In good speaking should not the mind of the speaker know the truth of the matter about which he is to speak?

Plato

KNOWLEDGE, ATTITUDES AND PRACTICES REGARDING SMOKING IN ADOLESCENTS IN ARMENIA: NATIONAL ANTISMOKING PROGRAM BASELINE DATA COLLECTION Grant Proposal Paper

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I. ABSTRACT

Tobacco smoking has been worlwide identified as the most important source of preventive morbidity and premature mortality. Numerous studies have shown that there is a strong association between smoking and a wide variety of adverse health effects. In Armenia there is high prevalence of smoking (43%: among males 90%, among females 30%) and estimated Mean Years Lost per death from smoking is 21. The economical, cultural and social changes in Armenia are lowering the starting age for smoking, increasing the duration of smoking and increasing the percentage of the population that smokes.

An Armenian NGO People for Healthy Lifestyle proposes to conduct a research on smoking behavior in Armenia, including its quantitative and qualitative aspects. The proposed research will allow to create a national database on prevalence of smoking and factors that contribute to onset of this behavior among adolescents. The research will also explore motivations, attitudes and practices regarding smoking behavior and restriction of tobacco use and consumption in Armenia. The research will have two parts: a nationwide survey and a focused ethnographic study for motivations, attitudes and practices regarding tobacco smoking behavior and control. The overall goal of the proposal is to provide tobacco control policy makers in the Republic of Armenia with extensive information about qualitative and quantitative aspects of tobacco smoking behavior and control with aim to further designing a comprehensive and reasonable national tobacco control program.

TIMING: 7 months starting January, 1998.

COLLABORATING ORGANIZATIONS:

- People for Healthy Lifestyle public health education and research organization (national NGO)
- Center for Health Services Research American University of Armenia
- Armenian Association of Cultural Anthropologists "Hazarashen"
- Ministry of Social Welfare, ROA

II. BACKGROUND

Tobacco smoking has been worlwide identified as the most important source of preventive morbidity and premature mortality [12,29,36,48,55,60]. Numerous studies have shown that there is a strong association between smoking and a wide variety of adverse health effects, the correlates being found with a number of behavioral and environmental patterns [28,30,38]. It is well studied and extensively documented that regular smokers average a tenfold increased risk of acquiring lung cancer, a twofold increased risk of having a myocardial infarction, and a sixfold increased risk of getting chronic obstructive pulmonary disease [33]. In addition, tobacco smoking is also the most significant source of indoor air pollution, thus causing involuntary or passive smoking (technically defined as environmental tobacco smoke - ETS) [2,11,35,50]. The latter in its turn may result in adverse health outcomes, such as lung cancer, cardiovascular disorders, increased risk of sudden infant death among children of smokers, decreased height of the smokers children, persistent middle ear effusions in pre-schoolers [4,31,47,56,59]. Medical experts estimate that 20-40% of all low-weight births can be attributed to maternal smoking during pregnancy [9,42]. Exposure to ETS is a cause of serious respiratory ailments among young children [14,15,38].

Recently World Health Organization confirmed that tobacco is number one "killer" in the European Region [26]. Although the burden of disease caused by tobacco is global, the projections are that, by the year 2020, the young and middle aged men in the Eastern Europe will have the highest risk of death (one quarter being due to tobacco) of men anywhere in the world including Africa. The trend can be described as follows (for the Europe only):

- In 1995 tobacco was responsible for 1.2 mln deaths, 14% of all deaths. For assessment, this equals 25 medium-sized civilian aeroplanes crashing every day, killing all passengers.
- In the western part of Europe, 10% of the men aged 35 will die from a tobacco related illness by age 69.

 In the eastern part 20% of men aged 35 will die from a tobacco-related illness.
- By the year 2020, tobacco will be the most important single cause of ill health and death in the world. By the year 2020, 2 mln deaths, 20% of all deaths, will be caused by tobacco each year.

The threat of tobacco grows day by day. Projection of disability adjusted life years (DALYs) or the years of life that were detrimentally affected by ill health or lost to premature death, reveals a great contribution of tobacco consumption effects on the global burden of disease which will by 2020 exceed that of diarrhoea and HIV [26].

The control of tobacco use and consumption differs from the majority of public health problems. In this case the public health professionals face a well-organized transnational tobacco companies with their extensive advertizing and promotion campaigns, that use the advanced information technology. They are targeting social groups with the greatest potential for expansion, in particular females of all ages and young people [3]. They invested heavily in developing the tobacco manufactures and empowered the illegal sales of tobacco products. Appealing to the "public right to choose", an attitude of "live and let live" represent the attempt of The Tobacco Institute, an advocating association for the tobacco companies, to sell to the public the popular statement of human rights priority [7].

Changes of tobacco companies marketing strategies have moved them to the developing world, where tobacco consumption is increasing at the time that it is levering off or decreasing in the industrial world. A 10 percent increase in per capita income can be expected to create a 7% increase in tobacco consumption in middle-income countries and more than a 13% increase in lower income countries. Armenia as well as other NIS countries has to accept the opportunity cost of lack of tobacco control in this country. If the Armenian government choose to attract billions dollars of tobacco industry, very soon it will face up to a need to increase tremendously the expenditures for recovery the health of the nation. In this case the opportunity cost must be compared to the benefit of using more and more tobacco dollars

In former Soviet Union Armenia had the highest tobacco consumption indicator per capita, together with Baltic republics. According to the data available, currently in Armenia 70- 72% of males aged over 15 and 25-28% of females are smokers. If the estimate includes also age range 12-15 years old for both genders, the statistics becomes even worse: 90% of males aged 12 and over smoke, females being 30%. Estimate for the general population is 43%. This means that approximately 1 mln of 3.2 mln total Armenian population are regular smokers. Assuming that everyone out of this million consumes 1 pack

to develop the economy of the country.

of cigarettes daily at the average cost 200 drams, the Republic of Armenia annually "burns" 140-150 mln US dollars (110-120 mln before new tax-regulation). For comparison, the state budget for the health expenditures in 1997 was approximately 25 mln US dollars. Thus, it is obvious that tobacco drains to the utmost the poor national economy of Armenia.

The aim of tobacco control program is to establish the non-use of tobacco as normal social behavior and the key to successfully doing so is effective national campaign. It is widely recognized that the optimal strategy in tobacco control is a comprehensive nationwide program, the basic components of which are relevant legislation, effective regulation policy, education, information and communication [6,28,44,45,46,49,52,54,57,58]. Since most of prevention program components involve behavioral change, feasibility of these programs will be highly dependent on the cultural environment in which they are implemented [10,16,17, 34,40]. Moreover, the national co-ordination, monitoring and motivation are required to ensure the effectiveness of the numerous elements in a tobacco control program. Thus, the U.S. antismoking efforts to a great extend has benefited from the joint co-ordination provided by the Surgeon General's office and the office of smoking and health in the Department of Health and Human Services.

Armenia currently is in the situation that as an independent state it must worry about the health of its citizens. The threats of tobacco use in this country are not recognized yet fully: the Armenian Government has sought money for the primary health care, reproductive health care, but there is still no focus on preventive care, in particular, antitobacco advocacy and control.

Little research has been done in Armenia regarding tobacco use and consumption. Data available are summarized in Table 1. Some studies conducted were those of AUA students jointly with CDC, of Medical University and National Institute of Health [18-25]. Research is not facilitated by proper surveillance system, e.g. patients' cards at health care facilities still do not contain information on behavioral indicators, like smoking, exercising, etc. In a study conducted in 1995 by Armenian NIH, 56.4% of boys and 20.7% of girls aged 14-16 were current smokers. The same researchers stated that starts in smoking behavior were generally caused by family, friends and teachers. According to the

experts of Cardiac Institute of ROA Ministry of Health, smoking is the main cause of cardiovascular diseases in Armenia [8].

The AAMSHA smoking behavior and attitude survey (1994) conducted among the 245 middle and high school students of Yerevan revealed that majority of reported smokers began during the age range of 10-12, approximately 20% began before the age of 10 [37].

There have been also some small-scale interventions to prevent new starts in smoking and provide control on tobacco use and consumption, like health educational classes among adolescents, banning ETS and recent improvement in tax-regulation.

During the 1990s in developed countries tobacco will cause approximately 30% of all death among those 35 to 69 years of age making it the largest single cause of premature death in the developed countries [43]. According to these data in Armenia Mean Years Lost per death from smoking is 21. Nevertheless, the economical, cultural and social changes in Armenia are still lowering the starting age for smoking, increasing the duration of smoking and increasing the percentage of the population that smokes.

In Armenia with high prevalence of smoking, low public perception of smoking and ETS as a hazard, and robust social networks, the comprehensive antismoking campaign reasonably must include ETS banning activity as well as increasing awareness of environmental tobacco smoke and smoking threatening effects on health.

Considering very high percentage of smoking males in Armenia and traditional acceptance of independent behavior of the heads of Armenian families, namely husbands and grandfathers, it is very likely that smoking in Armenia has become a real disaster for many households having a great ill impact on everybody, especially children and pregnant women.

Tobacco consumption has effects on the family draining a significant portion of the family income. In Armenia, the economic costs of cigarette smoking for the family are unbelievable: smoking only one pack a day (20 cigarettes) costs approximately 6,000 Drams per month (or even more, depending on the brand) which exceeds the average monthly salary for many kinds of employees.

Table1. SMOKING IN ARMENIA (cumulative data: 1994-1995)

INDICATOR	MEASURE
Mean Years Lost per Death from smoking	21 years
2. Current smokers	43,4%
Males	90%
Females	30%
Teenagers (13-15 years old)	25%
3. Onset of Regular Smoking Behavior	
(meanage)	
Males	16 years
Females	21 years
4. Knowledge of ETS hazards	0.8%
5. Knowledge of smoking hazards	87%

In these conditions an Armenian non-governmental organization **People for Healthy Lifestyle** proposes to conduct a research that will create national baseline data regarding tobacco smoking behavior and control to address the needs for essential information to be used by tobacco control program planners in Armenia for effective implementation of program strategies.

Main justifications for the proposed research are as follows:

- 1. Armenia has no reliable extensive data on smoking behavior among different social groups.
- 2. Any tobacco control program must be tailored to the needs and cultural context of the country.
- 3. Policy makers in Armenia are not informed sufficiently about the long-term effects of current tobacco use in the country.

III. SPECIFIC AIMS

PHL is seeking \$54,507 funding to conduct a research on smoking behavior in Armenia, including its quantitative and qualitative aspects. The proposed research will allow to create a national database on prevalence of smoking and factors that contribute to onset of this behavior among adolescents. The research will also explore motivations, attitudes and practices regarding smoking behavior and restriction of tobacco use and consumption in Armenia. The research will have two parts: a nationwide survey and a focused ethnographic study for motivations, attitudes and practices regarding tobacco smoking behavior and control.

GOAL: To provide tobacco control policy makers in the Republic of Armenia with extensive information about qualitative and quantitative aspects of tobacco smoking behavior and control with aim to further designing a comprehensive and reasonable national tobacco control program.

<u>PURPOSE:</u> TO ESTABLISH NATIONAL BASELINE DATA REGARDING QUANTITATIVE AND QUALITATIVE ASPECTS OF SMOKING BEHAVIOR IN ARMENIA

Objective I: To investigate tobacco smoking behavior in adolescents aged 12-22 in Armenia through a quantitative survey, by April 20, 1998.

Strategy I: Collection and analysis of data on smoking attitudes and practices among adolescents aged 12-22 years old in the Republic of Armenia through quantitative survey, by April 20, 1998.

Activities:

- 1. Recruit a team of interviewers for survey (5 persons)
- 2. Finalize the sampling frame
- 3. Train the interviewers
- 4. Pre-test the questionnaire (25 respondents for pre-test)
- 5. Conduct interviews and fill questionnaires (actual survey)

- 6. Entry the data
- 7. Clean the data
- 8. Analyse the quantitative data
- 9. Report to Program Co-ordinator

OBJECTIVE 2.: To explore in-depth attitudes, perceptions, beliefs and practices in adult and young males and females in Armenia by April 20, 1998.

Strategy 2: To collect and analyse data from a focused ethnographic study for tobacco smoking behavior and control in Armenia.

Activities:

- 1. Recruit a team of research assistants for ethnographic study (5 persons)
- 2. Finalize ethnographic guides for in-depth interviews, focus groups and observational fieldwork.
- 3. Train interviewers for qualitative research specifics.
- 4. Conduct in-depth interviews (77 in total)
- 5. Conduct focus groups (22 in total)
- 6. Conduct field observations (three situations on 21 sites)
- 7. Analyse the qualitative data obtained
- 8. Report to Project Co-ordinator

Objective III: To support the Armenian Government with extensive information on smoking attitudes and practices in Armenians and make recommendations for appropriate tobacco-control plan in the Republic of Armenia.

Activities:

- 1. Compile and analyse quantitative and qualitative data from the research done.
- 2. Prepare recommendations for an appropriate tobacco-control plan in Armenia.

3. Forward report on cumulative analysis with designed plan for tobacco-control actions to the Armenian Government (Ministry of Health and Ministry of Social Welfare).

The specific aims are:

- 1. To determine current smoking practices as a first stage of a nationwide monitoring of unhealthy behavior in adolescents aged 12-22 in Armenia.
- 2. To assess the knowledge levels regarding health risks of smoking both voluntary and involuntary among adolescents aged 12-22 in Armenia.
- 3. To assess the association between smoking reported behavior in adolescents aged 12-22.
- 4. To explore in-depth attitudes and practices regarding smoking issues in adult and young males and females in Armenia.

Research questions and Hypothesis

The major questions to be addressed by this study include:

RQ 1: What are the current patterns of smoking behavior in adolescents aged 12-22 in Armenia?

H 1-1: In 1998, 30% of adolescents will report their smoking behavior.

- RQ 2: What are the knowledge levels in adolescents aged 12-22 in Armenia regarding health risks of both voluntary and involuntary smoking?
 - H 2-1: In 1998, the cumulative knowledge will be estimated as "good or sufficient" ¹ based on total scores of knowledge.

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¹ A three point scale of knowledge will be assessed, which are "no knowledge", "moderate or non-sufficient knowledge" and "good or sufficient knowledge". The criteria of distinguishing between the "no knowledge", "moderate" and "good" knowledge will be based on a combined response to a set of questions. Respondents will be asked to provide any answer to those questions. The above mentioned domains of knowledge will be defined as particular combinations of correct and incorrect answers. For instance, not choosing cancer as an answer to the question "What are the adverse health effects of smoking?" will be considered as "no knowledge", while choosing only one correct answer to the same question will be distinguished as "moderate knowledge". It is noteworthy to mention, that assigning the answers to different knowledge domains will be made using the most stalwart approach to assuring the validity of the domains. For the purpose of intervention evaluation it is assumed that under the most robust requirements even the small percentage of increase that will be detected in the knowledge of interest, would definitely have also substantial practical significance in addition to the statistical one. Cumulative knowledge will be estimated as a sum of all the negative and positive outcomes in knowledge detected during the survey.

- RQ 3: What are the perceptions and attitudes regarding smoking behavior in adult and young males and females in Armenia?
 - H 3-1: Smoking behavior is not socially acceptable in Armenia.
 - H 3-2: Tobacco smoking is not felt as contravention of social norms.
 - H 3-3: Tobacco smoking is not felt as a health need in Armenia.
- RQ 4: How is smoking behavior associated with the following correlates:
 - smoking status of household
 - knowledge about health risks
 - school successes
 - H 4-1: Smoking behavior is not associated with knowledge on health risks.
 - H 4-2: Smoking behavior is negatively associated with schools successes.
 - H 4-3: Smoking behavior is positively associated with schools successes.

IV. METHODOLOGY

QUALITATIVE RESEARCH

The proposed tobacco smoking behavior and control ethnographic study will focus on investigations of Armenians-held sentiments, beliefs, and norms. Such information will facilitate tobacco control actions that could result in community members taking action to enforce nationwide tobacco control policies. It is planned to use a combination of traditional and non-traditional methods like in-depth interviews, focus groups, pile-sorts, free-lists, observation protocols, etc. [5] Since according to the preliminary data, adult males in Armenia do not hide their smoking, the information on their behavior can be derived from focus groups. As for females and adolescents, preference will be given to personal interviews and observations that will enable to determine their reported vs. observed behavior patterns.

Additional methods will include the use of photography, and collection of policy advertisements. Some open-ended questions in a social survey conducted in the proposed study will respond complementary to

Main operational foci of this investigation are:

the bulk of qualitative data collected in FES.

- 1. **Description of relevant situations:** It is desirable to group the terms within the following domains according to the spheres of smoking behavior manifestation:
- Smoking in the family
- Smoking in the surrounding (neighborhood, community, workplace, public places, etc.)
- Smoking in the schools
- **2.** Construction of a national system of perceptions and behavior. This set of questions will be directed to revealing perceptions and manifestations of the domain "what constitute the right to smoke", explored by age, gender, social status, occupation, personal status and situation. Following domains will be studied regarding smoking perceptions and behavior manifestations:
- Adult males
- Adult females
- Young males

- Young females
- Freedom and restrictions to smoking behavior
- Armenian folks about smoking

3. Assessment of the attitudes regarding tobacco advertising and tobacco control measures

This set of terms will be grouped according to the following domains: a/ state policy; b/ NGO- sector efforts; c/ mass media; d/ advertising of "western" values.

Sampling

For the proposed ethnographic study the following guidelines for purposeful sampling are recommended:

- For in-depth interviews choose informants of both genders, preferably information-rich and willing to talk
 people. Try to set up the most comfortable environment for interviews, avoid disturbances and
 interruptions with other people.
- For focus-groups use community centers to gather people and use snow-ball technique (ask three different people to bring their friends to the focus-group meeting). The detailed script of focus-group outline will be developed prior to field work.

Analysis

Qualitative data collected from in-depth interviews and observations will be analysed with a focus on people (smokers vs. non-smokers) and processes (different manifestations of the same behavior). The modes of analysis to be used are:

- Across case, within site
- Across case, across site

Notes taken during the field work will be coded, them the terms will be searched and extracted. Complex explanatory models, mixed conceptual-behavioral models and risk behavior assessment tables will be constructed to support the research concluding statements regarding the tobacco smoking behavior and policies in Armenia.

Final report on qualitative research data will compile the reports on specific data derived using different methodologies, including various types of data presentation (For an analysis of an in-depth interview please refer to Attachment G.)

QUANTITATIVE RESEARCH

<u>Design.</u> The proposed national household-based survey will focus primarily on adolescents smoking practices and will be conducted as cross-sectional observational study. This survey will be called "Armenian Adolescents Attitudes and Practices" (AAAP).

The AAAP will be designed to obtain national household data about current cigarette smoking behavior and lifetime smoking practices of adolescents and their beliefs about smoking. Correlation between smoking status and selected environmental and behavioral factors will be also addressed in this study. The AAAP sampling frame consists of all adolescents between the ages 12-22 (as on January 1, 1998) who will be residing in the households selected for AAAP during the first quarter of 1998. The household will be selected using the area probability sample methodology. The final AAAP-eligible sample should contain no less than 800 (400 - for Yerevan only; other 400 - for the rest of the country).

Study variables

Levels of measurements:

	Independent Variables		Measure
1. 2. 3. 4. 5. 6. 7. 8. 0	Smoking status of household Best friends who smoke Talks about personal and general problems to (parents, friends, teachers, other persons, none) Type of student Hours spent alone out of school Fought in past year Taken health educational class re: health risks of tobacco use Enjoyed risk-taking activities	1. 2. 3. 4. 5. 6. 7.	Categorical Categorical Categorical Categorical Numerical (continuous) Nominal Nominal
9. 10	Going in for sports/exercising Having opportunity to earn pocket money	9. 10.	Nominal Nominal

Control Variables	Measure
 Age Education Gender Geographic location 	 Numerical (continuous) Categorical Nominal Categorical

Dependent Variables	Measure
1. Never smoked	1. Categorical
No intention to smoke	
May smoke some day	
2. Experimentate	2. Nominal
3. Formerly smoked	3. Nominal
4. Currently smokes	4. Categorical
Heavy smoker (5 and more cigarettes a day	
during the past 30 days)	
Light smoker (less than 5 cigarettes a day	
during the past 30 days)	
Occasional (not every day, less than 3	
cigarettes)	5 0 1
5. Number of days smoked during the past	5. Categorical
month	
6. Number of cigarettes smoked daily	6. Categorical
7. Ever quit smoking	7. Nominal
8. Attempted to quit	8. Nominal
9. Age smoked first whole cigarette	9. Numerical

The known household-based surveys in Armenia primarily used cluster methodology (nationwide survey on reproductive health, health services utilization survey etc.). It is proposed to use an area probability sample technique in this study. Two lists will be constructed: one is for Yerevan, dividing it into 1200 primary sampling units, another for the rest 10 marzes, dividing them into 2000 primary sampling units. Sampling frame is estimated based on the following consideration:

Yerevan population is approximately 1,2 mln people, for the regions – approximately 2 mln people. Average family size for Yerevan is taken 4 people in a household, for the regions – 5 people in a household. Total number of households in Yerevan will be thus 300,000, for the regions – 400,000. For selection of 500 households in each case, the selected primary sampling units will be divided into clusters of households. The survey field staff will list all of the households. Approximately 500 households will be

contacted in regions and 500 in Yerevan. Household will be considered eligible if a youth residing there will be eligible, namely: aged 12-22 inclusively, no mentally retarded, no mute.

Strength of the proposed design is its probability and household sampling. It will allow to cover almost the entire survey population: those who serve in military will be contacted by mail.

Limitation is less reliability of data comparing with simple or systematic random sampling and more diversity between clusters of households than between households within the same cluster.

Survey sample calculations (according to L.A.Aday [1]): Examples

MAJOR STUDY VARIABLES	SAMPLE SIZE REQUIRED
1. Current smokers	Type of estimate: proportion (percentage) Population of interest: entire sample Expected value of the estimate: p=0.3; q=0.7 Relevant standard error: SE=SQR(p*q)/n Tolerable range of error in the estimate (precision coefficient): D=±0.05 Level of confidence: 95% n = ((1.96)² p*q)/D² n = 323 Path A: Adjusted for sample design effect (DEFF=1.3): n = 419 Adjusted for expected response rate RR=0.84: n = 499 Adjusted for expected percentage of eligible (98%): n = 509 Path B: Adjusted for expected response rate RR=0.84: n = Adjusted for expected percentage of eligibles (98%): n = 392
2. No smokers at home (smoking status of household)	Type of estimate: proportion (percentage) Population of interest: entire sample Expected value of the estimate: $p=0.1$; $q=0.9$ Relevant standard error: $SE=SQR(p*q)/n$ Tolerable range of error in the estimate (precision coefficient): $D=\pm 0.05$ Level of confidence: 95% $n = ((1.96)^2 p*q)/D^2$ $n = 138$ Path A: Adjusted for sample design effect (DEFF=1.3):

	n = 179 Adjusted for expected response rate RR=0.84: n = 213 Adjusted for expected percentage of eligibles (98%): n = 217 Path B: Adjusted for expected response rate RR=0.84: n = 164 Adjusted for expected percentage of eligibles (98%): n = 167
3. Talks about problems to parents	Type of estimate: proportion (percentage) Population of interest: entire sample Expected value of the estimate: p=0.2; q=0.8 Relevant standard error: SE=SQR(p*q)/n Tolerable range of error in the estimate (precision coefficient): D=±0.05 Level of confidence: 95% n = ((1.96)² p*q)/D² n = 246 Path A: Adjusted for sample design effect (DEFF=1.3): n = 323 Adjusted for expected response rate RR=0.84: n = 385 Adjusted for expected percentage of eligibles (98%): n = 393 Path B: Adjusted for expected response rate RR=0.84: n = 293 Adjusted for expected percentage of eligibles (98%): n = 298
4. Some liked school.	Type of estimate: proportion (percentage) Population of interest: entire sample Expected value of the estimate: p=0.5; q=0.5 Relevant standard error: SE=SQR(p*q)/n Tolerable range of error in the estimate (precision coefficient): D=±0.05 Level of confidence: 95% n = ((1.96)² p*q)/D² n = 384 Path A: Adjusted for sample design effect (DEFF=1.3): n = 499 Adjusted for expected response rate RR=0.84: n = 594 Adjusted for expected percentage of eligibles (98%): n = 606

Path B: Adjusted for expected response rate RR=0.84:
n = 457 Adjusted for expected percentage of eligibles
(98%): n = 466

Population of inference is all adolescents aged 12 to 22 inclusively which are residents of the Republic of Armenia as of January, 1998. Target population will comprise all adolescents aged 12 –22 which are physically living in Armenia as of January 1, 1998. For frame population all primary sampling units will be enumerated and the survey sample will be derived using systematic random sampling approach.

The AAAP will utilise two modes of data collection. Data will be primarily collected through interviewer-administered questionnaires. However, mail questionnaires will be used to reach the eligible adolescents serving in military during the period of survey conduct.

All the adolescents contacted and interviewed will respond for themselves. The total combined response rate for AAAP one data collection procedure is expected 84%. The refusals may be because of the parent's or adolescent's initial refusal or subsequent termination of the interview.

Threats to reliability of study measures

The possible threats to reliability that may increase amount of random error, occurring the study are: adolescents mood or anxiety, fatigue of the interviewer.

Analysis

A data analysis matrix and several mock tables are designed to specify the type of information to be accumulated:

Mock table (an example)

Table title: Number of adolescents, percent distribution by smoking status according to the correlate of "smoking status of household" by age and gender.

Smoking status of adolescents (percent distribution)					
Smoking status of household	All adolesc.	Total	NS	Experiment	Current
For all ages:	Absolute	%	%	%	%

No smokers	numbers		
Parents only			
Older siblings only			
Both parents and older siblings			
Neighbours			
Friends			
For a particular age range (12-15)			
No smokers			
Parents only			
Older siblings only			
Both parents and older siblings			
Neighbours			
Friends			
Etc.			

Data analysis matrix

Hypothesis	Type of variable	Questions	Analysis Variables	Level of measurement
In 1998, 30% of adolescents will report their smoking behavior.	Dependent	Do you currently smoke? Q. 8a, 8b, 8c	Current smoking behavior	Nominal
Smoking behavior is positively associated with smoking behavior within the household.	Dependent	Questions re: smoking status of adolescents and parental or older siblings smoking O.39a, 39b	Ever smoked	Nominal for each category

V. HUMAN SUBJECT

The proposed research will face certain ethical challenges.

- I. Since the survey is household-based, some ethical issues to be addressed are:
 - Disturbance of a family privacy
 - Asking for a face-to-face interview with an eligible youth when other members of the household cannot be present
 - Disturbance of a family time-management
 - Neighborhood unwanted involvement, especially in rural communities and in the regions.

To meet these ethical challenges it is planned to:

- Train the interviewers in the way that they will be able to interact properly with the people that provide access to a target population of adolescents (parents, older siblings, neighbors, friends).
- Prepare a first-contact field guide for the interviewers with a detailed explanation of the aim of their visit and consequences anticipated. Brief summary of that is included into the questionnaire.

II. Since the majority of the questions to be asked relates to a behavior pattern that is very specific for Armenian households, it is possible that the informants will produce reluctance to being open and responsive. This problem can be reduced to its minimum if the interviewers behave in a trustworthy way, do not try to force answers, aim to build good personal relationships, which is important in a long-run perspective, since the best informants can assist later on in a formative research also.

In any case, a special statement is prepared to assure the confidentiality of an interviewer, especially in a qualitative research (Please refer to Attachment B).

Feasibility of the overall project

The proposed research is feasible. The arguments provided are as follows:

- A team of qualified specialists in public health, health statistics, anthropology and general research supports technically the research. The team members have participated in several large-scale investigations funded by The World Bank, UNICEF, etc. (Please refer to the staffing table and attached resumes).
- Logistically, transportation, data processing equipment and statistical packages and office space support
 the research.
- Administratively the research is led by Program Co-ordinator, experienced in managing people and networking with governmental, public and private organizations.
- Politically Armenia is ready for the research on tobacco. Since there is a pressure from international
 health organizations to start implementation of WHO Tobacco or Health plan, the Armenian policy
 makers would like to have extensive information for contemplation.
- **Financially** the feasibility of the research depends an a concerted effort of donor agencies having interest in Armenia. We anticipate assistance of such organizations as UNICEF, WHO, UNDP, also some relief

and development organizations like UMCOR, ADRA, LDS Charity with their strong interest in public health education in Armenia.

VI. APPENDICES

A. REFERENCES

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B. Interviewee Confidentiality Assurance and Purpose of Interview

Given to:				
(last name)	(first name)			
from:				
(last name)	(first name)			
The purpose of this interview is to collect information for	or programmatic objectives.			
Your name is being requested to provide us with an avenue for further follow-up. The				
information you are releasing will be used for research purposes only. Your name will not be				
associated with your responses and confidentiality is assured.				

C. ETHNOGRAPHIC GUIDE (example)

"Smoking Attitudes and Practices of Parents"

Location of informants:

I will be interviewing Mr.X/Mrs.Y at his/her home place. None of family members is present except the informant.

1. Opening				
"My name is I am a researcher working with PHL. I am investigating attitudes and practices regarding smoking in Armenia. I am interested in learning about your smoking experience, feelings regarding smoking behavior, special things about your personal experience in smoking, how do you feel about this."				
"We have prepared a form called a disclosure statement that I would like to show to you. Would you please read it and ask me questions about any parts of it which you don't understand?"				
After he/she has read the form and asked any questions, you will sign and date the form and give it to him/her.				
"Would you be able to talk with me for about 40 minutes now?"				
2. General Issues Related to Smoking Behavior of the Informant:				
"Grand Tour" Questions				
Q1: "As I said before, I would like to learn more about your smoking experience. Could you please describe your daily smoking patter? Maybe you could start at the beginning of the day when you wak up?"				
Q2: "Tell me please about your first smoking event."				
Q3: "What do you think on smoking in general/ on passive smoking?"				
Q4: "What is smoking for you in particular?"				

Q5: "Could you please describe what do you feel when smoking."

3. Questions about the national policy regarding tobacco use and consumption:

Q6: "Please tell me how you feel the national policy on tobacco control should be here in Armenia?

Q7:" What will be your reaction when you find out that your child has joined an antismoking movement in Armenia?"

Q8: "What impression will you have when reading the booklet with your child?"

Q9a: "What will be some of good things in national program that you will like most?"

Q9b: "What will be some of those things in national program that you will not like most?"

4. Questions regarding future behavior:

Q10: "Tell me please about your experience of smoking, if any."

Q11: "What was the rationale for your decision to quit smoking that time?"

Q12: "What do you think what are the factors that may affect your decision to quit smoking?"

Q13: "In which ways would you expect your family to help you cope with smoking?"

Q14: "What is most important thing that will increase your motivation to quit smoking?"

5. Background information

Interviewer:	Date:		
ID No:	Age:	Gender:	
Location:	Gender of a child: m / f	Years of Education	
Current occupation:	Number of family members	Number of children:	
	(whole household):		

6. Closing:

"Thank you very much for talking with me today. Your time is very much appreciated and your insights have been very helpful."

"You cannot imagine how useful for my research was sharing your experience with me. Thank you very much."

"I would like to come back and talk with you again about other issues as I learn more. Would that be convenient for you? When is the best time for me to come and talk with you?"

D. LIST OF INVESTIGATORS

- 1. Anahit Ghazanchyan Program Co-ordinator/ Principal Investigator
- 2. Hamlet Petrosyan Investigator/ Anthropologist
- 3. Arthur Melkonian Investigator/ Statistician
- 4. Karine Markosyan Investigator/ Assistant to Program Coordinator
- 5. Karine Grigoryan Investigator/ Assistant to Program Coordinator
- 6. Vahe Badalyan Investigator
- 7. Lusine Meiroyan Investigator
- 8. Nelly Tatevossian Investigator

Attachment D.

ADOLESCENTS KNOWLEDGE, ATTITUDES AND PRACTICES SURVEY NATIONWIDE, REPUBLIC OF ARMENIA

Section I Final Stat	tus				
01 □ Complete interv	/iew				
02 Partial interview	V				
03 □ Refusal by sample youth					
04 □ Refusal by parents					
05 □ Temporarily abs					
$06 \square$ No one home/ur	nable to contact				
07 Unable to locate	e/moved, address ur	nknown			
$08 \square$ Moved out of co	ountry				
09 ☐ Military					
$10 \square$ Under age 12 or	cover age 22				
11 ☐ Mentally or phy					
12 Institutionalized	1				
13 □ Deceased					
	14 □ Other noninterview				
(Please specify)					
Section II. Interview	attempted:				
Date of interview	Month		Day		
Field	Full Name			Code	
Representative					
(Researcher)					

A. Introduction			
Hello, I am (your name) from the Do you have adolescents in your home aged from 12 to 22 years? If no, ask who from the neighborhood may have children in this age bracket. If yes, continue: May I speak with your son/daugther (or the eldest one of your children, if many)? Yes (Continue with B)			
□ No, the sample youth is not available (obtain specific information) □ No, does not live here (try to get information to help information to help locate the youth)			
B. SURVEY EXPLANATION			
This survey conducted by The survey is voluntary and any information you give is confidential and will be used only for statistical purposes to plan programs for young Armenians. The questions I will be asking you are about school, family, social activities, and health issues, such as smoking. If I ask question that you do not want me to ask, just let me know and I will move to the next one. However, it is important that everyone participate so we can get accurate statistics on our young generation's health.			
C. OBTAIN NAME			
Please tell me your full name First name Middle name Last Name			
D. DATE OF BIRTH			
What is your date of birth? Month			
Day			
Year <u>19</u>			
E. CALCULATE AND RECORD AGE			
Age That means you are (age) - is that correct?			
□ Yes (Go to 1)			
□ No (Correct age and/or date of birth)			

Now I am going to ask you some questions about cigarette smoking. Remember, there are no right or wrong answers. We just want to know what you think is relevant to you.			
1. Have you ever smoked a cigarette?	1 □ Yes (Go to 2) 2 □ No (Go to on page) 9 □ DK (Go to on page)		
2. How old were you when you smoked your first WHOLE cigarette?	00 Never smoked whole cigarette (Go to page) Age		
3. Have you smoked at least 100 cigarettes in your life? If asked, 100 cigarettes equal 5 packs.	1 □ Yes (Go to 5a) 2 □ No 9 □ DK		
4a. About how many cigarettes have you smoked in your life?	Number (Go to 5a)		
b. Have you smoked 5 or more cigarettes in your life?	1 □ Yes 2 □ No (Go to 7a) 9 □ DK		
5a. When you smoked your first cigarette, did it make you feel dizzy?	1 □ Yes 2 □ No (Go to 7a) 9 □ DK		
b. When you smoked your first cigarette, did it make you feel sick to your stomach?	1 □ Yes 2 □ No (Go to 7a) 9 □ DK/Don't remember		
c. When you smoked your first cigarette, did it make you cough?	1 □ Yes 2 □ No 9 □ DK/Don't remember		
d. When you smoked your first cigarette, did it make you feel relaxed?	1 □ Yes 2 □ No 9 □ DK/Don't remember		
If less than 30 cigarettes in Q 4a , go to Q 7a. Otherwise, ask Q 6a.			
6a. Have you ever smoked a cigarette every day for at least a month?	1 □ Yes 2 □ No (Go to 7a)		

	9 □ DK (Go to 7a)		
b. How old were you when you first smoked a cigarette every day for at least a month?	Age 99 \(\text{DK} \)		
7a. Think about the last 30 days. On how many of those days did you smoke cigarettes?	00 □ None (Go to on page) 30 □ All of them (8b) Days (Check item 1) 99 □ DK (Go to 7b)		
b. Was it more or less than 15 days?	0 □ Exactly 15 days (Go to 8a) 1 □ Less than 15 days 2 □ More than 15 days (Go to 7e) 9 □ DK (Go to 8a)		
c. Was it more or less than 10 days?	0 Exactly 10 days (Go to 8a) Less than 10 days More than 10 days (Go to 8a) DK (Go to 8a)		
d. Was it more or less than 5 days?	0 □ Exactly 5 days (Go to 8a) 1 □ Less than 5 days (Go to 8a) 2 □ More than 5 days (Go to 8a) 9 □ DK (Go to 8a)		
e. Was it more than 20 days?	0 □ Exactly 20 days (Go to 8a) 1 □ Less than 20 days (Go to 8a) 2 □ More than 20 days (Go to 7f) 9 □ DK (Go to 8a)		
f. Was it more than 25 days?	0 □ Exactly 25 days (Go to 8b) 1 □ Less than 25 days (Go to 8a) 2 □ More than 25 days (Go to 8b) 9 □ DK (Go to 8a)		
CHECK ITEM 1 Refer to Q 7a.			
Ra Now think carefully about the last	1 □ Voc		
8a. Now think carefully about the last SEVEN days. Did you smoke cigarettes on any of THOSE days?	1 □ Yes 2 □ No (Go to 9) 9 □ DK (Go to 8b)		
b. I'm going to ask you to think about your cigarette smoking on each of the	DAY No. SMOKED		

last savan days. Lat's start with		
last seven days. Let's start with		
yesterday which was		
(day). Please think		
back carefully and tell me how many		
cigarettes you smoked on (the day)?		
a Naw haw many aigavettes did you	DAY	No. SMOKED
c. Now, how many cigarettes did you smoke the day before that which was	DAI	No. SWICKED
· · · · · · · · · · · · · · · · · · ·		
(the day)?		
Repeat questions until all days are		
recorded.		
recorded.		
9. I'm going to read you a list of reasons w	hv neonle sa	y they smoke. After I read
each one, please tell em if this is a reason v		
I smoke because	vily you sillo	
A. It relaxes or calms me.	1 □ Yes	
The Television Curing Inc.	$\begin{array}{c c} 1 & 1 & 1 & 1 \\ 2 & N_0 & N_0 & \end{array}$	
	$9 \square DK$	
D. It halma man haam man mai abt danna		
B. It helps me keep my weight down.	1 □ Yes	
	2 □ No	
	9 □ DK	
C. It's really hard to quit.	1 □ Yes	
	2 □ No	
	9 □ DK	
D. Because my friends smoke.	1 □ Yes	
	2 □ No	
	9 □ DK	
E. People in my home smoke.	1 □ Yes	
•	2 □ No	
	9 □ DK	
F. It makes me look cool.	1 □ Yes	
- · · · · · · · · · · · · · · · · · · ·	2 □ No	
	9 □ DK	
G. I just like to smoke.	1 □ Yes	
G. I just like to smoke.		
	2 □ No	
CHECKLE D. A. L. O. O. L.	9 □ DK	
CHECK ITEM 2 Refer to Q 8b/c		e cigarettes on 3 or more days
	(Go to 10)	
	☐ Other (G	o to 11a)
10. How soon after you wake up do you	000 🗆 Imm	•
usually smoke your first cigarette?		1 ☐ Minutes
		2 □ Hours
	(Number)	

	000 - N
	998 □ No usual time/time varies 999 □ DK
11a. Do your parents know that you	1 □ Yes
smoke?	2 □ No (Go to 12a)
	9 □ DK (Go to 12a)
b. Do either of your parents mind that	1 □ Yes
you smoke?	2 □ No
	9 □ DK
12a. Do you usually buy your own	1 □ Yes (Go to13)
cigarettes?	2 □ No
b. Have you EVER bought your own	1 □ Yes (Go to13)
cigarettes?	2 \(\text{No} \)
c. Have you ever TRIED to buy your own cigarettes?	
own cigarettes:	1 □ Yes
	2 □ No (Go to on page)
13. Have you ever been refused when	1 □ Yes
trying to buy cigarettes?	2 □ No
CHECK ITEM 3 Refer to Q 12a	☐ "No" in 12a (Go to 14)
	☐ Other (Go to 15)
14. What is the main reason you don't	1 □ Don't have money/can't afford
buy your own cigarettes?	2 □ Not old enough
	3 □ Get from friends/"bum" cigarettes
	4 □ I'll smoke more
45 337 (1 11 11 11 11 11 11	8 Other
15. What brand do you usually buy?	00 □ No usual brand
	01 □ Salem 02 □ Marlboro
	02 □ Mariboro 03 □ Kent
	04 □ Winston
	05 □ Camel
	06 □ Pall Mall
	07 □ President
	08 🗆
	09 🗆
	10 □
	88 Other
16a. Are the (brand in 15) you smoke	1 □ Menthol
menthol or non-menthol?	2 □ Non-menthol (Go to 17a)
	9 DK (Go to 17a)

Why do you smoke menthols?	1 □ Less harmful
Probe one time: Anything else?	2 □ Health reasons
Mark (X) all that apply.	3 □ Like taste
	4 □ Fashionable/Image
	5 □ Friends smoke them
	6 □ Just like them
	8 □ Other
	9 □ DK
17a. Are the (brand in 15) regulars,	1 □ Regulars
lights or ultra-lights?	2 □ Lights
	3 □ Ultra-lights
	4 □ DK
B. Why do you smoke (lights/ultra-	1 □ Less harmful
lights)?	2 □ Health reasons
DDODE ONE TIME. A south to a class	3 □ Like taste
PROBE ONE TIME: Anything else?	4 □ Fashionable/Image
MARK (X) ALL THAT APPLY.	5 □ Friends smoke them
	6 □ Just like them
	8 □ Other
	9 □ DK

18a. How often do you buy your cigarettes from a large store, such as a supermarket would you say often, sometimes, rarely or never?	1 □ Often 2 □ Sometimes 3 □ Rarely 4 □ Never
b. How often do you buy your cigarettes from a small shop in your community would you say often, sometimes, rarely or never?	1 □ Often 2 □ Sometimes 3 □ Rarely 4 □ Never
c. How often do you buy your cigarettes from a street trade spot would you say often, sometimes, rarely or never?	1 □ Often 2 □ Sometimes 3 □ Rarely 4 □ Never
19. Where did you buy your last pack of cigarettes, from a supermarket, small shop, street trade spot or someplace else?	 1 □ a supermarket 2 □ a small shop 3 □ a street trade spot 4 □ someplace else 9 □ DK/don't remember
20. Have you ever seriously thought about quitting smoking?	0 □ Already/just quit (Go to 26) 1 □ Yes 2 □ No 9 □ DK
21. How many times have you tried to quit?	0 □ Never 1 □ Once 2 □ 2-3 times 3 □
22. Have you tried to quit smoking in the last six months?	0 □ Already /just quit (Go to 26) 1 □ Yes 2 □ No
23a. When did you last try to quit smoking?	0000 □ Already/just quit (Go to 26) (Month) (Year)
b. When you last tried to quit, how long did you stay off cigarettes?	000 □ Less than one day ago 1 □ Days 2 □ Weeks 3 □ Months 4 □ Years

24. Why did you try to quit smoking? Probe one time: Anything else? Mark (X) all that apply.	00 □ Never smoked regularly 01 □ No reason 02 □ Concern for my health 03 □ Cost of cigarettes 04 □ Pressure from family 05 □ Pressure from friends 06 □ Do not like any more
	07 □ Pregnancy 08 □ Bad/dirty habit 09 □ Quit with someone else 10 □ Tastes badly 11 □ Wanted to play sports 12 □ Got sick/illness 88 □ Other 99 □ DK
	T
25. Have you quit smoking?	 0 □ Never regular smoker (Go to 37) 1 □ Yes (Go to 26) 2 □ No (Go to 30)
26. When was the last time you smoke, even a puff?	000 □ Less than one day ago 1 □ Days ago 2 □ Weeks ago 3 □ Months ago 4 □ Years ago
27. How many times have you tried to quit before you quit this time?	00 □ None Times 99 □ DK
28. Why did you quit smoking? PROBE ONE TIME : Anything else? MARK (X) ALL THAT APPLY	00 □ Never smoked regularly 01 □ No reason 02 □ Concern for my health 03 □ Cost of cigarettes 04 □ Pressure from family 05 □ Pressure from friends 06 □ Do not like any more 07 □ Pregnancy 08 □ Bad/dirty habit 09 □ Quit with someone else 10 □ Tastes badly 11 □ Wanted to play sports 12 □ Got sick/illness

	99 □ DK
29. When you (quit/tried to quit) smoking did you	1 □ Yes 2 □ No 9 □ DK
a. feel a strong need or urge to have a cigarette?	1 □ Yes 2 □ No 9 □ DK
b. feel more irritable?	1 □ Yes 2 □ No 9 □ DK
c. find it hard to concentrate?	1 □ Yes 2 □ No 9 □ DK
d. feel restless?	1 □ Yes 2 □ No 9 □ DK
e. feel hungry more often?	1 □ Yes 2 □ No 9 □ DK
f. feel sad , blue, or depressed?	1 □ Yes 2 □ No 9 □ DK (CHECK ITEM 4)
30. Do you think you will ever want to quit smoking some day?	1 □ Yes (Go to 36) 2 □ No (Go to 37) 9 □ DK (Go to 36)
31 a. Have you ever tried or experimented with cigarette smoking, even a few puffs?	1 □ Yes 2 □ No 9 □ DK/ Don't remember
b. How long did you try your first cigarette?	1 □ Yes 2 □ No 9 □ DK/ Don't remember
c. When you tried your first cigarette, did it make you feel dizzy? d. When you tried your first cigarette,	1 □ Yes 2 □ No 9 □ DK/ Don't remember

did it make you feel sick to your stomach?	1 □ Yes
e. When you tried your first cigarette, did it make you cough?	2 □ No 9 □ DK/ Don't remember
	1 □ Yes 2 □ No
f. When you tried your first cigarette, did it make you feel relaxed?	9 DK/ Don't remember
	(Go to 34)
32. Do you think you will EVER try a cigarette?	1 □ Yes 2 □ No
	9 □ DK/
	9Go to 34)
33. Do you think you will try a cigarette	1 □ Yes
soon?	2 □ No
34. Have you ever been offered a	9 □ DK 1 □ Yes
cigarette?	
35a. If one of your best friends were to	1 □ Yes (Go to 35b)
offer you a cigarette, would you smoke	2 □ No (Go to 35c)
it?	9 □ DK (Go to 37)
b. Would you say probably Yes or	1 □ D11.1 X
definitely Yes?	1 □ Probably Yes 2 □ Definitely Yes
·	(Go to 37)
c. Would you say probably Not or definitely Not?	1 □ Probably Not
definitely Not:	2 □ Definitely Not
CHECK ITEM 4.	(Go to 37)
Refer to Q.26 on page 8.	☐ 4 or more days ago (Go to 37) ☐ Other (Go to 36)
12	a other (do to 30)
36. If a program to help people quit	1 □ Yes
smoking were offered to you, would you	2 □ No
be interested in going?	9 □ DK
37a. Have you ever seen warning labels	1 □ Yes
on cigarettes packs or in ads for cigarettes?	2 □ No (Go to 38a)
b. Have you ever read the warning	1 ¬ V
labels?	1 □ Yes 2 □ No (Go to38a)

c. Do you remember what the warnings were? PROBE ONE TIME: Anything else? MARK (X) ALL THAT APPLY.	01 □ Lung cancer risk 02 □ Other cancer risk 03 □ Cancer risk, no type mentioned 04 □ Pregnancy risk 05 □ Heart disease/problems 06 □ Carbon monoxide 07 □ Emphysema 08 □ Lung problems 88 □ Other 99 □ DK
38a. Do you think you will be smoking one year from now?	1 ☐ Yes (Go to 38b) 2 ☐ No (Go to 38c) 9 ☐ DK (Go to 39)
b. Would you say probably Yes or definitely Yes?	1 □ Probably Yes 2 □ Definitely Yes (Go to 39)
c. Would you say probably Not or definitely Not?	1 □ Probably Not 2 □ Definitely Not
39a. (Besides yourself) Does anyone who lives in your household - now smoke cigarettes?	1 □ Yes (Go to 39b) 2 □ No (Go to 39c) 9 □ DK (Go to 39c)
b. Who is this? PROBE ONE TIME : Anyone else? MARK (X) ALL THAT APPLY.	01 Mother 02 Father 03 Older brother(s) 04 Older sisters 05 Younger brother(s) 06 Younger sister(s) 07 Grandfather 08 Grandmother 09 Spouse 10 Other relative(s) 11 Neighbour(s) 12 Friend(s)
40. During the average day, about how often are you near enough to smell or breathe in the smoke from other people's cigarettes would you say often, sometimes, rarely or never?	1□ Often 2 □ Sometimes 3 □ Rarely 4 □ Never 9 □ DK
41. Does the smoke from other people's cigarettes bother you a lot, somewhat, a	1 □ A lot 2 □ Somewhat

little, or not at all?	3 □ A little
	4 □ Not at all
42 Do way think the smaller from atohir	1 🗆 🗓
42. Do you think the smoke from otehr	
people's cigarettes is harmful to you?	2 □ No 9 □ DK
	9 L DK
43. Of your best male friends, how many	0 □ None
of them smoke cogarettes?	1 □ One
	2 □ Two
	3 □ Three
	4 □ Four
	5 □ Don't have four best male friends
	(Go to 44a)
	9 □ DK
44. Of your best female friends, how	0 □ None
many of them smoke cogarettes?	1 □ One
	2 □ Two
	3 □ Three
	4 🗆 Four
	$5 \square$ Don't have four best female friends
	(Go to 45)
	9 □ DK
45. Have you seen anything on television	1 □ Yes
in the past month about the health risks	2 □ No
of smoking?	3 □ Don't watch TV
46. Have you heard anything on the	1 □ Yes
radio in the past month about the health	2 □ No
risks of smoking?	3 □ Don't listen to radio
47. Have you read anything in the	1 □ Yes
newspaper ot magazines in the past	2 □ No
month about the health risks of	3 □ Don't read newspapers or magazines
smoking?	

For the next questions I'd like you to give me YOUR opinion, not what others may say or believe.	
48. Do YOU believe a. there is any harm in having an occasional cigarette?	1 □ Yes 2 □ No 9 □ DK
b. it's safe to smoke for only a year or two?	1 □ Yes 2 □ No 9 □ DK
c. smoking can help people when they are bored?	1 □ Yes 2 □ No 9 □ DK
d. cigarette smoking helps people relax?	1 □ Yes 2 □ No 9 □ DK
e. cigarette smoking helps reduce stress?	1 □ Yes 2 □ No 9 □ DK
Do YOU believe f. smoking helps people feel more comfortable at parties and in otehr social situations?	1 □ Yes 2 □ No 9 □ DK
g. smoking helps people keep their weights down?	1 □ Yes 2 □ No 9 □ DK
h. you can smoke a few cigarettes without being addictive to them?	1 □ Yes 2 □ No 9 □ DK
For these next statements, after I read each one, please tell me whether you agree, disagree or if you have no opinion.	
49a. I strongly dislike being around people who are smoking.	1 □ Agree2 □ Disagree3 □ No opinion
b. If I started to smoke regularly, I could stop smoking anytime I wanted.	1 □ Agree 2 □ Disagree 3 □ No opinion
c. Warning labels on the side of cigarette	1 □ Agree

1 111 111 0 11	A
packs will keep kids from smoking.	2 □ Disagree
	3 □ No opinion
d. Smokers look healthier in cigarette	1 □ Agree
S	
ads than they are really are.	2 □ Disagree
	3 □ No opinion
These last questions are about school so	chool activities, your family, your health,
	y affect your health.
	y affect your nearth.
ASK ONLY FOR AGE 16+. Others skip	
to Q.52	
50. Are you currently working at a job?	1 □ Yes
	2 □ No
51. Are you now married, widowed,	1 □ Married
divorced, having a partner or have you	
never been married?	2 □ Widowed
never been marrieu?	3 □ Divorced
	4 □ Having a partner
	5 □ Never married?
52. Do you go to school (college, institute,	1 □ Yes
university)?	
	2 □ No
52 What was the last and all school	
53. What was the last grade in school	00 □ Never attended or kindergarten (Go to
that you finished?	58)
	01 □ First
	02 □ Second
	03 □ Third
	04 □ Fourth
	05 □ Fifth
	06 □ Sixth
	07 □ Seventh
	08 □ Eighth
	09 □ Ninth
	10 □ Tenth
	11 □ Eleventh
	12 □ 1st year college
	13 □ 2nd year college
	14 □ 3rd year college
	16 □1st year institute
	, and the second
	17 □ 2nd year institute
	18 □ 3rd year institute
	19 □ 4th year institute
	20 □ 5+ year institute
	20 20 your monace

54. How do/did you do in school? Would	1 ☐ Much better than average
you say MUCH better than average,	2 □ Better than average
better than average, average or below	3 □ Average
average?	4 □ Below average
	5 □ DK
55a. Is/Was there a rule at your school	1 □ Yes
that students (are/were) not allowed to	2 \sqcap No
smoke anywhere on school property?	9 \(DK
b. How many of your teachers have you	0 □ None
ever seen smoking cigarettes, would you	1 □ A few
say none, a few, some, or most of them?	2 \subseteq Some
	3 □ Most/all
	9 □ DK
56 Have you even taken a class of school	
56. Have you ever taken a class at school	1 □ Yes
in which the health risks of smoking were discussed?	2 □ No
	9 □ DK
CHECK ITEM 5: Refer to Q.52	☐ "Yes" in Q. 52 (Go to 57)
	☐ " No" in Q. 52 (Go to 58)
57a. During the last TWO WEEKS, have	1 □ Yes
you missed any FULL days from school?	2 □ No (Go to 58)
h Harry are any days in the last TWO	
b.How many days in the last TWO	1
WEEKS did you miss because you were	days
sick or injured?	
c. How many days in the last TWO	
WEEKS did you miss because you just	days
felt like skipping or cutting school?	uays
d. How many days in the last TWO	
WEEKS did you miss for other reasons?	days
·	
58. During the past year, how often have	
you felt too tired to do things would	
you say often, sometimes, rarely, or	1 □ Often
never?	2 □ Sometimes
a. felt too tired to do things?	3 □ Rarely
Ü	4 □ Never
b. had trouble going to sleep or staying	1 □ Often
asleep?	2 \(\text{Sometimes} \)
	3 □ Rarely
	4 \(\text{Never}

c. felt unhappy, sad or depressed?	1 □ Often
	2 □ Sometimes
	3 □ Rarely
	4 □ Never
d. during the past year, how often have	1 □ Often
you felt hopeless about the future?	2 □ Sometimes
	3 □ Rarely
	4 □ Never
e. felt nervious or tense?	
e. left nervious or tense?	1 □ Often
	2 □ Sometimes
	3 □ Rarely
	4 □ Never
f. worried too much about things?	
i. worred too maen about timings.	1 □ Often
	2 □ Sometimes
	3 □ Rarely
	4 □ Never
59a. Has a doctor, dentist or nurse ever	1 □ Yes
said anything to you about cigarette	2 □ No
smoking?	
b. Has anybody ever said anything to	1 □ Yes
you about cigarette smoking?	2 □ No
c. Who was this?	00 □ Family member
	$01 \square \operatorname{Friend}(s)$
	02 □ Outside person
	03 □ Others
	04 □ Teachers/Professors at schools
	05 □ Neighbour(s)
60a. During the PAST YEAR have you	1 □ Yes (Go to 60b.)
been in physical fight that involved	2 □ No (Go to 61)
hitting, pushing, shoving or any kind of	2 = 110 (G0 to 01)
physical contact?	
b. How many times in the PAST YEAR	1 □ Once
have you been in physical fights?	2 □ Twice
	3 □ 3-5 times
	4 □ 6-9 times
	$5 \square 10$ or more times
	9 □ DK
61. Do you ever like to do things that are	1 □ Yes

a little risky or dangerous?	2 □ No
	9 □ DK
62. During the LAST FOUR WEEKS.	1 □ Yes
have you ridden in a vehicle driven by	2 □ No
someone who had been drinking or using	
drugs?	
63. Including SATURDAYS AND	NT: -1.4-
SUNDAYS, how many nights a week do	Nights
you go out with friends just to have fun?	
ASK ONLY FOR 13+ YEARS OLD	
AGE. Otherwise skip to Q. 65a.	1 □ Yes (Go to 64b)
64a. Have you ever had a steady	2 □ No (Go to 65a)
(boyfriend/ girlfriend)?	
b. Did (he/she) smoke cigarettes?	1 □ Yes
	2 □ No
	9 □ DK if smoked or not
65 a. Do you get an allowance or have a	1 □ Yes
way of earning money that you can	2 □ No (Go to 66)
spend on yourself any way you want to?	
h About how much money that you can	Drams
b. About how much money that you can spend each week on yourself?	Drams
b. About how much money that you can spend each week on yourself?	Drams 999□ DK
· · · · · · · · · · · · · · · · · · ·	
spend each week on yourself?	999□ DK
spend each week on yourself? 66. In the past year have you participated in any kind of competitive and organized physical activity, such as	999□ DK 1 □ Yes
spend each week on yourself? 66. In the past year have you participated in any kind of competitive and organized physical activity, such as team sports?	999□ DK 1 □ Yes
spend each week on yourself? 66. In the past year have you participated in any kind of competitive and organized physical activity, such as team sports? 67a. If you had a serious problem, is	999□ DK 1 □ Yes 2 □ No 1 □ Yes
spend each week on yourself? 66. In the past year have you participated in any kind of competitive and organized physical activity, such as team sports? 67a. If you had a serious problem, is there someone you could talk or go for	999□ DK 1 □ Yes 2 □ No
spend each week on yourself? 66. In the past year have you participated in any kind of competitive and organized physical activity, such as team sports? 67a. If you had a serious problem, is	999□ DK 1 □ Yes 2 □ No 1 □ Yes
spend each week on yourself? 66. In the past year have you participated in any kind of competitive and organized physical activity, such as team sports? 67a. If you had a serious problem, is there someone you could talk or go for help?	999 DK 1 Yes 2 No 1 Yes 2 No
spend each week on yourself? 66. In the past year have you participated in any kind of competitive and organized physical activity, such as team sports? 67a. If you had a serious problem, is there someone you could talk or go for help?	999□ DK 1 □ Yes 2 □ No 1 □ Yes 2 □ No 1 □ Yes 01 □ Mother
spend each week on yourself? 66. In the past year have you participated in any kind of competitive and organized physical activity, such as team sports? 67a. If you had a serious problem, is there someone you could talk or go for help?	999□ DK 1 □ Yes 2 □ No 1 □ Yes 2 □ No 01 □ Mother 02 □ Father
spend each week on yourself? 66. In the past year have you participated in any kind of competitive and organized physical activity, such as team sports? 67a. If you had a serious problem, is there someone you could talk or go for help? b. Who is that? PROBE ONE TIME: Anyone else?	999 DK 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Mother 02 Father 03 Brother(s)
spend each week on yourself? 66. In the past year have you participated in any kind of competitive and organized physical activity, such as team sports? 67a. If you had a serious problem, is there someone you could talk or go for help? b. Who is that? PROBE ONE TIME: Anyone else?	999□ DK 1 □ Yes 2 □ No 1 □ Yes 2 □ No
spend each week on yourself? 66. In the past year have you participated in any kind of competitive and organized physical activity, such as team sports? 67a. If you had a serious problem, is there someone you could talk or go for help? b. Who is that? PROBE ONE TIME: Anyone else?	999□ DK 1 □ Yes 2 □ No 1 □ Yes 2 □ No
spend each week on yourself? 66. In the past year have you participated in any kind of competitive and organized physical activity, such as team sports? 67a. If you had a serious problem, is there someone you could talk or go for help? b. Who is that? PROBE ONE TIME: Anyone else?	999□ DK 1 □ Yes 2 □ No 1 □ Yes 2 □ No 01 □ Mother 02 □ Father 03 □ Brother(s) 04 □ Sister(s) 05 □ Grandparent(s) 06 □ Other relative
spend each week on yourself? 66. In the past year have you participated in any kind of competitive and organized physical activity, such as team sports? 67a. If you had a serious problem, is there someone you could talk or go for help? b. Who is that? PROBE ONE TIME: Anyone else?	999□ DK 1 □ Yes 2 □ No 1 □ Yes 2 □ No
spend each week on yourself? 66. In the past year have you participated in any kind of competitive and organized physical activity, such as team sports? 67a. If you had a serious problem, is there someone you could talk or go for help? b. Who is that? PROBE ONE TIME: Anyone else?	999 DK 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Mother 02 Father 03 Brother(s) 04 Sister(s) 05 Grandparent(s) 06 Other relative 07 Friend 08 Teacher
spend each week on yourself? 66. In the past year have you participated in any kind of competitive and organized physical activity, such as team sports? 67a. If you had a serious problem, is there someone you could talk or go for help? b. Who is that? PROBE ONE TIME: Anyone else?	999□ DK 1 □ Yes 2 □ No 1 □ Yes 2 □ No 01 □ Mother 02 □ Father 03 □ Brother(s) 04 □ Sister(s) 05 □ Grandparent(s) 06 □ Other relative 07 □ Friend 08 □ Teacher 09 □ Coach
spend each week on yourself? 66. In the past year have you participated in any kind of competitive and organized physical activity, such as team sports? 67a. If you had a serious problem, is there someone you could talk or go for help? b. Who is that? PROBE ONE TIME: Anyone else?	999 DK 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Mother 02 Father 03 Brother(s) 04 Sister(s) 05 Grandparent(s) 06 Other relative 07 Friend 08 Teacher
spend each week on yourself? 66. In the past year have you participated in any kind of competitive and organized physical activity, such as team sports? 67a. If you had a serious problem, is there someone you could talk or go for help? b. Who is that? PROBE ONE TIME: Anyone else?	999 DK 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Mother 02 Father 03 Brother(s) 04 Sister(s) 05 Grandparent(s) 06 Other relative 07 Friend 08 Teacher

CHECK ITEM 6. Refer to age and Q. 52	☐ Age 17+ (Go to 69)
on page.	☐ Age 10-16 and "Yes" in Q.52 (Go to
	68a)
	☐ Age 10-16 and "No" in Q. 52 (Go to 69)
68a. About how many days a week are	0 □ Never (Go to 69)
you at home before or after school	days a week
without a parent or adult around?	$8 \square$ Not regularly (Go to 69)
	9 □ DK (Go to 69)
b. On those days, about how many hours	$00 \square$ Less than one hour
at home are you at home without a	
parent or adult?	hours a day
ENTER WHOLE NUMBER ONLY.	
69. On the average, how often in the last	
year have you gone to church?	1 □ Never
Read response categories if necessary	2 □ Few times a year
	3 □ Once or twice /month
	4 □ Weekly/almost weekly
	5 □ More than once a week
70. Are your parents married to each	1 □ Married
other, separated, divorced, or did they	
never marry?	2 □ Separated 3 □ Divorced
never marry.	4 □ Never married
	5 Father deceased
	6 ☐ Mother deceased
	7 □ Both parents deceased
71a. How close (do/did) you feel to your	1 □ Extremely close
mother extremely close. quite close.	2 □ Quite close
fairly close, or not very close?	3 □ Fairly close
-	4 □ Not very close
b. How close (do/did) you feel to your	1 □ Extremely close
mother extremely close. quite close.	2 □ Quite close
fairly close, or not very close?	3 □ Fairly close
	4 □ Not very close
Do you have anybody enough close	
Do you have anybody chough close	1 □ Yes
c. to share with?	2 □ No
d. Who is that?	01 □ Mother
	02 □ Father

	·
	$03 \square Brother(s)$
	04 □ Sister(s)
	05 □ Grandparent(s)
	06 □ Other relative
	07 □ Friend
	08 □ Teacher
	09 □ Coach
	10 □ Spouse
	11 □ Other adult
Do you have anybody enough respected	1 □ Yes
e. to follow his/her advice?	2 \(\text{No} \)
	$Z \sqcup NO$
f. Who is that?	01 = 16 4
	01 □ Mother
	02 □ Father
	$03 \square Brother(s)$
	04 □ Sister(s)
	05 ☐ Grandparent(s)
	06 □ Other relative
	07 □ Friend
	08 □ Teacher
	09 □ Coach
	10 □ Spouse
	11 □ Other adult
72. (Do your parents/ Does your	1 □ Yes
mother/father) talk over important	2 □ No
decisions with you often, sometimes,	
rarely, or never?	
73. At home, (are/were) you expected to	1 □ Yes
help out with chores, such as cleaning	2 □ No
your room, doing the dishes, or otehr	2 - 110
housework?	
74. At home, (are/were) there rules about	1 □ Yes
things like watching TV, doing	2 \square No
homework, dating, or going out with	
friends?	
G. VERIFY ADDRESS	NOTES:
	NOTES:
Please tell me again your correct	
address.	
Marz	
ZIP Code	
City	
Street	
House # apt#	
Tel.	

Show the address to the interviewee:	
Is this correct?	