh fish	How much did you consume each time?	How many times in the past 7 days did you consume fish paste, fermented fish. dried fish, or salted fish?	How much did you consume each time?	How many times in the past 7 days did you consume Squid, Shrimp, or Prawns?	How much did you consume each time?
(1)	(7A)	(8A)	(8B)	(9A)	(9B)	(10A)	(10B)	(11A)	(12A)	(12B)	(13A)	(13B)	(14A)	(14B)
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ID No	I3. FOODS Note: a palm is approximately 0.5 kam 1 kam = 0.1 kg													
	a. Crab *kam*		b. Beef Meat *kam*		c. Pork Meat *kam*		d. Chicken Meat *kam*		e. Organ Meat (beef, meat, chicken) *kam*		f.Other Meat (i.e. rat, frog, bird) *kam*		g. Dark Green Leafy Vegetablest *kam*	
	How many times in the past 7 days did you consume crab?	How much did you consume each time?	How many times in the past 7 days did you consume beef meat?	How much did you consume each time?	How many times in the past 7 days did you consume pork meat?	How much did you consume each time?	How many times in the past 7 days did you consume chicken meat?	How much did you consume each time?	How many times in the past 7 days did you consume organ meat?	How much did you consume each time?	How many times in the past 7 days did you consume other meat?	How much did you consume each time?	How many times in the past 7 days did you consume dark green leafy vegetables?	How much did you consume each time?
(1)	(7A)	(7B)	(8A)	(8B)	(9A)	(9B)	(10A)	(10B)	(11A)	(11B)	(12A)	(12B)	(13A)	(13B)
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ID No	I4. FOODS — Note: a palm is approximately 50 kam															
	a. Orange Vegetables (i.e. pumpkin, carrot, orange sweet potato) *kam*		b. Fruits (i.e. ripe mango, ripe papaya) *kam*		c. Alcohol (Beer) GLASS Show Card 8		d. Alcohol (Wine) GLASS Show Card 8		e. Alcohol (Spirits not including palm lquor) GLASS Show Card 8		f. Alcohol (Palm Liquor)		g. Non-Alcoholic Beverages (soft drink, fruit juice, fruit syrup) GLASS		h. Water GLASS	
	How many times in the past 7 days did you consume orange vegetables?	How much did you consume each time?	How many times in the past 7 days did you consume fruits?	How much did you consume each time?	How many glasses of beer did you consume during the past 7 days	Does this glass best match the amount consumed each time. 1=about the same 2= less than this cup 3= more than this cup	How many glasses of wine did you consume during the past 7 days	Does this glass best match the amount consumed each time. 1=about the same 2= less than this cup 3= more than this cup	How many glasses of spirits did you consume during the past 7 days?	Does this glass best match the amount consumed each time. 1=about the same 2= less than this glass 3= more than this glass	How many glasses of palm liquor did you consume during the past 7 days?	Does this glass best match the amount consumed each time. 1=about the same 2= less than this glass 3= more than this glass	How many times in the past 7 days did you consume a glass of non-alcoholic beverage?	Does this glass best match the amount consumed each time. 1=about the same 2= less than this cup 3= more than this cup	How many times in the past 7 days did you consume a glass of water?	Does this glass best match the amount consumed each time. 1=about the same 2= less than this cup 3= more than this cup
(1)	(7A)	(7B)	(8A)	(8B)	(9A)	(9B)	(10A)	(10B)	(11A)	(11B)	(12A)	(12B)	(13A)	(13B)	(14A)	(14B)
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SECTION J. Current Health

ID No	J1. How would you evaluate your current health during the past 4 weeks? Enter code	J2. Have you experienced any of the following illnesses, injuries or other health problems in the past 4 weeks? (if more than one refer to the most important) Enter code	J3. Has a doctor or other health worker EVER diagnosed or told you that you are suffering from the following: 1 = yes , 2 = no , 9 = don't know/refuse to answer			J4. Where was advice or treatment first sought for your illness/injury? Enter code	*Access to Health Care*
			(a) Tuberculosis	J4. Malaria	(c) HIV/AIDS		**Public Medical Sector** 1=National Hospital (PP) 2=Provincial Referral Hospital (RH) 3=District Hospital (RH) 4=Health Center 5=Health Post 6=Outreach 7=Other Public (specify)>>>>>>>>>>>>>>>>>>>>>>>>>>>> >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>
(1)	(2)	(3)	(4a)	(4b)	(4c)	(5)	**Private Medical Sector** 8=Private Hospital 9=Private Clinic 10=Home/Office of Trained Health Worker/Nurse 11=Visit of Trained Health Worker/Nurse 12= Other Private Medical
01							(Specify)>>>>>>>>>>>>>>>>>>>>>>>>>>>>
02							>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>
03							>>>>
04							13=Private Pharmacy
05							**Not Medical Sector** 14=Shop Selling Drugs/Market
06							15=Kru Khmer/Magician 16=Monk/Religious Leader 17=Traditional Birth Attendant
07							18=Other not Medical
08							(specify)>>>>>>>>>>>>>>>>>>>>>>>>>>>> >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>> >>>>>>>>

Codes for Col. 2	1=Very good, 2=Good, 3=Average, 4=Bad, 5=Very bad, 6=Don't know

Codes for Col. 3	1=stomach ache, 2=back pain, 3=headache, 4=ear pain, 5=eye pain, 6=fever, 7=diarrhoea, 8=cold & cough without ,rapid or difficult breathing, 9=cold & cough with rapid or difficult breathing, 10=mine injury, 11=road accident, 12=food-borne disease, 13=water-borne disease, 14=dropsy (swollen belly) 15 = Other Care Need (Specify………………) 16= No care, 17=No diseases

K. Women's Health (Administer to women ages 15 to 49)

ID	K1. Has a doctor or other health professional told you that you are currently pregnant? 1=pregnant 2=not pregnant skip to **K9** 3 = classified as postmenopausal skip to **K9** 9=unsure skip to **K9**	K2. Describe your smoking of tobacco (cigarette, pipe) during this pregnancy? 1= do not smoke tobacco 2 = started smoking tobacco (did not use before the pregnancy) 3= increased smoking of tobacco (did smoke before pregnancy) 4= decreased smoking of tobacco (did smoke before pregnancy) 5= quit smoking of tobacco (did smoke before pregnancy)	K3. Describe your chewing of tobacco during this pregnancy? 1= do not chew tobacco 2 = started chewing tobacco (did not use before the pregnancy) 3= increased chewing of tobacco (did chew before pregnancy) 4= decreased chewing of tobacco (did chew before pregnancy) 5= quit chewing of tobacco (did chew before pregnancy)	K4. Have you experienced "morning sickness" during this pregnancy? 1 = yes 2 = no 9 = don't know/refuse to answer	K5. Did you smoke cigarettes to help with the "morning sickness" during this pregnancy? 1 = yes 2 = no 9 = don't know/refuse to answer
(1)	(2)	(3)	(4)	(5)	(6)
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ID	K6. Did you smoke a tobacco pipe to help with the "morning sickness" during this pregnancy? 1 = yes 2 = no 9 = don't know/refuse to answer	K7. Did you chew tobacco to help with the "morning sickness" during this pregnancy? 1 = yes 2 = no 9 = don't know/refuse to answer	K8. Did you chew the betel quid to help with the "morning sickness" during this pregnancy? 1 = yes 2 = no 9 = don't know/refuse to answer	K9. Have you used tobacco or betel quid to help with morning sickness during any previous pregnancy? 1 = yes 2 = no 3= never pregnant (skip to **K12**) 9 = don't know/refuse to answer	K10. Have you used tobacco or betel quid to help with labor pains during any previous pregnancy? 1 = yes 2 = no 9 = don't know/refuse to answer	K11. Was your first use of tobacco or betel quid during a pregnancy? 1 = yes 2 = no 3= Never used tobacco or betel quid in my lifetime 9 = don't know/refuse to answer
(1)	(7)	(8)	(9)	(10)	(11)	(12)
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ID	K12. Have any of the following advised to use tobacco or betel quid when pregnant? 1=yes 2=no					
	(a) Traditional Birth Attendant	(b) Midwife	(c) Older Female Relative	(d) Older Male Relative	(e) Kru Khmer	(f) Health Worker
(1)	(13a)	(13b)	(13c)	(13d)	(13e)	(13f)
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(1)	K13. When was your last menstruation? 1 = Less than 1 month ago skip to **K19** 2 = More than 1 month ago 3= More than 2 months ago 9 = don't know/refuse to answer skip to **K19**	K14. Describe your smoking of tobacco (cigarette, pipe) during the past 2 months? 1= do not smoke tobacco 2 = started smoking tobacco 3= increased smoking of tobacco (have smoked longer than 2 months) 4= decreased smoking of tobacco (have smoked longer than 2 months) 5= quit smoking of tobacco (have smoked longer than 2 months)	K15. Describe your chewing of tobacco or betel quid during the past 2 months? 1= do not chew tobacco or betel quid 2 = started chewing tobacco or betel quid 3= increased chewing of tobacco or betel quid 4= decreased chewing of tobacco or betel quid 5= quit chewing tobacco or betel quid	K16. Have you experienced nausea during the past two months? 1 = yes 2 = no (skip to **K19**) 9 = don't know/refuse to answer (skip to **K19**)	K17. Did you smoke tobacco to help with this nausea? 1 = yes 2 = no 9 = don't know/refuse to answer	K18. Did you chew tobacco or betel quid to help with this nausea? 1 = yes 2 = no 9 = don't know/refuse to answer
(1)	(14)	(15)	(16)	(17)	(18)	(19)
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K19. List children who were born to women aged 15 and older living in the household and present at home during the entire period of the survey

Please check the child status of women in the household. Enter code   1=yes,   2=No (End of Enterview)

Serial no.	Mother ID (Record from ID No. (Col.1) of Demographics in page 2)	Child ID (Record from ID No. (Col.1) of Demographics in page 2) Note: Write '00' if child is not living in the household/child died or not in the household roster	Child name (If no name enter 'NONAME')	Indicate whether child was born alive? Enter '✓' to indicate the child born alive (born alive=showed any sign of life after birth)	How old was mother at the time of their childbirth? (Age in completed years) If do not know enter '99'	Current Vital Status Enter code 1=Alive (>>next child) 2=Dead 9=Do not know/Unsure (>>next child)	Died before the age of 5 years Enter 1=Yes 2=No (>> next child)	Died before 1 year of age Enter 1=Yes 2=No
(1)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)
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END OF QUESTIONNAIRE