

Survey for Tobacco Cessation Needs Assessment

Section 1: Interviewer Information

1.1: Name		1.2: Contact Number	
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Date of Interview:

Section 2: Geographical Information

2.1: District		2.2: Tehsil/Taluka	
2.3: Union Council		2.4: Revenue Village	
2.5: Area Type	<input type="checkbox"/> Rural <input type="checkbox"/> Urban	2.6: Home Address	

Section 3: Respondent's Demographic Profile

3.1 : Respondent Name			
3.2 : Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	3.3 : Age (in completed years)	
3.4 : Respondent's Source of Income (multiple choice applicable)			
<input type="checkbox"/> Government/Semi-government job	<input type="checkbox"/> Private Job	<input type="checkbox"/> Own Business	<input type="checkbox"/> Daily Wage Laborer
<input type="checkbox"/> Farmer	<input type="checkbox"/> Looking for work	<input type="checkbox"/> Does not want to work	<input type="checkbox"/> Retired
<input type="checkbox"/> Refuse to Answer	<input type="checkbox"/> Other (please specify)		
3.5: Education			
<input type="checkbox"/> Primary	<input type="checkbox"/> Middle	<input type="checkbox"/> Secondary	<input type="checkbox"/> Intermediate
<input type="checkbox"/> University	<input type="checkbox"/> School drop out	<input type="checkbox"/> Illiterate	<input type="checkbox"/> Technical Diploma/Course
<input type="checkbox"/> Refuse to Answer			
3.6: Contact Number			

3.7: CNIC Number (If the identity card is not created or the number is not known, write 9999999999999999)											
3.8: BISP / EHSAS ID Number (If there is no ID number, write Not applicable)											
3.9: Any other Identification (If there is no other identifying symbol, write Not applicable)											
3.10: Religion		<input type="checkbox"/> Muslim <input type="checkbox"/> Hindu <input type="checkbox"/> Christian <input type="checkbox"/> Sikh <input type="checkbox"/> Other (please specify): _____									
3.11: Do you have any physical or mental condition which limits your daily life?											
<input type="checkbox"/> Yes				<input type="checkbox"/> No				<input type="checkbox"/> Don't Know			
3.11a: If Yes, please elaborate				_____							
3.12: Which best describes your monthly income? Please tick one answer.											
<input type="checkbox"/> Below PKR 25,000				<input type="checkbox"/> PKR 25,001 – 50,000				<input type="checkbox"/> PKR 50,001 – 75,000			
<input type="checkbox"/> PKR 75,001 – 100,000				<input type="checkbox"/> Above PKR 100,000				<input type="checkbox"/> Average monthly income _____			
<input type="checkbox"/> Don't want to tell				<input type="checkbox"/> Other: _____							
3.13: Can you give us a rough sense of how much your household spend on the following every month? Please tick the amount that comes close to your estimate.											
Essential HH Expenses		Up to PKR 5000		PKR 5000 - 15000		PKR 15000 - 25000		Above 25000		No Expenses	
1. Food											
2. Transport including petrol											
3. Medical expenses											
4. Education											
5. House rent											
6. Clothing											
7. Utilities (paying bills)											
3.14: For how long have you been a tobacco user (smoked/smokeless both)? Please share the period in months or years.											
3.14a: Please write number of Months						3.14b: Please write number of Years					
3.15: Can you also give us a monthly estimate of how much money you spend on smoking and tobacco consumption? Please include the cost of items such as mouth freshner, paan, chalia/gutka, niswar, etc).											
3.15a: Overall cost estimate		<input type="checkbox"/> Below PKR 1000 <input type="checkbox"/> PKR 1000 – 2500 <input type="checkbox"/> Up to PKR 5000 <input type="checkbox"/> Above PKR 5000									

3.16: Items	Estimated expense in Pakistani rupees			
1. Cigarettes				
2. Hukka				
3. Sheesha				
4. Gutka / Chalia				
5. Paan / Tambaku paan				
6. Beedi				
7. Niswar				
8. Mawa				
9. Other (please specify)	9.1: Name		9.2: Amount	

Section 4: Need Assessment for Tobacco Harm Reduction			
4.1: Do you want to quit smoking and/or all forms of tobacco use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
4.2: If you have selected "NO", please state your reasons:	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>		
If you have selected "YES" or "Don't Know" in 4.1, please go to 4.3			
4.3: Is there anything that can motivate you to quit smoking and/or all forms of tobacco use? Please elaborate:			
<div style="border-bottom: 1px solid black; height: 40px; width: 100%;"></div>			
4.4: Have you tried to quit smoking and/or all forms of tobacco use before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.5: If "YES" is selected for Q.4.4, how did you try to quit? Select as many strategies as applicable.			
<input type="checkbox"/> Made a pact with myself not to use tobacco	<input type="checkbox"/> With the support of friends/family	<input type="checkbox"/> Gradually cut down on the intake	
<input type="checkbox"/> Found an alternative habit (e.g. started chewing gums or mint)	<input type="checkbox"/> Admitted to a medical facility Name _____	<input type="checkbox"/> Started learning about the dangers of tobacco	
<input type="checkbox"/> Nicotine Replacement Therapy (nicotine patches/gums/inhalators)	<input type="checkbox"/> Consultation with general physician	<input type="checkbox"/> Counseling Sessions	
<input type="checkbox"/> Changed in routine life habits (running, exercise, food)	<input type="checkbox"/> Other (Please Specify)	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	
4.6: Did the health warnings for tobacco use on cigarette packs and other tobacco products influence your decision to quit?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.6a: If No, do you think these are	<input type="checkbox"/> Not effective	<input type="checkbox"/> Unclear messages	<input type="checkbox"/> Other: _____

4.7: If you have not tried quitting smoking/use of tobacco before, please answer the following questions.				
4.7a: Do you know “what” to do to reduce tobacco use or quit?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
4.8: What helped you in quitting tobacco intake and smoking? Please tick all applicable responses				
Action/Strategy	Extremely helpful	Helpful	Not Helpful	Don't know
1. Information on how to quit				
2. Information on harmful effects of tobacco/smoking for you				
3. Alternatives of tobacco intake/smoking				
4. Affordable reduced harm/safe options (e.g. nicotine patch)				
5. Public awareness campaigns				
6. Tobacco cessation programme				
7. Ban on cigarette advertisement				
8. Make smoking products expensive				
9. Ban cigarette smoking in public places/streets/parks				
10. Have recognition awards for quitters				
4.9: What are the things that make you want to smoke and/or use other forms of tobacco (consumer appeal)? List the top three.				
1				
2				
3				
4.10: Have you ever sought support from your local health provider?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.11: Has your doctor at any time during a consultation advised you to stop?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.11a: If “YES”, can you recall the advice?				
4.12: Are you aware of any clinic or therapy centre available in your locality/city that focuses on tobacco cessation or harm reduction?			<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Don't Know
4.13: If “YES”, can you give us the following information on such clinics?				
4.13a: Name of the Institution:				
4.13b: Location	<input type="checkbox"/> Inside government hospital	<input type="checkbox"/> Private hospital	<input type="checkbox"/> Private clinic/ General Physician	<input type="checkbox"/> Community center /health camp

4.13c: How frequently this institute open for treatment	<input type="checkbox"/> Once in 1 week	<input type="checkbox"/> Twice in 1 week	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
4.13d: How much does this institution charge for treatment? (Medicines/doctor fees etc.)	<input type="checkbox"/> Between 1,000-3,000/month/person	<input type="checkbox"/> Up to PKR 5,000/-per month/person	<input type="checkbox"/> Between PKR 5,000-10,000 /month/ person	<input type="checkbox"/> Don't know their fee
4.14: Are you getting your treatment in this institution?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.14a: If NOT what are the reasons?	<input type="checkbox"/> Doctor not available	<input type="checkbox"/> Medicines are not available	<input type="checkbox"/> Staff behavior is not good	<input type="checkbox"/> Do not want to be treated
	<input type="checkbox"/> Treatment is very expensive	<input type="checkbox"/> Other (Please Specify)	_____	
4.14b: If "YES", how often do you go to this institution for treatment?	<input type="checkbox"/> Once in 1 week	<input type="checkbox"/> Twice in 1 week	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
4.14c: Affordability (How much can you afford in a month?)	<input type="checkbox"/> PKR 1,000-3,000	<input type="checkbox"/> Up to PKR 5,000	<input type="checkbox"/> PKR 5,000-10,000	<input type="checkbox"/> Can't spend anything

Section 5: Tobacco Harm Reduction Products		
5.1: Have you heard of Safer Nicotine delivery systems like e-cigarettes, heat not burn devices, oral nicotine pouches, and any others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.2: If "YES", where did you hear about it?	_____	
5.3: Do you feel you have enough information about these products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.4: If I told you these products are 95% safer than smoking, would you like to use these for quitting or switching from smoking and oral tobacco use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.5: Your main message to medical professionals and those looking after policies for health and tobacco control. (Please record exactly what they said – use their exact quotes).		

<p align="center">Thank you very much for your kind cooperation and spending your valuable time with me</p>		