TCP India Survey

Wave 3 Technical Report

December 2021

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1. Introduction

1.1 Background

The International Tobacco Control (ITC) Project is a multi-country prospective cohort study designed to measure the psychosocial and behavioural impact of key policies of the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC). “Prospective” means that it is forward-looking. “Cohort” means that we return to the same respondents to have them participate in the survey every wave.

ITC Surveys are being conducted in 29 different countries: Canada, United States, United Kingdom, Australia, Ireland, Thailand, Malaysia, China, South Korea, New Zealand, Mexico, Uruguay, France, Germany, The Netherlands, Brazil, Mauritius, Bangladesh, Bhutan, India, Japan, Kenya, Zambia, Spain, Romania, Greece, Hungary, Poland and Abu Dhabi – United Arab Emirates. All ITC Surveys across the 29 countries are designed to be as similar as possible. Our ITC research team wants the opportunity to make comparisons across different countries.

The Tobacco Control Project (TCP) India Survey is part of the larger ITC Project, and a prospective cohort study of adult (aged 15 and older) tobacco users and non-users in India. The TCP India Survey is a longitudinal survey of tobacco use behaviour, knowledge, beliefs, opinions, and attitudes about smoking and tobacco use among adults.

In 2006, The ITC Project at the University of Waterloo partnered the Healis Sekhsaria Institute for Public Health to create the Tobacco Control Policy Evaluation (TCP) Project. The TCP India Wave 1 Survey was conducted between August 2010 and December 2011. The TCP Wave 2 Survey was carried out from October 2012 to September 2013. The TCP Wave 3 was conducted from July 2018 to December 2019.

Note: The name Tobacco Control Project (TCP) is used in reference to the India Project instead of International Tobacco Control (ITC) Project, used with other 28 countries, because in India the abbreviation ITC also refers to the Indian Tobacco Company.

1.2 Main Objectives

The broad objective of the TCP India Project is to evaluate and understand the impact of tobacco control policies of the Framework Convention on Tobacco Control (FCTC) as they are implemented in low- and middle-income countries (LMICs) participating in the International Tobacco Control Policy Evaluation Project (the ITC Project).

The TCP India Project is essentially a part of the collection of LMICs participating in the ITC Project (the other countries are Thailand, Malaysia, Mauritius, China, Uruguay, Mexico, Kenya, Zambia, and Bangladesh). In addition to their contribution to evaluating the FCTC policies, these countries provide a basis for understanding the natural history of smoking and identifying factors that predict quitting among the smokers in LMICs.

The objectives of the TCP India Project are:

- Effectiveness study aims:
  - To examine whether a policy introduced in India will affect self-reported tobacco use behavior (e.g., quit attempts, successful quitting, quit intentions) among tobacco users, as compared to tobacco users in countries where that policy is not being introduced;
  - To examine whether a policy introduced in India will enhance policy-relevant psychosocial variables (e.g., warning labels: measures of label salience) among tobacco users, as compared to tobacco users in countries where the relevant policy has not changed;
  - To examine whether a policy introduced in India will impact levels of general psychosocial variables that have been identified in past research to be related to tobacco use and quitting (e.g., beliefs and attitudes, perceived risk, subjective norms, perceived behavioral control/self-efficacy, intentions to quit) among tobacco users, compared to countries with no policy change.

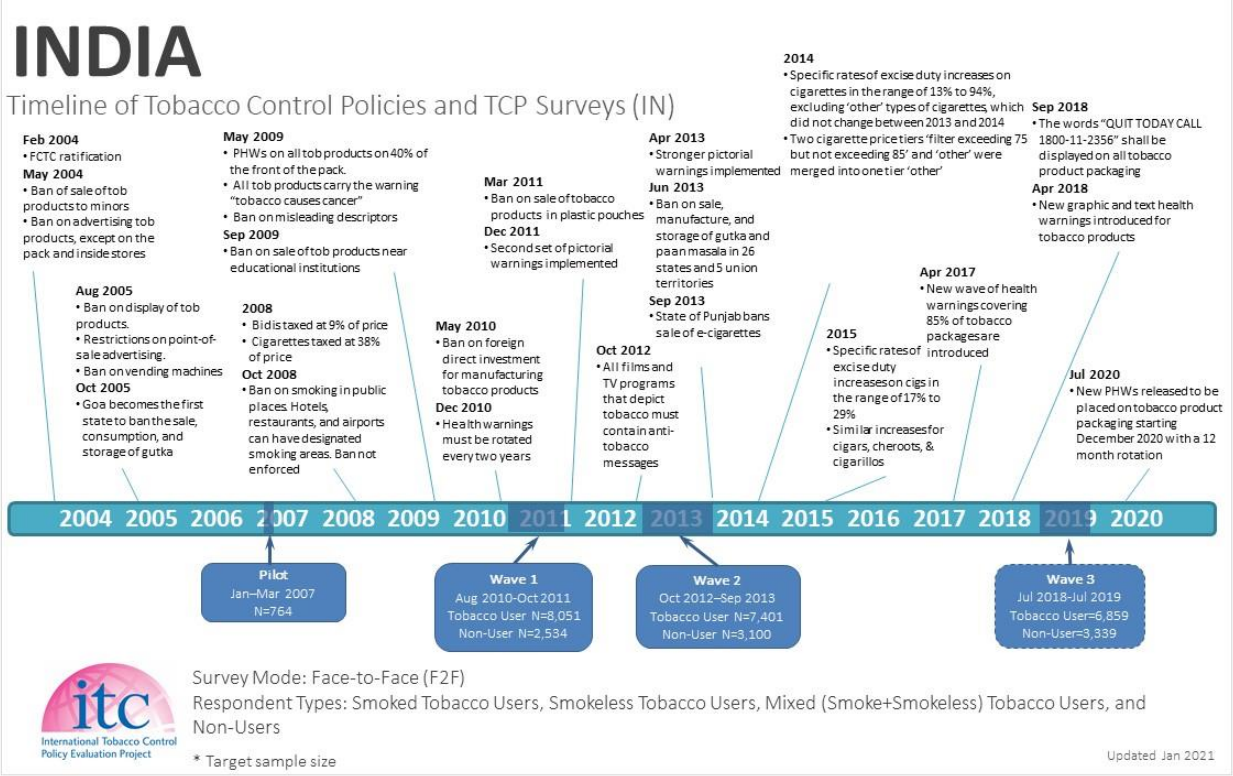
- Mediation and moderation study aims:
  - To examine whether the effects of FCTC policies that have been introduced in India are being offset by compensatory behaviors (e.g., whether price increases lead to switching to discount brands rather than to quitting);
  - To examine whether the effects of tobacco control policies are moderated by situational and individual-difference factors such as (a) demographic variables (age, gender, socio-economic status (SES); (b) personality variables (e.g., time perspective); (c) environmental context (e.g., number of peers/family members who smoke or use other forms of tobacco), and (d) tobacco use history of the individual (e.g., past quit attempts, tobacco use intensity). Of particular note will be whether FCTC policies serve to reduce disparities of tobacco use burden as a function of SES;
  - To examine whether the effects of each policy on tobacco use behavior are mediated by those psychosocial variables that have been identified by past research to be important in predicting and understanding tobacco use behavior.

- Contextual study aims:
  - To conduct analyses that will examine the natural history of tobacco use and cessation in India and also whether the factors that predict tobacco use and quitting are the same or different across the ITC countries;
  - To compare the impact of FCTC policies in India, a LMIC, to their impact in high income countries (HICs) to test the hypothesis that for some policy domains, the impact of FCTC policies will be stronger in LMICs.

1.3 Survey Design

The TCP India Project is a longitudinal cohort study with replenishment for loss to follow-up with specified protocol. Respondents who participated in the Wave 1 and/or Wave 2 Survey were re-contacted at the Wave 3 follow-up survey.

Figure 1: TCP India Project Timeline



1.4 Research Team

Wave 3 of the TCP India Project was conducted by researchers and staff at the Healis Sekhsaria Institute for Public Health in India, and an international team of ITC Project researchers and staff at the University of Waterloo in Canada.

The team at the Healis Sekhsaria Institute for Public Health in India collaborate with key stakeholders in the states of Madhya Pradesh, West Bengal, and Bihar to successfully conduct the TCP India Survey in each state. The state collaborators are listed below:

Madhya Pradesh
Collaborating Institute: Madhya Pradesh Voluntary Health Association (MPVHA)
Head of Institute: Mr. Mukesh Kumar Sinha, Executive Director
Field Coordinator: Mr. Bakul Sharma
State Project Manager: Dr. Namrata Puntambekar

West Bengal
Collaborating Institute: Cancer Foundation of India
Head of Institute: Prof. Maqsood Siddiqi, Chairman MC & Managing Director
Field Coordinator: Ms. Sutapa Biswas
State Project Manager: Dr. Manisha Pathak

Bihar
Collaborating Institute: Healis Sekhsaria Institute for Public Health
Head of Institute: Dr. Prakash C. Gupta, Director

Consultant Project Director- Dr. Dhirendra Sinha
Field Coordinator: Mr. Rajesh Verma
State Project Manager: Ms. Keyuri Adhikari

Maharashtra
Collaborating Institute: Healis Sekhsaria Institute for Public Health
Head of Institute: Dr. Prakash C. Gupta, Director
Field Coordinator: Mr. Vijay Godambe
State Project Manager: Dr. Manisha Pathak

2. Household Sampling Plan

The total sample sizes of approximately 2,000 adult (aged 15 and older) tobacco users and at least 600 non-users of tobacco in each state were maintained by recontacting respondents who were interviewed at Wave 1 and/or 2, including respondents interviewed at Wave 1 but not at Wave 2 (Wave 1 dropout respondents); and replenishing the sample to bring it up to the same total sample sizes.

2.1 Household Recontact Plan

For recontact households where respondents were interviewed at Wave 1 and/or 2, including respondents interviewed at Wave 1 but not at Wave 2 (Wave 1 dropout respondents), the procedure below was applied.

Recontacted within the EBs in a Ward in an urban area or a Village in a rural area:

1. Made a list of the recontact households where members of the households were also interviewed in previous wave(s) for each Enumeration Block (EB)/Village.
2. Used the pre-filled Household Recontact Form (HRF) provided to interview the head or key informant of the household and update the household information.
3. Interviewed Wave 2 recontact and Wave 1 dropout respondents listed in the pre-filled HRFs.
4. In the same recontact households, recruited new respondents of the younger age.

2.2 Household Replenishment Plan

There were three procedures for replenishment; each was developed for different situations and is described below. The replenishment priority is listed as follows:

Priority 1: Replenished younger age respondents aged 15-20 (in recontact households from Wave 1) or aged 15-18 (in recontact households from Wave 2) at Wave 3.
Priority 2: Replenished respondents aged 15 and older from newly enumerated households found in the existing EBs/Villages.
Priority 3: Replenished respondents aged 15 and older in newly enumerated households at Wave 3 from new EBs/Villages (along with creating pseudo-maps).

2.2.1 Priority 1: Replenished younger age respondents in Wave 1 and/or 2 recontact households

At the recontact phase, recruitment of younger age respondents from the recontact households was also conducted. These respondents were previously ineligible because of being too young in previous wave(s) but now at Wave 3, they would become eligible to participate. These younger were respondents approximately aged 15-20 at Wave 3 (if they were children below age 15 at Wave 1), or approximately aged 15-18 at Wave 3 (if they were children below age 15 at Wave 2).

2.2.2 Priority 2: Replenished adult respondents aged 15 and older from new households in the existing EBs/Villages

Priority 2 was executed for replenishment when replenishing using Priority 1 was exhausted and replenishment respondents were still needed. The existing EB/Village maps were updated where their structures had changed since Wave 1/2 or new structures were included due to the EB boundary change. Once the maps were updated, random selection of new households to be enumerated and random selection of respondents aged 15 and older were conducted.

Replenishment procedure within an existing EB/Village:

1. Made a list of new dwelling units (addresses) from new structures or replacement/expansion of old structures by updating the existing EB/Village map for possible scenarios and actions to be taken in existing EB/Village). Added these to the existing list of addresses.
2. Approached non-enumerated households in the list of addresses in random order as per the Wave 1 procedure within the EB/Village.
3. Completed a Wave 3 Household Enumeration Form (HEF Form A) at each household based on the information provided by the head or informant of the household.
4. Completed a Wave 3 HEF (Form B) by listing members of the households aged 15 and older.
5. Interviewed randomly selected eligible member(s) of the household per Wave 1 procedure (see below).
6. Completed HEF even if head of the household or key informant refused to participate.
7. Continued this procedure until the target numbers of tobacco users and non-users (in applicable households) for the EB/Village were reached.

The Wave 1 Procedure to select tobacco user(s) and/or non-user(s) from an enumerated household was applied:

- In each enumerated household, up to a maximum of 4 tobacco users were interviewed.
- If there were 4 or fewer adult (15 years of age or older) tobacco users in the household, all were to be interviewed.
- If there were more than 4 adult tobacco users in the household, all female adult tobacco users (up to a maximum of 4) were to be interviewed, and enough male adult tobacco users were to be interviewed to bring the total up to 4.
- When a selection of female or male tobacco users had to be made, because otherwise the total would be more than 4, those nearest the end of the enumeration list were to be selected.

The plan was also to select for interviewing one adult non-user of tobacco at random (using a die) from every third household containing at least one adult non-user of tobacco.

2.2.3 Priority 3: Replenish adult respondents aged 15 and older from newly enumerated households at Wave 3 from new pseudo-EBs/Villages (along with creating pseudo-EB-maps)

Priority 3 was executed when replenishment using Priorities 1 and 2 was exhausted and replenishment respondents were still needed. New EBs/Villages if needed were neighbouring to existing EBs/Villages in the sampling plan. Pseudo-EB-maps (not census maps) were created/drawn for these new pseudo**-**EBs/Villages. The Wave 1 procedure was used to replenish respondents from aged 15 and older, to bring the total of 2,000 tobacco users and 600 non-users in each state.

The procedure for replenishment within a pseudo**-** EB/Village was applied:

1. Made a list of households for the new pseudo**-**EB/Village and drew a map that showed the structures and boundaries.
2. Approached households in the list in random order as per the Wave 1 procedure within the pseudo-EB/Village.
3. At each selected household, completed a Wave 3 HEF (Form A) based on the information provided by the head or informant of the household.
4. Completed a Wave 3 HEF (Form B) by listing members of the households aged 15 and older.
5. Interviewed the randomly selected member(s) of the household (see below).
6. Completed HEF even if head of the household or key informant refused to participate.

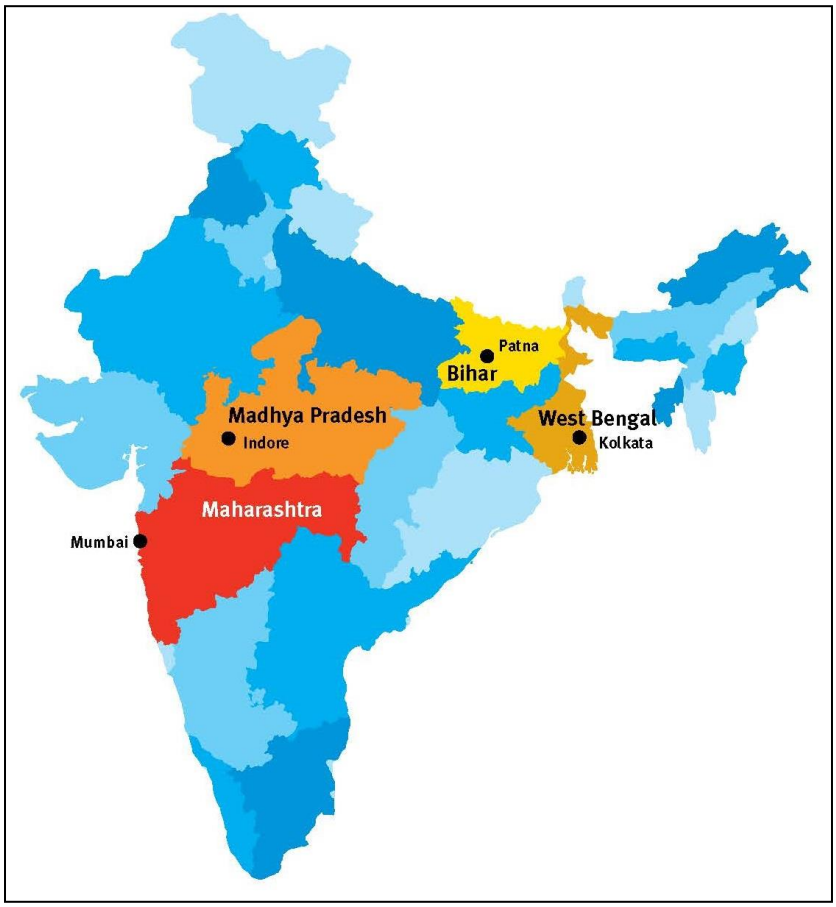
7. Continued this procedure until the target numbers of tobacco users and non-users for the pseudo-EB/Village were reached.

The Wave 1 Procedure to select tobacco user(s) and/or non-user(s) from an enumerated household was applied:

- In each enumerated household, up to a maximum of 4 tobacco users were interviewed.
- If there were 4 or fewer adult (15 years of age or older) tobacco users in the household, all were to be interviewed.
- If there were more than 4 adult tobacco users in the household, all female adult tobacco users (up to a maximum of 4) were to be interviewed, and enough male adult tobacco users were to be interviewed to bring the total up to 4.
- When a selection of female or male tobacco users had to be made, because otherwise the total would be more than 4, those nearest the end of the enumeration list were be selected.

The plan was also to select for interviewing one adult non-user of tobacco at random (using a die) from every third household containing at least one adult non-user of tobacco.

Figure 2: TCP India Wave 3 Survey Sampling Areas



2.3 Recontact Challenges at Wave 3

An enhancement to Wave 3 survey fieldwork is that each HRF was pre-filled with the ID codes of the recontact household in the Form A and the name, gender and tobacco use status of each selected Wave 1 and/or 2 respondent. This enhancement helped to shorten the lengthy data cleaning process arising from having to enter hand-written ID codes. The fieldwork issues were summarized below:

- There were some misspelled names on the pre-filled recontact forms using Wave 1 and Wave 2 data;
- Some addresses on the recontact forms were not complete so field interviewers had to put in additional effort in locating the households and conducting the surveys;
- Most of the telephone numbers were not working or changed, as determined when trying to locate the respondents by calling them on the phone numbers pre-filled on the HRF forms;
- No alternate contact was available for most of the respondents;
- Many respondents had moved to new cities;
- Many structural changes were observed during recontact fieldwork, such as the demolition of many households within the study areas; the construction of new households was identified within the EB boundaries.

2.4 Replenishment Challenges at Wave 3

While trying to replenishing younger respondents directly from the recontact households, the new replenishment initiative did not achieve what it was designed to do:

- When listing young family members between the ages of 15-20 (from Wave 1 and Wave 2) and documenting their current tobacco status, the fieldwork staff noticed that most of them were non-users; thus the success rate of replenishing younger tobacco users from the recontact households was rather low;
- Many of the household heads/key informants did not know the tobacco use status of their young family members.

2.5 Participant Selection and Consent for Replenishment Young Age Respondents from Recontact Households

Identifying Eligible Young Members

Age limits

- Wave 1 (& Wave 2) Households: younger age respondents who were eligible for selection were **aged 15 to 20** (age must be complete age between 15 and 20)
- Wave 2 Households: younger age respondents who were eligible for selection were **aged 15 to 18** (age must be complete age between 15 and 18)

Types of recontact household

- Only tobacco users were selected for interview (bidi smoker, cigarette smoker, and/or smokeless product user)
- Only tobacco non-users were selected for interview

- Both tobacco users and non-users were selected for interview

Number of eligible young age respondent(s) for selection

- In a tobacco user interviewed recontact household, only younger age tobacco users were eligible for this special type of replenishment. The following compositions were possible:
    - None
    - One
    - Two or more (≥ 2)

  In a non-user interviewed recontact household, only younger age non-user swere eligible. The following non-user younger age respondent compositions were possible:
    - None
    - One
    - Two or more (≥ 2)
- In both tobacco user and non-user interviewed type of recontact households, the following compositions of younger age family member were possible:
    - Tobacco users:
        - None
        - One
        - Two or more (≥ 2)
    - Tobacco non-users
        - None
        - One
        - Two or more (≥ 2)

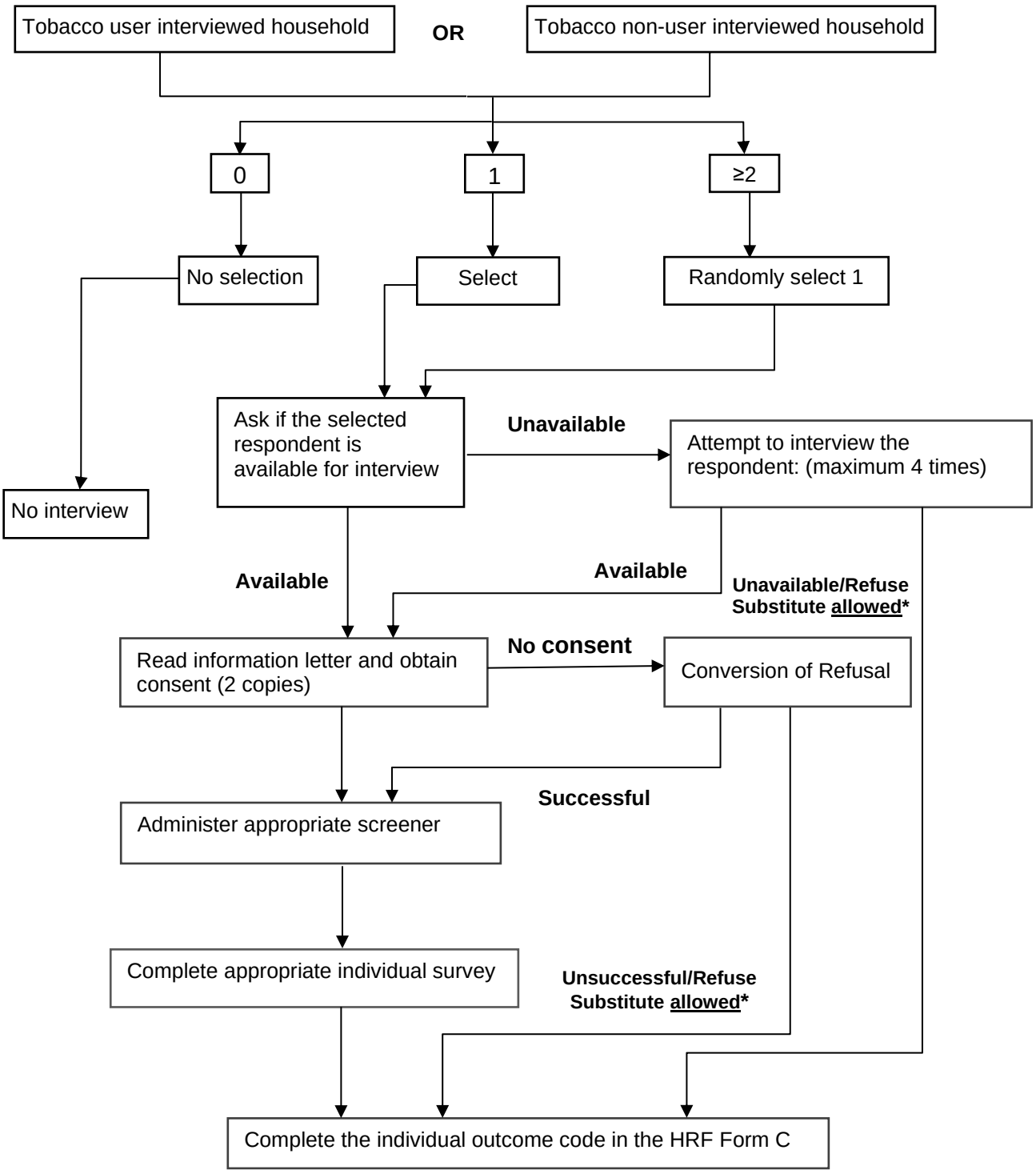
Selection quota and process from eligible younger age respondent(s)

The steps outlined in Flowchart 2-1 or 2-2 were used to select the eligible younger age respondent for interview. The selection quota was based on the wave and type of household.

In Wave 1 and Wave 2, young persons aged 15-20, or Wave 2, young persons aged 15-18, households:

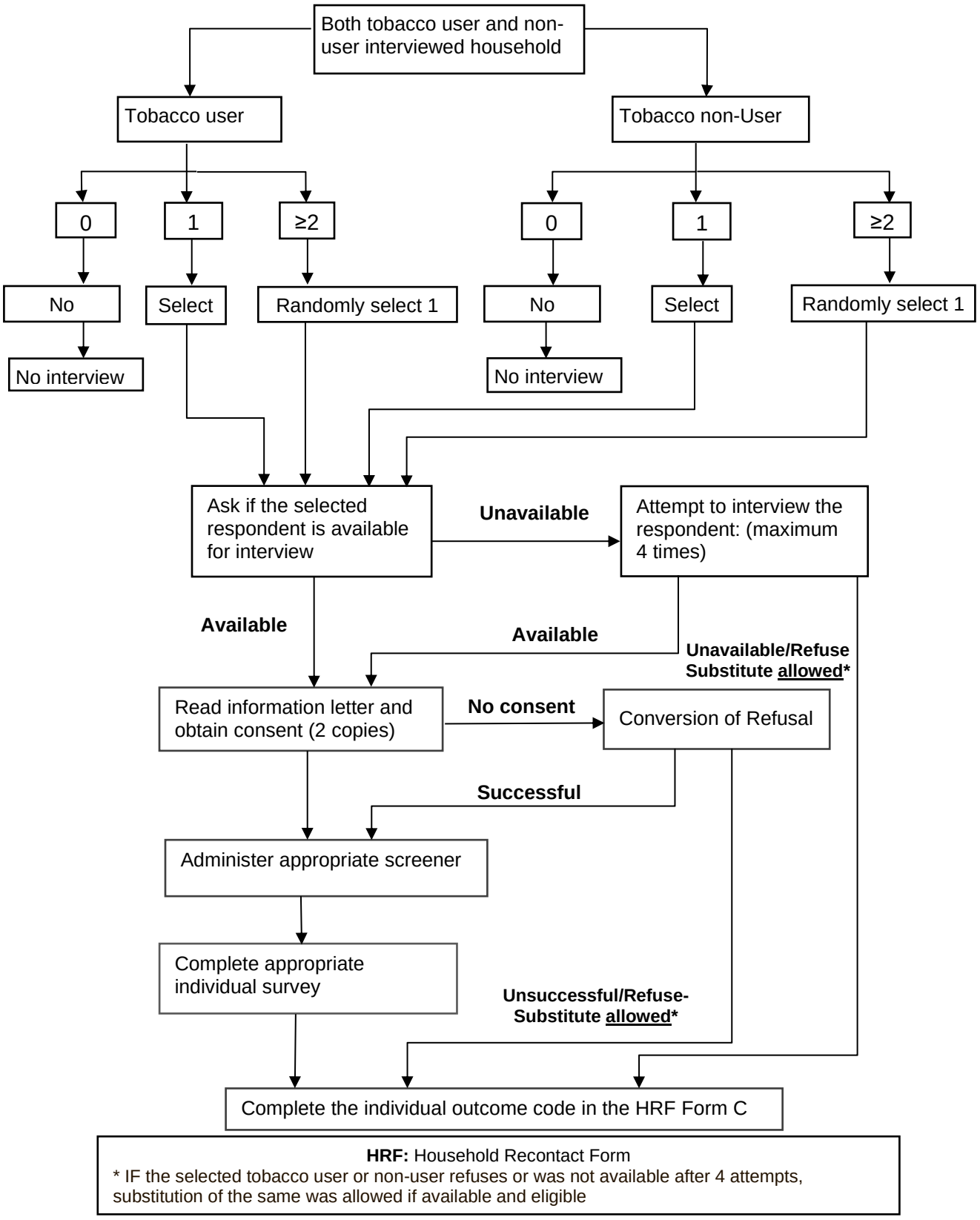
- Only tobacco user interviewed → select 1 tobacco user (if available and eligible)
- Only tobacco non-user interviewed → select 1 non-user (if available and eligible)
- Both tobacco user and non-user interviewed → select 1 tobacco user and 1 non-user (if available and eligible)
- IF the selected tobacco user or non-user refused or was not available after 4 attempts, substitution of the same was allowed if available and eligible.

Flowchart 2-1: Interview selection procedure for younger age respondent from tobacco user interviewed OR non-user interviewed households



HRF: Household Recontact Form
*IF the selected tobacco user or non-user refuses or was not available after 4 attempts, substitution of the same was allowed if available and eligible

Flowchart 2-2: Interview selection procedure for young age respondent from both tobacco user and non-user interviewed household



2.6 Participant Selection and Consent Respondents from Newly Enumerated Households

Identifying Eligible Members

There were six different categories of eligible respondents:

- Cigarette smokers
- Bidi smokers
- Dual smokers of cigarette and bidi
- Adult users of both smoked tobacco and smokeless products (mixed tobacco user)
- Adult non-users of tobacco (eligible only in every third household enumerated)

Selection Criteria for Survey Respondents

Tobacco Users

- **Up to four (4)** adults who were tobacco users (status = smoked tobacco (T), smokeless product (L), mixed tobacco (M) in the household were selected to be interviewed.
- If there were 4 or fewer adult (15 years of age or older) tobacco users in the household, all were interviewed.
- If there were more than 4 adult tobacco users in the household, all female adult tobacco users (up to a maximum of 4) were interviewed, and enough male adult tobacco users were interviewed to bring the total up to 4.
- When a selection of female or male tobacco users had to be made, because otherwise the total would be more than 4, a die was used to randomly select individuals. This would occur in the following cases:
    - when there were more than 4 female tobacco users in a household
    - when there were more than 4 adult tobacco users but fewer than 4 female tobacco users and it was needed to select from the male tobacco users in the household

In each of the above two cases, the interviewer renumbered the eligible individuals starting from the bottom of the list.

- In each of the above two cases, eligible individuals were renumbered starting from the bottom of the list, beginning with the number 1, and ending with the number 6 if there were six or more eligible to be drawn. (If there were more than six, some did not have a number.) One die was rolled, until a number that appeared face up corresponded to the new number of one of the individuals in Form B1. That person was selected for interview. The interviewers continued to roll the die as many times as necessary until 4 tobacco users had been selected.

Non-Users of Tobacco

- Up to one (1) adult non-user (status = N, or Q; someone who had never used tobacco or was a past tobacco user or was a tobacco user less often than monthly or has quit tobacco completely) was randomly selected for interview from every third household enumerated, whether it was a tobacco use household or a household with no tobacco user.
- If a male non-user was recruited from the first “1 in 3” household in the enumeration area, a female non-user was recruited from the next “third” household.
- If there was no non-user of the gender being sought at an eligible household (i.e., one of the “1 in 3” households enumerated from which a non-user can be selected), the interviewers were to wait until the next “third” household to try to select a non-user of

that gender. This procedure was to be repeated when the next third household did not have a non-user of that gender to be selected. Random selection of a non-user would occur when there is more than one non-user of the gender being sought in the household.

- If there was more than one non-user of the gender being sought in the household, the non-users of that gender were numbered from 1 to 6 starting at the bottom, and one die was rolled. If the number that appeared face up corresponded to the new number of one of the individuals in Form B1, that person would be selected for interview.
- If any selected non-user:
  - was confirmed to be away for the entire period of the survey, or
  - had an Individual Outcome Code that required substitution,

  the die was rolled again to choose another non-user. If no such person existed, then this spot was to remain unfilled for the household.
- **A substitution** from the same household was allowed ONLY if a selected individual from the Non-User category (N status) had Individual Outcome Code 2 (Language barrier) or Code 3 (Health/mentally incapable) or Code 8 (Away from the household for the entire survey period).

Members with Unknown Status

- Household members that had an unknown tobacco status (coded **U**) were asked individually *"Have you ever used tobacco, either smoked or smokeless, at least once a month?"*
- All who answered yes were coded as a tobacco user (Status=M, T, or L) in Form B1 and could then be selected for interview.
- A member who answered NO, was coded as a non-user (Status=N). If a non-user had already been selected for interview, this individual could not be interviewed (coded N in the Selected column).
- However, if there was no other non-user selected, and the household was one of those "1 in 3" households from which a non-user could be chosen, that individual could be interviewed (coded Y in the Selected Column).

Important: If the individual with **U** status was not present during any of the household visits, s/he could not be selected, because the interviewer could not determine that person's tobacco use status. The "Status" column for this individual remained blank, and the individual received an "N" in the "Selected" column.

2.7 Information and Consent

Once a respondent was selected and the respondent agreed to participate, the information letter was provided and the consent obtained (See Appendix C).

The information letter is a letter about the research project. The instructions given to interviewers were as follows:

- Allow respondent to read the information letter, or if respondent is of low literacy, explain the research project using the information letter as a reference to explain the purpose of the research. Request the respondent, upon his/her consent to participate, to sign or provide a left thumb print on two copies of the consent forms.
- Provide the information letter and one copy of the consent form to the respondent.
- Attach the other copy of the consent form for the project to the completed screener and survey questionnaire.

3. Fieldwork: Enumeration, Recontact and Survey

The Wave 3 TCP India fieldwork included survey interviews for both recontact respondents and replenishment respondents, the latter being newly recruited at Wave 3 from either the younger age family members of the recontact households (Priority 1) or the newly enumerated households from the existing EB/villages of the respondents who were lost to attrition (Priority 2). No newly constructed pseudo-EBs/Villages (Priority 3) were used in Wave 3 for replenishment. Before conducting the replenishment interview(s), the household enumeration was carried out.

3.1 Household Enumeration

When replenishing using the younger age family members was exhausted and replenishment respondents were still needed, the household enumeration at Wave 3 was carried out in newly enumerated households in the existing EBs/Villages to replace lost respondents from Wave 2. The household enumeration collected information about:

- The tobacco use status of household members—smoked tobacco user/smokeless tobacco user/mixed tobacco user/non-user of tobacco,
- The socio-economic status of households,
- Gender, age, and language of household members.

As in the Wave 1 household enumeration, some basic information was collected for every adult member (aged 15 and above) in the household. A maximum of 2 attempts were made to enumerate each household. The time required to complete the Household Enumeration Form was 15 - 20 minutes.

3.1.1 Definition of a Household

A household is defined as any person or group of persons living in a dwelling. It may consist of:

- One person living alone
- A family sharing the same residence
- A family together with a roomer/boarder or employee who lives in the same residence
- A group of people who are not related but share the same residence and cooking facilities or living expense
- A private residential unit is any dwelling that is considered to be the usual place of residence for at least one of the persons living there.
- A private residential unit may be attached to a business, such as in the case of a business operating out of the home
- The following are **NOT** private places of residence:
  - Addresses that are businesses only (the employees do not live there)
  - Institutions (such as schools, hospitals, nursing homes or prisons).

To be included on the Household Enumeration Form for a particular dwelling, a respondent must have regarded the dwelling as his/her usual place of residence.

Definition of a Household Member

Individuals who are considered members of a household are:

- Those who live in the residential unit all year round
- Those whose permanent address is the residential unit, but are studying in another place and only come home during school holidays

- Those whose permanent address is the residential unit, but are working abroad or in another city and only come home once in a while

If a member is absent for the whole period of time when fieldwork is being conducted, but still comes home at least once a year, s/he could be enumerated but would not be selected for an interview. Visitors (relations or friends) who are there for a short visit or a short-term stay are not considered members of the household.

Eligible Types of Dwellings

Private Home: A private home is any dwelling that is considered to be the usual place of residence for at least one of the persons living there. The person may be:

- a family member
- a roomer/boarder
- an employee

The following are types of private homes:

Independent Home: An independent home does not share wall, roof, floor or entrance with another dwelling.

Duplex Home: A duplex home has separate facilities from another dwelling with which it shares a wall, roof, floor or entrance.

Apartment in a Building: An apartment is one dwelling with its own facilities in a set of dwellings within the same building.

Room in a Building: A room in a building shares with another dwelling in the same building a wall and/or roof and/or floor. The residents of the room may also share water and/or washroom facilities with other dwellings in the same building.

Private Home AND Business: A private home and business is any dwelling that serves both as a business and the usual place of residence, such as in the case of a business operating from home.

Room Built for Other Reason (not for dwelling): This is a built room not intended as a dwelling, but inhabited at the time of visit. In such a case, it was asked whether there was at least one person living in that place at that time, so that the place could be considered a dwelling.

Ineligible Dwellings

The survey was not conducted with individuals living in institutions, such as schools, hospitals, nursing homes, jails, NGOs, or religious institutions.

3.1.2 Enumeration Form

The enumeration form was developed to fulfill two major objectives–first, to determine the tobacco use status—smoked tobacco user, smokeless tobacco user, mixed tobacco user, or non-user of tobacco of each individual member in the household age 15 and older. The enumeration data allowed us to estimate the tobacco use prevalence by region, ethnicity, gender, and age. The second objective was to serve as a sampling frame for selection of individuals within the household.

3.1.3 Enumeration Sample

Table 1 Enumerated households and adults by state at Wave 3

State	Households Enumerated	Individuals/Adults Enumerated
Maharashtra	990	3,250
West Bengal	282	1,005
Madhya Pradesh	477	1,861
Bihar	25	111
Total	**1,774**	**6,227**

3.1.4 Household Recontact Form

Household Recontact Form HRF was used specifically for the cohort sample to collect and update the household information and replenish the specific younger age respondent(s), depending when the recontact household was recruited (either at Wave 1 or 2), and what the type of respondents interviewed in the household (either tobacco users, non-users or both).

There were 6 types of HRFs as follows:

1. Wave 1 (& Wave 2) Tobacco User Interviewed Household
2. Wave 1 (& Wave 2) Non-user Interviewed Household
3. Wave 1 (& Wave 2) Tobacco User and Non-user Interviewed Household
4. Wave 2 Tobacco User Interviewed Household
5. Wave 2 Non-user Interviewed Household
6. Wave 2 Tobacco User and Non-user Interviewed Household

All household recontact forms were pre-filled with the past wave respondents' information (see Appendix D).

3.2 Survey Questionnaires

There were one household survey, three types of screeners, and seven types of individual tobacco use surveys.

3.2.1 Household Survey

In each selected household that contained eligible adult members, the identified key Informant or head of Household was given a brief Household (H) survey which collected information about the household including income, expenditure, and wealth index. The purpose of the Household Survey was to measure the socio-economic status of the household. If the Key Informant/Head of Household was available at the first household visit, the H survey was administered before the individual household members were selected and interviewed. If not, an appointment was made to come back to complete the H Survey. For each recontact household, the cover page of household survey was pre-filled with its unique household IDs assigned in the past.

3.2.2 Screeners

After completing the household survey and before administering the appropriate questionnaire, each selected respondent was first given a screener questionnaire. Each screener contained three questions to determine current tobacco use status, and thus determine the correct survey to administer. There were three screeners. Screener 1 or 2 were for the recontact respondent. Which screener for a recontact respondent to administer was determined by whether he/she was a tobacco user or non-user at the previous wave. Screener 3 was used for all replenishment respondents regardless of tobacco use status.

Screener 1: Replenishment Respondent (for a new respondent, including the younger age respondent from the recontact households)
Screener 2: Recontact Tobacco User (including Quitter) (for a recontact respondent who was either a smoked tobacco and/or smokeless user or who has quit using these products)
Screener 3: Recontact Tobacco Non-user (for a recontact respondent who was not a smoked tobacco and/or smokeless user)

3.2.3 Individual Surveys

Types of Individual Survey

- **Cigarette Smoker Survey (C)**: For respondents who only smoked cigarettes.
- **Bidi Smoker Survey (B):** For respondents who only smoked bidis.
- **Dual Smoker Survey** (**D):** For respondents who smoked both cigarettes and bidis
- **Smokeless Product User Survey (L):** For respondents who only used smokeless products.
- **Mixed Tobacco User Survey (M):** For respondents who smoked and used smokeless products.
- **Non-user Survey (N):** For respondents who did not smoke or use any form of smokeless product.
- **Quitter Survey (Q):** For recontact respondents only who had quit all forms of tobacco or smokeless products completely since previous wave.

Content of Individual Survey

- Demographic questions (e.g., age, gender, religion, education, income, socio-economic status);
- Questions relevant to the policies of interest (policy-relevant, or “proximal” measures) of the FCTC (e.g., warning labels, light/mild, advertising/promotion, price/taxation, smoke-free, cessation)
- Moderator variables (e.g., time perspective, collectivist vs. individual orientation);
- Other well-established questions assessing smoking behaviour;
- Other important psychosocial predictors of smoking behaviour (e.g., normative beliefs, self-efficacy, intentions to quit) (distal variables).

Language of Survey

All surveys were translated into three different languages – Hindi, Bengali, and Marathi. An English version of the survey was made available for those respondents who wished to complete the survey in English. The process of translation and questionnaire testing was carried out as follows.

Translation

- Questionnaires were translated into two varieties of Hindi (the difference is very minor), each for Madhya Pradesh and Bihar, Marathi, and Bengali by Healis and the respective state collaborators.

- Verification – Healis, the respective state collaborators, research assistants of India origin studying at the University of Waterloo reviewed the respective translated versions to verify that the translation into each language was appropriate (i.e., the meaning of the English questions had not changed)

Length of the Interview

The survey was conducted by a face-to-face interview with the respondent. It took approximately 81 minutes for tobacco users and about 55 minutes for the non-user of tobacco survey.

3.2.3 Exit and Compensation

At the end of the interview, all respondents were debriefed, remunerated, and thanked for their time. Equivalent tokens of appreciation presented to respondents for each state were listed below:

1. Maharashtra –blankets
2. West Bengal – blankets
3. Bihar – blankets
4. Madhya Pradesh –towels

3.2.4 Sample Size and Representation

The total interview sample consisted of 10,474 respondents.

Table 2 Tobacco Use Status, Gender in States of the Sample in Wave 3

Sample	Smoked Tobacco User		Mixed Tobacco User		Smokeless Product User		Quitter*		Non–user	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Maharashtra	129	1	77	1	812	763	114	120	224	378
Bihar	58	12	67	2	947	550	126	229	250	357
Madhya Pradesh	236	3	111	6	1,027	445	131	56	234	371
West Bengal	526	9	231	10	503	589	106	49	189	425
Grand Total	**949**	**25**	**486**	**19**	**3,289**	**2,347**	**477**	**454**	**897**	**1,531**

***any user type**

Table 3 Tobacco Use Status, Residence Status in States of the Sample in Wave 3

Sample	Smoked Tobacco User		Mixed Tobacco User		Smokeless Product User		Quitter*		Non–user	
	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
Maharashtra	103	27	64	14	1,148	427	115	119	416	186
Bihar	60	10	61	8	1,124	373	230	125	457	150
Madhya Pradesh	127	112	91	26	1,144	328	136	51	425	180
West Bengal	384	151	189	52	812	280	128	27	450	164
Grand Total	**674**	**300**	**405**	**100**	**4,228**	**1,408**	**609**	**322**	**1,748**	**680**

*any user type

Table 4 Retention Rates by tobacco use status between Waves 1, 2, and 3

Sample	Tobacco Use Status at recruitment	Wave 1	Wave 2						Wave 3							Tobacco use at Wave 3		
		Total	Lost*		Retained		Recruited	Total*	Total*	Lost		Retained		Recruited	Total	User	Non user	A+B
		n	n	(%)	n	(%)	n	N	n	n	(%)	n	(%)	n	n	n	n	Total
Maharashtra	User	2,051	526	25.65	1,525	74.35	480	2,005	2,531	1,192	47.1	1,339	52.9	643	2,017	1,982	0	1,982
	Non-user	688	152	22.09	536	77.91	158	694	846	376	44.21	470	55.79	167	602	35	602	637
Bihar	User	2,008	66	3.29	1,942	96.71	64	2,006	2,072	257	12.4	1,815	87.6	169	1,991	1,984	0	1,984
	Non-user	600	22	3.67	578	96.33	22	600	622	78	12.54	544	87.46	70	607	7	607	614
Madhya Pradesh	User	1,992	164	8.23	1,828	91.77	163	1,991	2,155	850	39.4	1,305	60.6	672	2,015	1,977	0	1,977
	Non-user	621	51	8.21	570	91.79	29	599	650	245	37.69	405	62.31	238	605	38	605	643
West Bengal	User	2,000	155	7.75	1,845	92.25	141	1,986	2,141	621	29.01	1,520	70.99	457	2,023	1,977	0	1,977
	Non-user	625	50	8	575	92	45	620	670	176	26.27	494	73.73	166	614	46	614	660
Overall	**User**	**8,051**	**911**	**11.32**	**7,140**	**88.68**	**848**	**7,988**	**8,899**	**2,920**	**32.8**	**5,979**	**67.2**	**1,941**	**8,046**	**7,920**	**0**	**7,920**
	Non-user	**2,534**	**275**	**10.85**	**2,259**	**89.15**	**254**	**2,513**	**2,788**	**875**	**31.31**	**1,913**	**68.69**	**641**	**2,428**	**126**	**2,428**	**2,554**

*****Wave 3 total (total number of recontacts at Wave 3) = Wave 2 total (total number of respondents surveyed in Wave 2) + Wave 2 lost (total number of Wave 1 respondents lost in Wave 2); The numbers in the total columns may not add up due to tobacco use status change during the follow up.

Table 5 Retention Rates by gender between Wave 1, 2, 3

Sample	Gender	Wave 1	Wave 2						Wave 3						
		Total	Lost*		Retained		Recruited	Total*	Total*	Lost		Retained		Recruited	Total
		n	n	(%)	n	(%)	N	n	n	n	(%)	n	(%)	n	n
Maharashtra	Male	1,480	478	32.3	1,002	67.7	387	1,389	1,867	978	52.33	889	47.67	467	1,356
	Female	1,259	200	15.9	1,059	84.1	251	1,310	1,510	590	39.01	920	60.99	343	1,263
Bihar	Male	1,469	48	3.3	1,421	96.7	47	1,468	1,516	201	13.26	1315	86.74	133	1,448
	Female	1,139	40	3.5	1,099	96.5	39	1,138	1,178	134	11.38	1044	88.62	106	1,150
Madhya Pradesh	Male	1,771	143	8.1	1,628	91.9	135	1,763	1,906	749	39.24	1157	60.76	582	1,739
	Female	842	72	8.6	770	91.4	57	827	899	346	38.49	553	61.51	328	881
West Bengal	Male	1,608	148	9.2	1,460	90.8	110	1,570	1,718	520	30.27	1198	69.73	357	1,555
	Female	1,017	57	5.6	960	94.4	76	1,036	1,093	277	25.34	816	74.66	266	1,082
Overall	**Male**	**6,328**	**817**	**12.9**	**5,511**	**87.1**	**679**	**6,190**	**7,007**	**2,448**	**34.91**	**4559**	**65.09**	**1,539**	**6,098**
	Female	**4,257**	**369**	**8.7**	**3,888**	**91.3**	**423**	**4,311**	**4,680**	**1,347**	**28.76**	**3333**	**71.24**	**1,043**	**4,376**

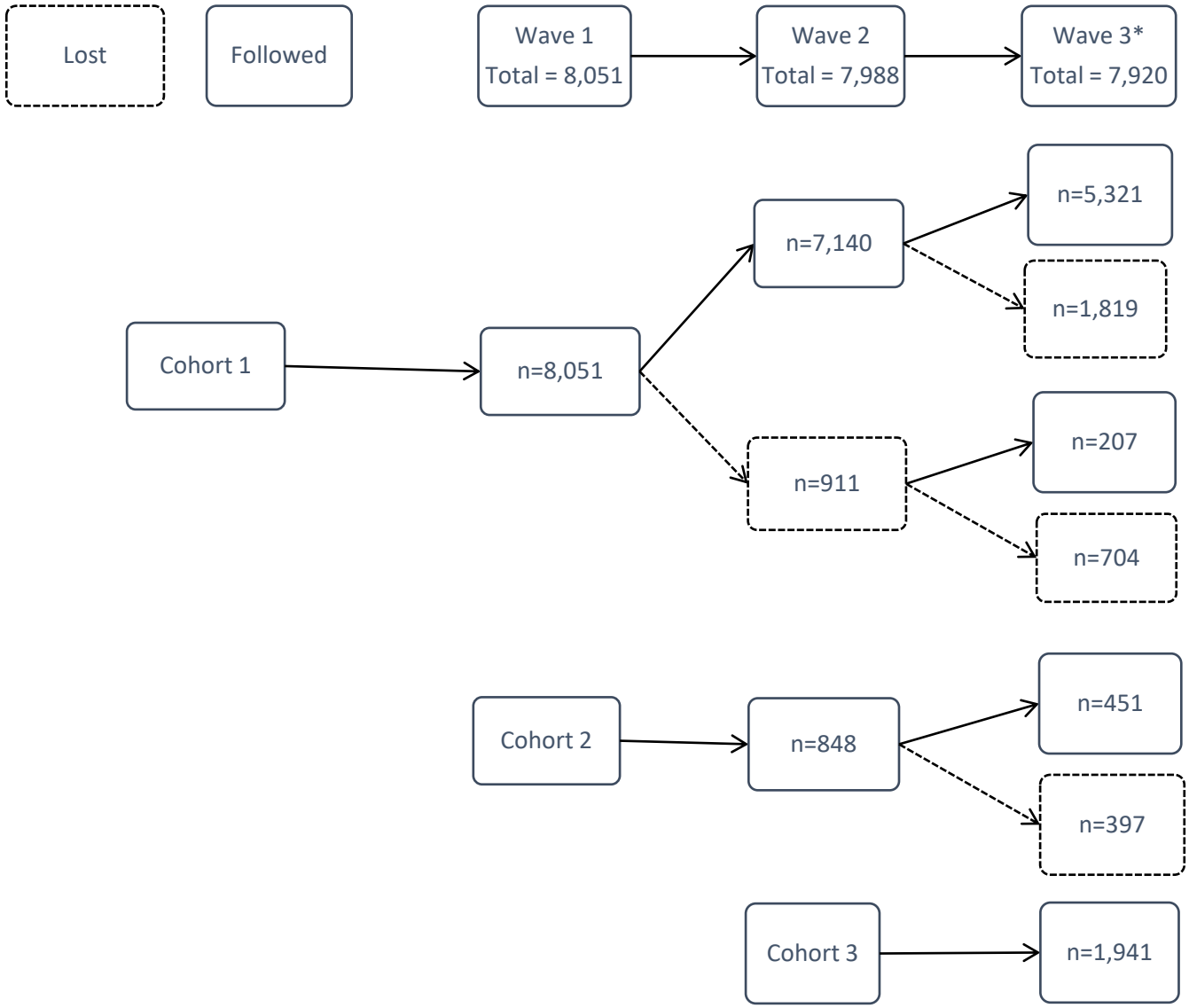
*****Wave 3 total (total number of recontacts at Wave 3) = Wave 2 total (total number of respondents surveyed in Wave 2) + Wave 2 lost (total number of Wave 1 respondents lost in Wave2); The numbers in the total columns may not add up due to tobacco use status change during the follow up.

Table 6 Retention Rates by residence between Wave 1, 2 and 3

Sample	Residence Status	Wave 1	Wave 2						Wave 3						
		Total	Lost*		Retained		Recruited	Total*	Total*	Lost		Retained		Recruited	Total
		n	n	(%)	n	(%)	n	n	n	n	(%)	n	(%)	n	n
Maharashtra	Urban	1,905	507	26.6	1,398	73.4	465	1,863	2,370	1247	52.53	1,123	47.47	723	1,846
	Rural	834	171	20.5	663	79.5	173	836	1,007	321	31.88	686	68.12	87	773
Bihar	Urban	1,921	85	4.4	1,836	95.6	83	1,919	2,004	303	15.12	1,701	84.88	231	1,932
	Rural	687	3	0.4	684	99.6	3	687	690	32	4.64	658	95.36	8	666
Madhya Pradesh	Urban	1,972	192	9.7	1,780	90.3	172	1,952	2,144	917	42.77	1,227	57.23	696	1,923
	Rural	641	23	3.6	618	96.4	20	638	661	178	26.78	483	73.22	214	697
West Bengal	Urban	1,958	166	8.5	1,792	91.5	163	1,955	2,121	702	33.10	1,419	66.90	544	1,963
	Rural	667	39	5.8	628	94.2	23	651	690	95	13.77	595	86.23	79	674
Overall	**Urban**	**7,756**	**950**	**12.2**	**6,806**	**87.8**	**883**	**7,689**	**8,639**	**3,169**	**36.66**	**5,470**	**63.34**	**2,194**	**7,664**
	Rural	**2,829**	**236**	**8.3**	**2,593**	**91.7**	**219**	**2,812**	**3,048**	**626**	**20.51**	**2,422**	**79.49**	**388**	**2,810**

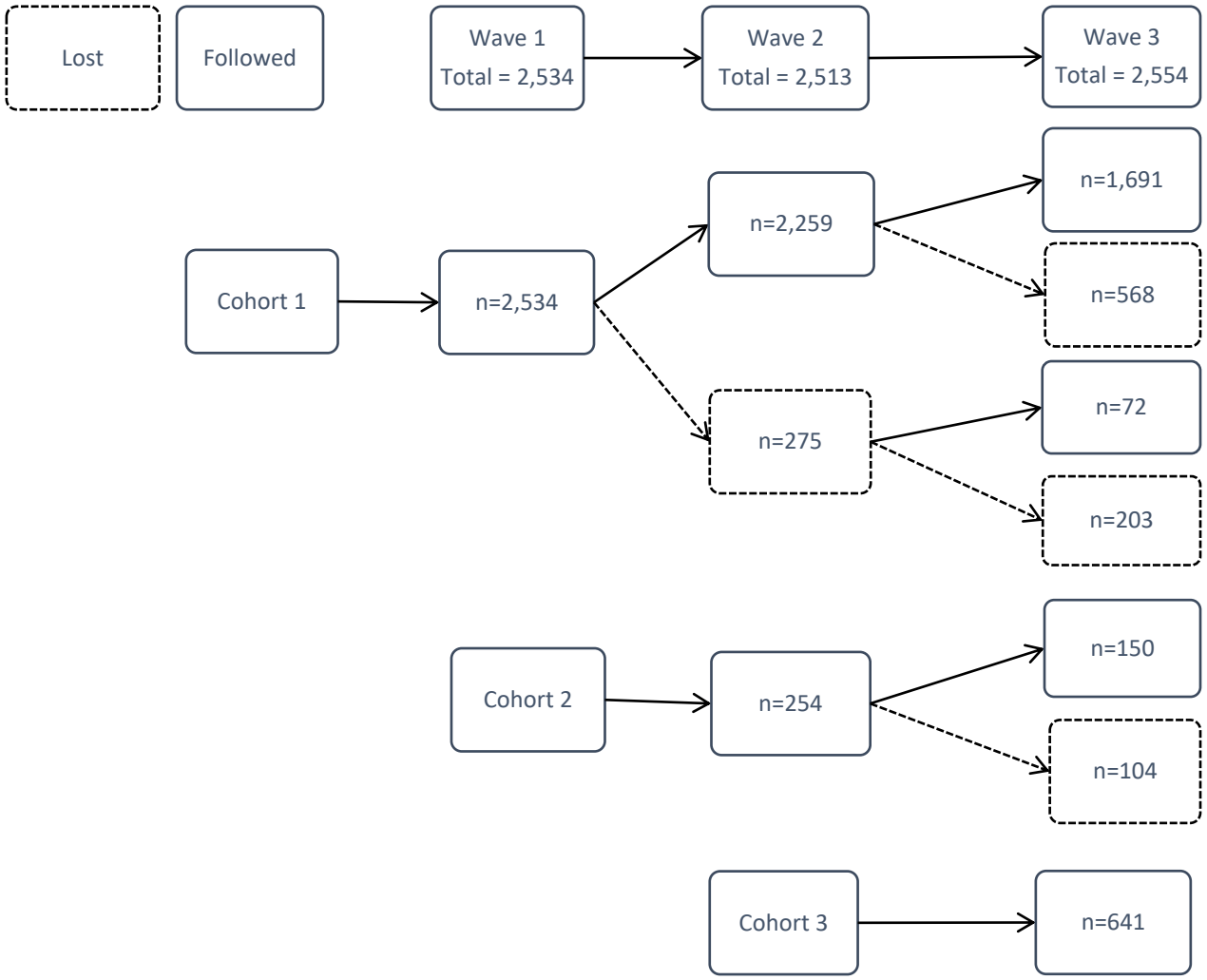
*****Wave 3 total (total number of recontacts at Wave 3) = Wave 2 total (total number of respondents surveyed in Wave 2) + Wave 2 lost (total number of Wave 1 respondents lost in Wave2); The numbers in the total columns may not add up due to tobacco use status change during the follow up.

Figure 3: Number of tobacco users recontacted, lost, or replenished in Waves 1-3



*Note: the Wave 3 totals for in Figure 3 and 4 differ from those in Table 2. In Table 2, respondents were classified according to which survey they completed at Wave 3. In total, 8,046 Wave 3 respondents completed a user or quitter questionnaire. In Figure 3 , respondents were classified according to their tobacco use when first recruited. There were 5,528, 451, and 1,941 Wave 3 respondents who were recruited as users in Cohorts 1, 2 and 3 respectively, for a total of 7,921.

Figure 4: Number of non-users recontacted, lost, or replenished in Waves 1-3



*Note: the Wave 3 totals for non-users in Figure 4 differ from those in Table 2. In Table 2, respondents were classified according to which survey they completed at Wave 3. In total, 2,428 Wave 3 respondents completed the non-user questionnaire. In Figure 4, respondents were classified according to their tobacco use when first recruited. There were 1,763, 150, and 641 Wave 3 respondents who were recruited as non-users in Cohorts 1, 2 and 3 respectively, for a total of 2,554.

3.2.5 Fieldwork Strategies by State

Maharashtra

Fieldwork was launched in Maharashtra on August 14, 2018 and ended on June 15, 2019. The ID numbers of the selected research areas are listed in Table 7.

Table 7: ID Numbers of selected research areas – Maharashtra (Census of India 2001)[1]

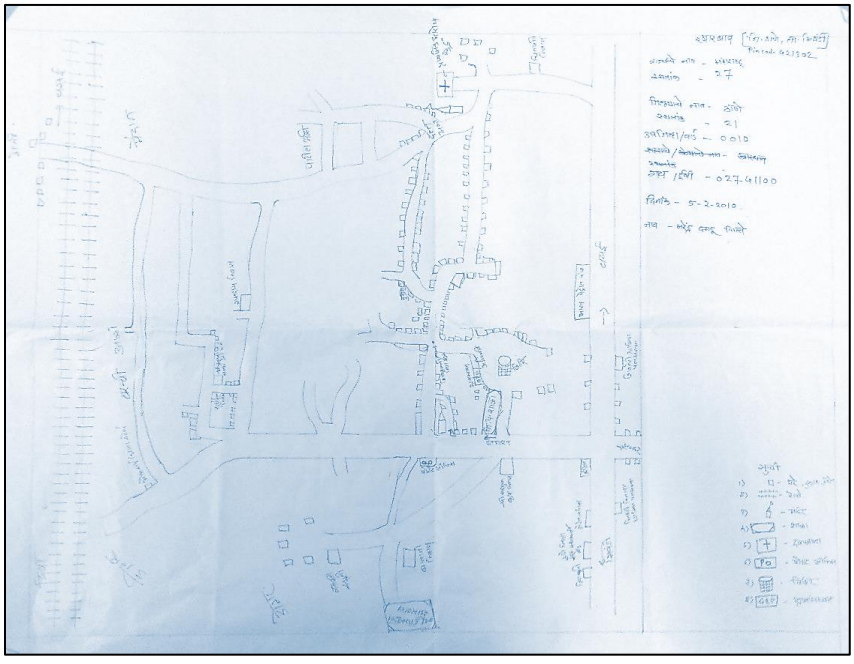
State	U/R	District	Sub district/Ward	Village/EB
27	U = 1 and R = 2	21, 22, 23	**Sub districts:** 8, 12, 10 **Wards:** 527, 732, 934, 1256, 1564, 1668, 1975, 2080, 2282, 2487	**Villages:** 2729600, 2736700, 2789800, 2741100 **EBs:** 225, 1001, 170, 572, 46, 26, 20, 27, 85, 146, 390, 327, 3, 39, 70, 12, 357, 303, 78, 164, 111, 114, 49, 81, 20, 332, 166, 93, 99, 51, 46, 47, 93, 442, 613, 83, 271, 555, 723, 350.

The fieldwork team needed to enumerate additional 990 new households living in the existing EBs/ Villages from Ward 732, 1256,1564, 2080 and 2736700 to obtain the required sample size of tobacco users and non-users of tobacco.

Final counts in Maharashtra:

- Total HHs enumerated – 990
- Total HRF-1,915
- Tobacco users completed –2,017
- Non-users of tobacco completed –602

Figure 5: Sample of a Pseudo Map in Maharashtra



Bihar

Fieldwork was launched in August 13, 2018 and ended on December 29, 2019. A sampling sheet was prepared for Bihar. Urban EB maps were obtained from the Census office in Patna; village maps were drawn by field interviewers.

Table 8: ID Number of selected research areas – Bihar (Census of India 2001)[1]

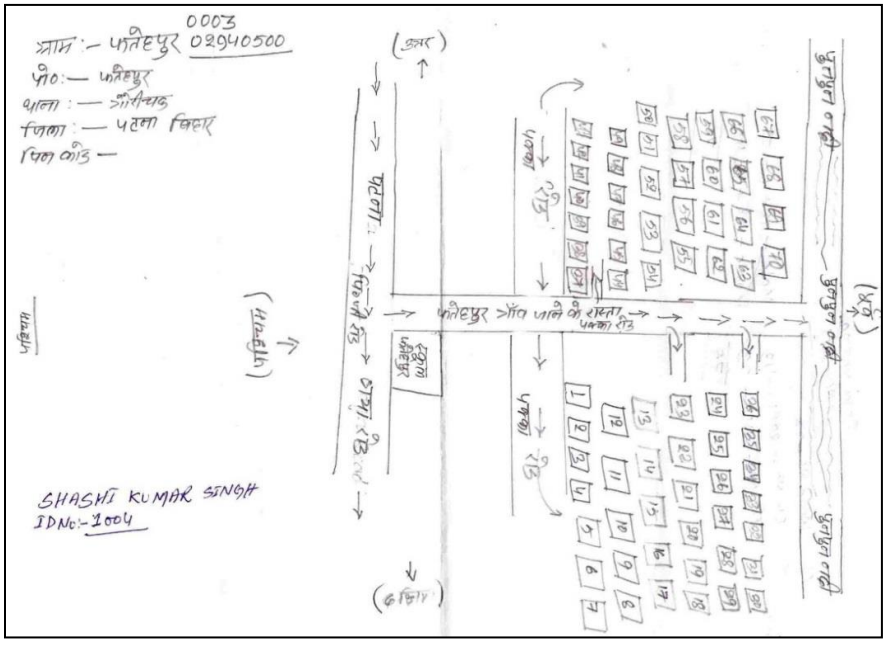
State	U/R	District	Sub district/Ward	Village/EB
10	U = 1 and R = 2	28	**Sub districts:** 2, 3, 5 **Wards:** 1, 3, 6, 9, 14, 17, 21, 24, 31, 37	**Villages:** 2940500, 2935200, 2939200, 2946800 **EB:** 168, 103, 269, 75, 453, 475, 499, 483, 825, 814, 899, 822, 340, 349, 358, 352, 1427, 1478, 1443, 1515, 1723, 1725, 1694, 1710, 34, 21, 7, 17, 23, 15, 6, 9, 2719, 2688, 2698, 2705, 2990, 2951, 2995, 2958

The team was able to recontact 1266 households participating in the Wave 2 Survey, therefore only needed to enumerate 25 new households, to obtain the required sample size of tobacco users and non-users of tobacco.

Final counts in Bihar:

- Total HHs enumerated -25
- Total HRF-1,266
- Tobacco users completed –1,991
- Non-users of tobacco completed – 607

Figure 6: Sample of a Village Map in Bihar



West Bengal

Fieldwork was launched in West Bengal on September 24, 2018 and finished on July 30, 2019. A sampling sheet was prepared for West Bengal.

Table 9: ID Number of selected research areas – West Bengal (Census of India 2001)[1]

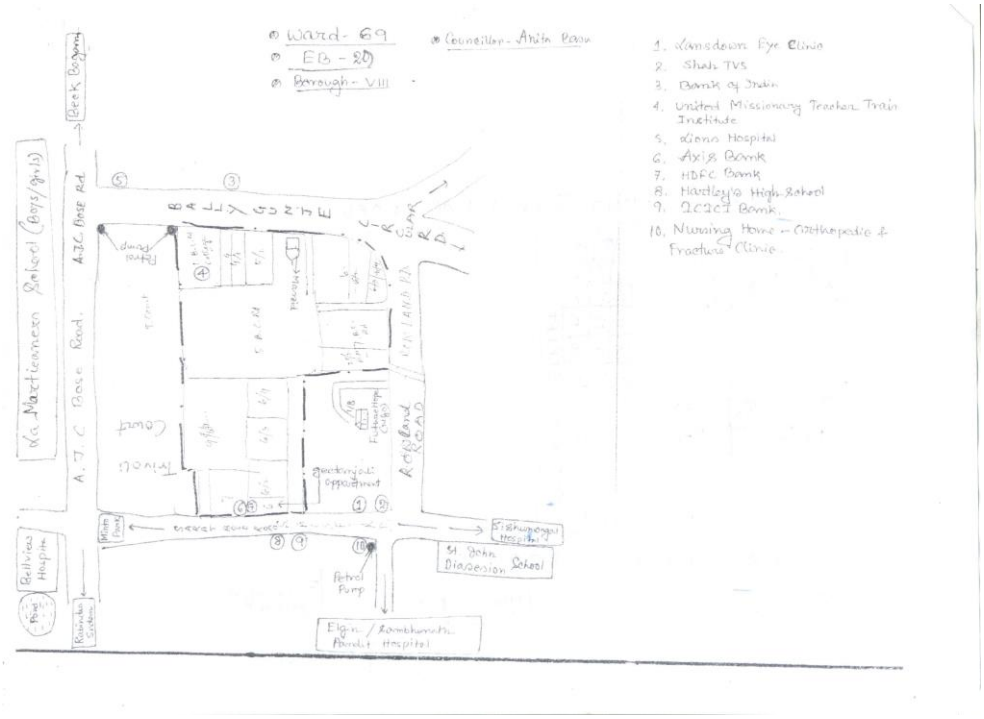
State	U/R	District	Sub district/Ward	Village/EB
19	U = 1 and R = 2	11, 17	**Sub districts:** 10, 12, 17 **Wards:** 11, 27, 42, 59, 69, 81, 95, 110, 124, 138,42, 81	**Villages:** 1691400, 1707800, 1713200, 1748000 **EB:** 38, 40, 33, 3, 14, 23, 24, 12, 9, 3, 7, 16, 15, 24, 54, 78, 60, 15, 20, 44, 12, 21, 13, 20, 62, 8, 58,10, 29, 10, 57, 10, 46, 68, 22, 34, 25*, 43, 13, 12, 33, 30

* Not visited in the Wave 3 fieldwork

Maps used in Wave 1, in addition to addresses mentioned on the HRF, were used to locate the HHs for wave 2 in urban as well as rural areas. However, for EBs in the urban area where replenishment was required and HHs were either demolished or were insufficient, a new EB (from the list of 10 EBs which had map available) was selected and replenishment was completed.

Final counts in West Bengal:

1. Total HHs enumerated –282
2. Total HRF-1,783
3. Tobacco users completed –2,023
4. Non-users of tobacco completed –614



Madhya Pradesh

Fieldwork in Madhya Pradesh began on July 30, 2018 and ended on May 03, 2019.

Table 10: ID Number of selected research areas (Census of India 2001)[1]

State	U/R	District	Sub district/Ward	Village/EB
23	U = 1 and R = 2	26	**Sub districts:** 3, 4 **Wards:** 4, 8, 11, 20, 29, 37, 50, 56, 63, 69	**Villages:** 3184900, 3195500, 3210400, 3211600 **EB:** 101, 118, 132, 115, 330, 323, 299, 335, 536, 521, 537, 530, 824, 812, 813, 810, 1036, 1044, 1041, 1040, 1266, 1286, 1257, 1271, 1541, 1551, 1532, 1530, 1760, 1752, 1763, 1773, 2017, 2006, 2005, 1996, 2259, 2274, 2262, 2277

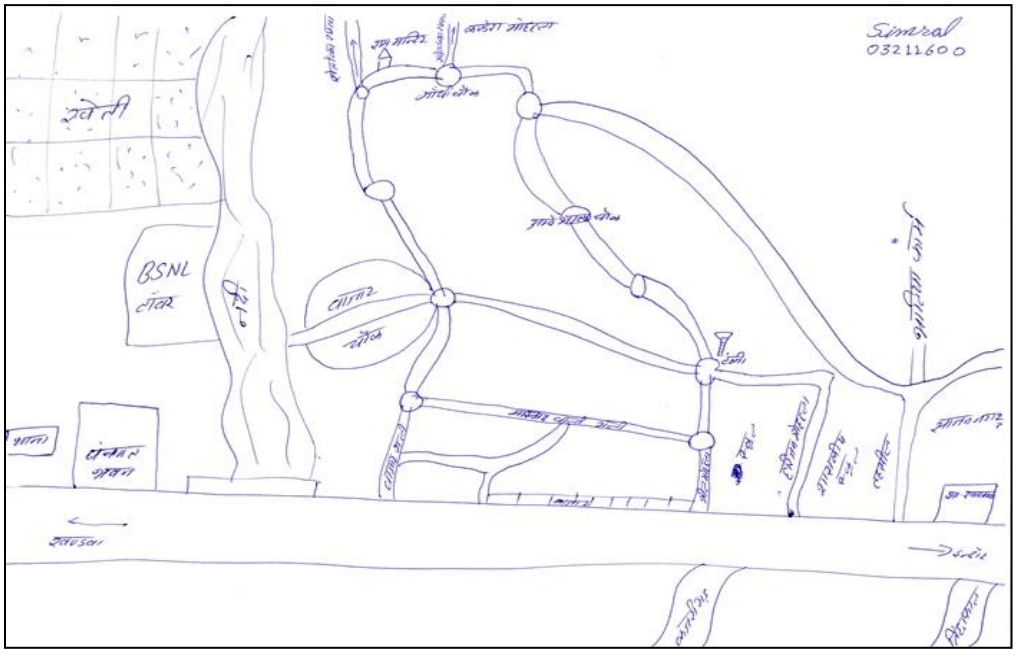
All 40 EB maps were obtained from the Census office. Indore and village maps were drawn by field interviewers.

The team was able to recontact 1127 household participated in the Wave 2 Survey therefore only needed to enumerate 477 new households, to obtain the required sample size of tobacco users and non-users of tobacco.

Final counts in Madhya Pradesh:

1. Total HHs enumerated –477
2. Total HRF- 1,127
3. Tobacco users completed –2,015
4. Non-users of tobacco completed –605

Figure 7: Sample of a Village map from Madhya Pradesh



3.2.6 Contingencies in Survey Fieldwork

- Fieldwork in both rural areas and urban area was somewhat difficult as most of the respondents were busy in daytime, and the interviewers had to conduct interviews at early morning and late night as per the availability of the respondents.
- The field investigators took prior appointment of the respondents but many times the scheduled interviews were cancelled owing to other priorities of respondents.
- The interviewers were greeted well in many of the areas of villages and cities as they recognized that few interviewers came to conduct survey and gave out gifts there; not only they were invited in and were given full time for survey but also offered food and refreshment to the field investigators.
- Many field investigators reported that very often they could not get proper settings to conduct interview and sometimes they had to stand hours outside on the gate or on the roadside to complete the survey.
- The mixed user survey often took 2 to 2.5 hours to complete so it created discomfort for respondents.
- New fieldwork interviewers had to be hired and trained in the middle of the fieldwork due to staff attrition at Maharashtra and West Bengal.
- Many past wave respondents moved out of study areas in Bihar.
- A fairly large number of deaths were reported in the study areas of Madhya Pradesh.

3.2.7 Resurvey in Bihar

- In June 2019, a mail package containing the 156 set of completed survey questionnaires, including HRFs, HEFs or screeners was lost in transit from Patna to Mumbai. As per the project's protocol, all data forms must be sent to Healis's office for data entry and record keeping.
- Healis requested the courier company to conduct a thorough search for the missing shipment. An extensive search effort was organized, however the courier company was still unable to find the missing shipment.
- The Healis team decided to resurvey the lost individual records and thus started by re-training the field staff and subsequently collecting data by the end of July 2019.
- The data collection stopped on September 2, 2019 due to flooding in one village and the relocation of the residents. The data collection resumed in the first week of November and completed in December 2019.
- The fieldwork staff went back to resurvey 173 respondents. Of those, 156 respondents were from a lost shipment while in transit from the state of Bihar to Navi Mumbai, and 17 respondents were due to misprinting of individual survey questionnaires that had a significant number of missing pages. Of the 156 respondents, 151 were successfully resurveyed.
- The fieldwork staff used the printed version of the household recontact forms, screener, consent forms as per the original protocol which have been approved by the University of Waterloo Research Ethics Committee and Healis IEC.
- However, in order to avoid the incident happening again and to save time in the required double data entry if they were to use the printed survey questionnaires, Healis decided to use a Computer-Assisted Personal Interviewing (CAPI) technique, which employs programmed survey questionnaires, to conduct the re-interviews. Healis used an application called RedCap (Research Electronic Data Capture https://www.project-redcap.org/) to program each of the individual surveys (mixed user, bidi smoker, cigarette smoker, smokeless tobacco user, dual user of bidi and cigarette, non-user, and quitter). The individual survey data were collected electronically using tablets. The

data collected were electronically transferred to the Healis server for storage and management.

3.2.8 Change of Survey Mode at Maharashtra

- After Healis decided to use RedCap software to resurvey some respondents in Bihar, the individual surveys were programmed in Healis' office and then tested in Maharashtra as a pilot program. The testing outcome suggested that the program worked well so Healis decided to also use the programmed surveys to complete the remaining fieldwork at Maharashtra.
- Once Healis fieldwork staff started data collection on RedCap software, they stopped data collection through hardcopy.
- A total of 282 individual surveys were completed on RedCap.

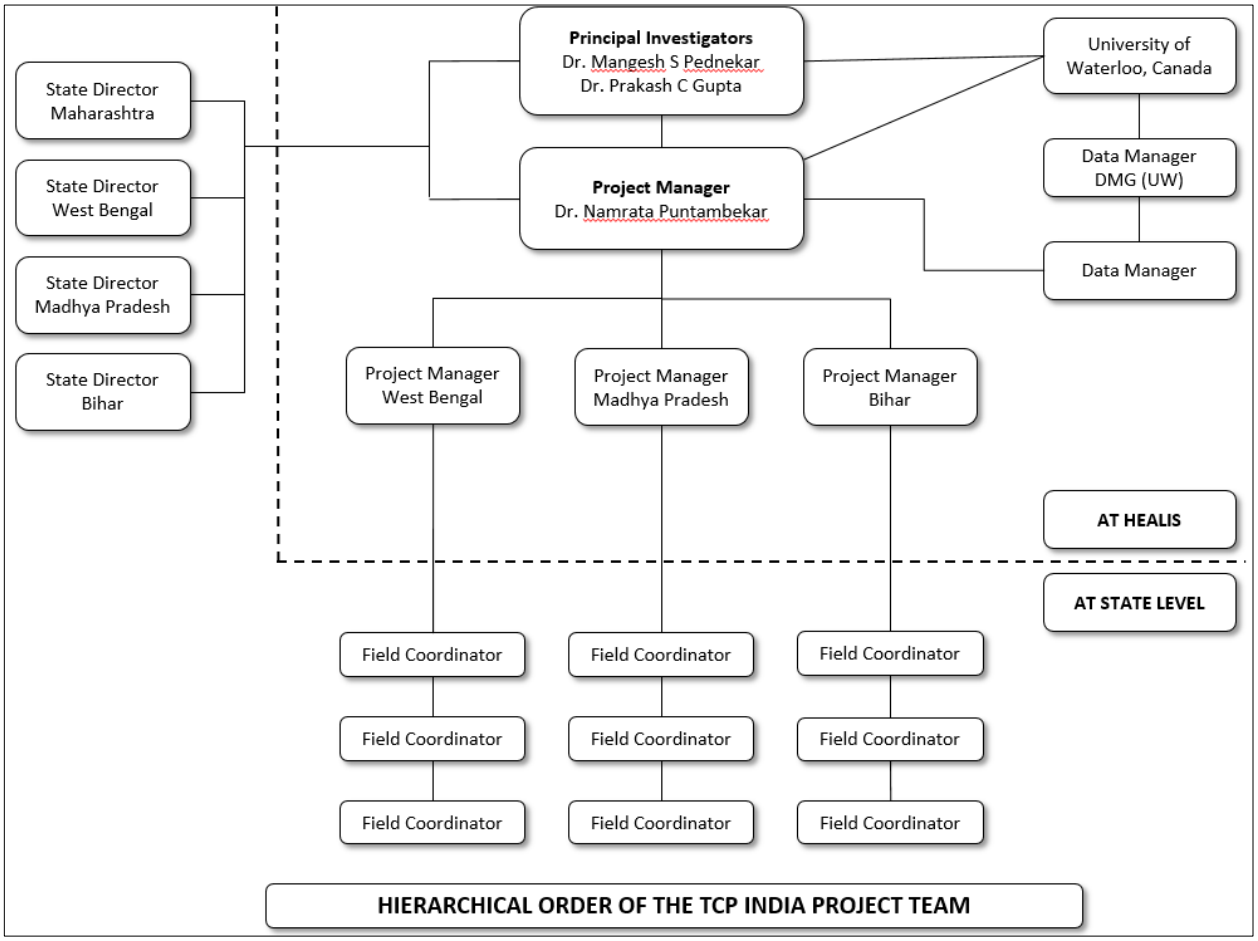
4. Monitoring and Quality Control

4.1 Management of Fieldwork Teams

The project fieldwork team consisted of seven levels of management, including:

- **Country Project Manager:** responsible for overseeing all aspects of the survey fieldwork, administrative duties, and communicating with the TCP India team in Waterloo. The country project manager was also responsible for the survey fieldwork at Maharashtra.
- **3 State Project Managers:** responsible for liaising with the Healis investigators, country Project Manager, and teams from their respective state. The State Project Managers were also responsible for overseeing all aspects of the survey fieldwork in their respective states, providing guidance and documents as necessary.
- **3 State Collaborators/Project Directors from Bihar, Madhya Pradesh, and West Bengal:** duties included training the field supervisors and interviewers and assigning them to survey areas, obtaining supplies, managing all forms, and reporting on fieldwork progress.
- **Data Manager:** responsible for collecting and checking all completed forms and overseeing the data entry process. In addition, four data entry operators and two data analysts were engaged to conduct the data entry, checking, cleaning, and compilation.
- **3 Field Coordinators:** duties included monitoring survey areas, obtaining supplies, managing all forms, and reporting on fieldwork progress, contacting local authorities and overseeing the interviews.
- **Interviewers:** responsible for executing the TCP India Surveys in the field.

Figure 8: Hierarchical Order of the TCP India Project Team



4.2 Interviewer Training

Training Workshops

In each state, the Interviewers and Field Supervisors were trained by the TCP India Project Manager and appointed State Project Manager from Healis Sekhsaria Institute for Public Health, with the respective State Collaborator in a 4-day training session. PowerPoint presentations were prepared to review each aspect of the enumeration and survey procedures. During the training, the enumerators and Field Supervisors engaged in mock interviews with each other and practised filling out enumeration forms. They were given feedback to improve their interviewing skills. Details about the training workshops in each state are as follows:

- In **Maharashtra**, the first interviewer training workshop was conducted at the Healis Sekhsaria Institute for Public Health, Navi Mumbai between July 10 and 13, 2018. The second interviewer training was conducted on January 8-12, 2019. Dr. Mangesh S. Pednekar and Dr. Namrata Puntambekar, Ms. Keyuri Adhikari and Dr. Manisha Pathak, presented at the workshop which was attended by 1 field supervisor and 7 field interviewers.
- In **Bihar**, The interviewer training workshop was conducted at the School of Preventive Oncology, Patna between May 29 and June 1, 2018. Ms. Keyuri Adhikari, Dr. Namrata Puntambekar, Dr. Manisha Pathak and Dr. Mangesh S. Pednekar presented at the workshop which was attended by 1 field supervisor and 7 field interviewers.

- In **West Bengal**, The first interviewer training workshop was conducted at the Cancer Foundation of India, Kolkata on August 7-10, 2018. Due to a high turnover of field interviewer, the second interviewer training workshop was conducted between November 28 and December 1, 2018. Dr. Mangesh S. Pednekar, Dr. Namrata Puntambekar and Dr. Manisha Pathak presented at the workshop which was attended by 1Field Supervisor and 6 field interviewers.
- In **Madhya Pradesh**, The interviewer training workshop was conducted at the Madhya Pradesh Voluntary Health Association, Indore between June 12-15, 2018. Dr. Namrata Puntambekar, Ms. Keyuri Adhikari, Dr. Mansiha Pathak, Dr. Mangesh S. Pednekar presented at the workshop which was attended by 1 Field Supervisor and 6 field interviewers.

Training and Fieldwork Manuals

A manual on how to recontact or enumerate a household and conduct a survey interview was written to train survey interviewers before the survey fieldwork began.

4.3 Monitoring & Quality Assurance

Communication

- E-mail was the preferred method for communication on day to day matters.
- telephone/mobile also used as major source of communication to communicate with field supervisors and field investigators.
- All project managers kept files of written communications and changes as a record of correspondence.

Project meetings

- Formal progress meetings were held at weekly intervals with the PI and all the team member (every Friday 2:00 PM) till the completion of the project.
- All the key action points for every weekly meeting were documented.
- Ad-hoc meetings – were arranged to deal with specific technical, fieldwork issues, data entry issues as they arose.

Reporting

- Fieldwork progress updates were updated on daily basis for all states.
- All the scientific queries and concerns from the field supervisor and field investigator for each state were directly reported to the respective state managers of each state and solutions were provided. If any issue was unresolved at state manager level it was escalated and the solution was provided.

Data entry report

- The single and double data entry progress were updated on a daily basis for all states.

Error rectification

- Errors identified in the data entry process for each state were rectified on weekly basis by the respective state manager.

4.4 Handling Special Situations

Private interviews

Adult participants were interviewed alone whenever possible. If another person insisted on being present, the respondent needed to agree for the interview to proceed.

Proxy Interviews
A proxy interview is an interview conducted with another knowledgeable member of the household on behalf of the selected respondent. Proxy interviews were not allowed in the TCP India Survey.

Respondent Not Available
If a respondent was unavailable, an appointment time (hard appointment) was rescheduled to interview that respondent.

Substitution
A substitution from the same household was allowed ONLY if a selected member from the Non-User category (N status) had an Individual Outcome Code 2 (Language barrier) or Code 3 (Health/mentally incapable) or Code 8 (Away from the household for the entire survey period).

5. Weights Construction

5.1 Wave 1 sampling

The sampling plan was as follows, in each of the four states:

Maharashtra
Bihar
Madhya Pradesh
West Bengal

In each state, we surveyed in the principal or capital city (Mumbai in Maharashtra, Patna in Bihar, Indore in Madhya Pradesh, and Calcutta in West Bengal), and the surrounding rural area.

In each state, the plan was to enumerate at least 2000 households, and interview at least 2000 adult tobacco users and 600 non-users. That is, 2000 households were enumerated, and if the required number of tobacco users and non-users had not been interviewed, more households were enumerated. In each enumerated household, up to a maximum of 4 tobacco users were interviewed:

- If there were 4 or fewer adult (15 years of age or older) tobacco users in the household, all were to be interviewed.
- If there were more than 4 adult tobacco users in the household, all female adult tobacco users (up to a maximum of 4) were to be interviewed, and enough male adult tobacco users were to be interviewed to bring the total up to 4.
- When a selection of female or male tobacco users had to be made, because otherwise the total would be more than 4, those nearest the end of the enumeration list were to be selected.

The plan was also to select for interviewing one adult non-user of tobacco at random (using a die) from every third household containing at least one adult non-user of tobacco.

In each state it was decided to enumerate in (at least) 1500 urban households and 500 rural households.

Within the urban part of each state, 10 wards were selected with probability proportional to size, each ward having the same intended enumeration sample size. The intended sample size in each ward was 150 households. Within each ward number 10 enumeration blocks (EBs) were selected at random, with the intention of using the first 4 of these in the sample, augmenting the list if necessary. The attempt was made to interview the maximum numbers of households from the 1st EB and continue with next EB, and so on, until the required 150 HH per ward was achieved.

Where maps of the selected EBs were obtained (or constructed), the dwellings in an EB were approached *in random order.* Each was to be approached up to 2 times in an effort to enumerate (list the membership of) the household. Following enumeration, selection of individuals was to be made from the household roster, and the individuals were to be interviewed immediately or asked to give appointments. Up to 4 attempts were to be made to

interview an individual unless that individual had refused to respond. This was to proceed until the numbers for the EB had been reached.

Within the rural stratum of a state, namely the rural areas surrounding the urban stratum (within 50 Km diameter), a single district was chosen purposively, and 4 villages were selected from the district with probability proportional to size, from among those villages with at least 1000 households in the census list. (In Bihar, the "district" was the rural part of Patna, and in Madhya Pradesh, the "district" was the rural part of Indore.) The cut-off point of 1000 households was used so that with a household response rate of 1 in 8, the number of households that would agree to participate if asked would be at least 125. Each village chosen was mapped (unless a map already existed), and a random (preferred) or systematic sample of enough dwellings was chosen to achieve enumerations at 125 households in the village.

The dwellings in the sample within the village were approached *in random order* and up to 2 times in an attempt to enumerate (list the membership of) the household. Following this, selection of individuals was to be made from the household roster, and the individuals were to be interviewed immediately or asked to give appointments. Up to 4 attempts were to be made to interview an individual unless that individual has refused to respond. This was to proceed until the numbers for the village had been reached.

5.2 Wave 1 weights construction

5.2.1 Computation of enumerated household weights EHWT

Step H1: For each enumerated household, a secondary sampling unit (SSU) (EB or village) level weight $HW1$ was computed:

$$HW1 = H_{SSU} / h_{eSSU}$$

where H_{SSU} is actual the number of households in the SSU of the household in question, and h_{eSSU} is the number of households with composition enumerated in that same SSU.

Step H2: For each enumerated urban household, a ward (primary sampling unit) level weight $HW2$ was computed. This is the approximate number of households in the same ward represented by the enumerated household.

$$HW2 = (N_{ward} / n_{ward}) \times HW1$$

where N_{ward} is the number of EBs in the ward available and of sufficient size to be sampled from, and n_{ward} is the number of EBs in the ward from which samples were taken.

For each enumerated rural household, a district (primary sampling unit) level weight $HW2$ was computed. This is the approximate number of households in the same district represented by the enumerated household.

$$HW2 = (H_{dis} / 4H_{SSUc}) \times HW1$$

where H_{dis} is the number of households (according to census) in villages in the district available and of sufficient size to be sampled from, and H_{SSUc} is the number of households in the household's village from census.

Step H3: For each enumerated urban household, a city level weight $EHWT$ was computed. This is the approximate number of households in the same city represented by the enumerated household.

$$EHWT = H_{city} \times HW2/(10 \times H_{ward})$$

where H_{city} = number of households in city, H_{ward} = number of households in ward, according to census.

For each enumerated rural household, a rural level weight $EHWT$ was computed. This is the approximate number of households in the same rural area represented by the enumerated household.

$$EHWT = H_{area} \times HW2/(H_{dis})$$

where H_{area} = number of households in area, H_{dis}= number of households in district, according to census.

Notes:

The number of households in the area was obtained from the 2001 census with a few exceptions. In Bihar, since the 2001 census data could not be obtained for three urban area wards 9, 21, and 24, the corresponding 2011 census data (wards 14, 31, 35) were obtained with the number of EBs in these three wards and the number of households for each enumerated EB in these three wards. These numbers were used for calculating HW1 and HW2 in steps H1 and H2.

For the other wards in the urban area of Indore in Bihar, the urban area of Mumbai in Maharashtra, and the urban area of Kolkata in West Bengal, the obtained census data only contained population numbers at the EB level (P_{SSU}). To estimate the number of households at the EB level, the following equation was used.

$$H_{SSU}=P_{SSU}/(P_{ward}/H_{ward})$$

where P_{ward} is the number of population at the ward level and H_{ward} is the number of households at the ward level. P_{ward}/H_{ward} therefore represents the average number of members per household in the ward. The calculated H_{SSU} were then used in step H1.

5.2.2 Prevalence estimates

We were able to use the urban *EHWT* weights to estimate the prevalence of tobacco use of various kinds in a city, by gender.

For example,

$$\hat{P}_{sm,male} = (\sum_j EHWT_j MALESM_j)/(\sum_j EHWT_j MALE_j)$$

where the sums are over enumerated households *j* in a city, and $MALE_j$ and $MALESM_j$ are respectively the numbers of male adults and male adult smokers in household *j*.

5.2.3 Computation of interview household weights *IHWT*

Step H4: For each household in which there is an interview, a city or area level weight *IHWT* was computed. The calculation is different for tobacco use households and others. It is interpreted as the number of households in the city represented by that household.

For tobacco use households we can think of this as being 0 for any enumerated household without an interview; the *EHWT* values for tobacco use households without an interview (perhaps because of refusal) are effectively redistributed to households with an interview. For a tobacco use household with an interview,

$$IHWT = EHWT' \frac{h_{etSSU}}{h_{itSSU}},$$

where h_{itSSU} is the number of tobacco use households in the EB or village with an interview, and h_{etSSU} is the number of enumerated tobacco use households in the EB or village. (The ratio should be close to 1.) For a household with an interview but no tobacco use,

$$IHWT = EHWT' \frac{h_{enSSU}}{h_{inSSU}}$$

where h_{inSSU} is the number of non-use-of-tobacco households in the EB or village with an interview, and h_{enSSU} is the number of enumerated non-use-of-tobacco households in the EB or village. (The ratio may be close to 3.)

Notes:
In the first of the above formulae, if we sum the IHWT over the tobacco use households in the EB, we get the same as the sum of the EHWT over tobacco use households. (This will hold in the exceptional case below also.) In the second, if we sum the IHWT over the no tobacco use households in the EB, we get the same as the sum of the EHWT over the no tobacco use households.

An exception applied in urban wards where, in one or more of the EBs sampled, no non-use-of-tobacco households had interviews, because the quota for non-users of tobacco had been filled. These included one ward in Maharashtra (Ward #527), four in Madhya Pradesh (Wards #4, #20, #37, #69), and four in Bihar (Wards #3, #6, #21, #31). Another exception applied where the number of non-user households with an interview was very low compared to enumerated non-user households. In those cases, namely if no non-use-of-tobacco households had interviews,

or the ratio of enumerated non-user households over the interviewed non-user households was greater than 6, the following formula was used:

$$IHWT = EHWT \times \frac{\sum_{enPSU} EHWT}{\sum_{inPSU} EHWT}$$

where $\sum_{inPSU}$ and $\sum_{enPSU}$ are respectively sums over the non-use-of-tobacco households in the ward with an interview, and the enumerated non-use-of-tobacco households in the ward.

Thus if we sum *IHWT* over all interview households in the city or rural area sample, we obtain the same value as the sum of *EHWT* over all enumerated households.

5.2.4 Computation of individual weights

Step I1: Each interviewed individual was given a household level weight W1. This is interpreted as the number of people in the same household in the category represented by the respondent.

- For an adult male tobacco user, W1 is the number of adult male tobacco users in the same household, divided by the number of interviewed adult male tobacco users in the household.
- For an adult female tobacco user, W1 is the number of adult female tobacco users in the same household, divided by the number of interviewed adult female tobacco users in the household.
- For an adult non-user of tobacco, W1 is the number of adult non-users of tobacco in the same household, divided by the number of interviewed adult non-users of tobacco in the household.

The value of W1 was capped at 4.

Step I1a: Each interviewed individual has been given an adjusted household level weight $W1a$. This adjustment guarantees that the prevalence estimates based on the *EHWT*s, the *IHWT*s, and the final individual weights will be close to the same.

Consider an EB or village stratum *h* to be defined by user and non-user households within the village.

Let AMS_{hEB}, AFS_{hEB}, $AMNS_{hEB}$, $AFNS_{hEB}$ be respectively the numbers enumerated in the EB or village stratum *h* of adult male users, adult female users, adult male non-users, adult female non-users.
Let $W1AMS_{hEB}$, $W1AFS_{hEB}$,. $W1AMNS_{hEB}$, $W1AFNS_{hEB}$ be respectively the sums of W1 in all interviewed households for adult male users, adult female users, adult male non-users, adult female non-users, in the EB or village stratum *h*.

- for an adult male user in stratum *h* of the EB or village, $W1a$ will be given by

$$W1a = (AMS_{hEB} \times W1/W1AMS_{hEB})(EHWT/IHWT)$$

- Similarly for the other refined categories.

- In case there is representation of only one gender of users or of non-users in the EB or village stratum, the relevant categories can be collapsed by gender for that EB or village stratum. For example, for a tobacco user, $W1a$ will then be given by

$$W1a = (AS_{hEB} \times W1/W1AS_{hEB})(EHWT/IHWT)$$

where AS_{hEB} is the number of enumerated adult users in the EB or village stratum *h,* and $W1AS_{hEB}$ the sum of W1 in all interviewed households for adult users in the EB or village stratum *h*. A similar equation can be applied to the adult non-users.

- In case there is representation of only users or non-users in the EB or village stratum, the relevant categories can be calculated at the ward level, instead of EB or village stratum. For example, for an adult male user, $W1a$ will then be given by

$$W1a = (AMS_{hWARD} \times W1/W1AMS_{hWARD})(EHWT/IHWT)$$

where AMS_{hWARD} is the number of enumerated adult male users in stratum *h* in the Ward, and $W1AMS_{hWARD}$ the sum of W1 in all interviewed households for adult male users in stratum *h* in the Ward. Similar equations can be applied to the other refined categories.

Step I2: Each interviewed individual was given a preliminary city or area level weight W4 which is thought of as the number of people in the same city or area represented by that individual.

The weight W4 is given by

$$W4 = IHWT \times W1a.$$

If we sum W4 over all individuals interviewed in the city or area, we should get an estimate of the adult population of the city or area.

In the absence of available population information by sex and age group in the cities or areas, the final inflation weights W6 have been set equal to W4. If information in sufficient detail becomes available from the 2011 census, W6 may be recalculated by calibration of W4 in the cities to census totals. Let $N_{a,dem}$ be the number of persons from the 2011 census in city *a* and demographic group (sex crossed with age group) *dem.* For a respondent in city *a* and demographic group *dem,*

$$W6 = W4 \times \frac{N_{a,dem}}{\sum_{a,dem} W4}$$

where $\sum_{a,dem}$ represents summation over all individuals interviewed in city *a* and demographic group *dem.*

W6 is variable aDE61915v in the data set.

5.2.5 Rescaling

Finally, the individual weights have been rescaled within each sampling category to sum to sample sizes in city/area crossed with tobacco use status (non-users, male tobacco users, female tobacco users) for use in pooled analyses. The rescaled weight is aDE61919v in the data set.

The formula used for each category is as follows:

Rescaled weight $RWT = n_C \times W6/(\sum_C W6)$,

where n_C is the actual (i.e. unweighted) size of the sample in the category, and $\sum_C W6$ denotes a sum over that subsample of the inflation weights.

5.3 Wave 2 sampling

At Wave 2, strong efforts were made to interview all Wave 1 respondents. The Wave 1 respondents who could not be recontacted were replaced at the replenishment stage. At the replenishment stage, new households were enumerated in the same urban ward (the same EB if possible) or rural village, and individuals were selected for interview in the same manner as in Wave 1, until the same numbers (within EB if possible or within village) of interviews of tobacco users/quitters and non-users were obtained.
Two new EBs were enumerated in district 17 in West Bengal. They are listed in the table below.

State	district	subdistrict	EB
West Bengal (19)	17	42	3
West Bengal (19)	17	110	10

5.4 Wave 2 weights

There are two sets of weights at Wave 2, namely the Wave 1 – Wave 2 longitudinal weights, and the Wave 2 cross-sectional weights.

5.4.1 Computation of Wave 1 – Wave 2 longitudinal weights

These are Wave 1 – Wave 2 longitudinal weights for respondents present in both waves. They are used in analyses which require that the respondents used in the analysis are present in both waves.

For the longitudinal weights, we first considered the interviewed household weights IHWT from Wave 1. For those households which were still interview households in Wave 2, we rescaled IHWT to sum to the total of the IHWTs at Wave 1 for user households and for non-user households within each Ward or Village. This produced for those households a Wave 1-Wave 2 weight labelled IHWT12.

For each Wave 1 respondent still present in Wave 2, we multiplied IHWT12 by the within household weight W1a from Wave 1, producing a preliminary longitudinal weight W12WTT. We then rescaled these W12WTT weights to sum to the Wave 1 cross sectional weight (W1XWT, this is W4 in Wave 1 weights above) totals for age group (15-24, 25-39, 40-54, 55+) and gender

within cities or within rural areas. This produced the longitudinal weights W12WT for individuals. W12WT is variable bDE61921v on the dataset.

There is also a version of these rescaled to sum to sample size within tobacco users vs non-users in each city or rural area. This is variable w12rswt on the data set, which is the variable bDE61951v on the dataset.

5.4.2 Computation of Wave 2 cross sectional weights

We first constructed Wave 2 cross-sectional interview household weights *IHWT2*. In each interview household in an EB or a village, whether a Wave 1 household or a household newly recruited at Wave 2, we let *IHWT2* be the total value of *IHWT* from Wave 1 for households of the same EB/village and household tobacco use status (TUS), divided by the number of interview households in that EB/village-TUS in Wave 2.

Exception: There are two new EBs enumerated in West Bengal, each in a different ward from Wave 1. First, for the interview households in the old EBs in such a ward, we let *IHWT2pre* be the total value of *IHWT* from Wave 1 for households of the same EB and TUS, divided by the number of interview households in that EB-TUS in Wave 2. Then, for interview households in the new EB, we let *IHWT2pre* be the average value of *IHWT2pre* over households in the old EBs in the same ward and TUS. Then for all interview households in the same ward and TUS, let

$$IHWT2 = (IHWT2pre / \sum IHWT2pre) \times \sum IHWT$$

where *IHWT* is the interview household weight from Wave 1, and the first sum is over all interview households in the ward and same TUS in Wave 2, while the second sum is over all households in the ward and same TUS in Wave 1. Thus the *IHWT2* should have the same total in the ward as *IHWT* for that TUS.

Step 2I1: Each interviewed individual, in an old household or a new household, has been given a household level weight *W1X2*. This is interpreted as the number of people in the same household with the same refined category.

- for an adult male tobacco user or quitter, *W1X2* is the number of adult male tobacco users or quitters in the same household, divided by the number of adult male tobacco users or quitters interviewed in that household
- for an adult female tobacco user or quitter, *W1X2* is the number of adult female tobacco users or quitters in the same household, divided by the number of adult female tobacco users or quitters interviewed in that household
- for an adult non-user of tobacco, *W1X2* is the number of adult non-users in the same household, divided by the number of adult non-users interviewed in that household

For a majority of recontact respondents, *W1X2* should be the same as *W1* from Wave 1. Where a Wave 1 household has some Wave 2 interviews, but also at least one dropout, or at least one person who has changed from being a non-smoker to being a smoker, *W1X2* will be different from *W1* for some members of the household. Recontact respondents quitting smoking would not cause a change from *W1* to *W1X2*.

Note: *W1X2* as defined above does not necessarily sum within the household to the number of people aged 15 and over in the household, since there will often be non-users where none was interviewed.

We have capped the value of *W1X2* at 4 to reduce the potential variability of the weights. Step 2I1a below ensures that each individual still represents an approximately correct number at the EB/village level.

The rest of the computation of individual cross-sectional inflation weights *W6X2* proceeded as at Wave 1. The variable name in the data set is bDE61915v.

5.4.3 Rescaling

Finally, the weights were rescaled within each sampling category (male tobacco-user/quitter, female tobacco-user/quitter and non-user of tobacco) and city or rural area to sum to city or rural area sample sizes, for analytical use or in pooled analyses. The formula used for the final rescaled weights is as follows:

Rescaled weight $RWTX2 = n_C \times W6X2 / (\sum_C W6X2)$,

where n_C is the actual (i.e. unweighted) size of the city or area subsample for the sampling category, and $\sum_C W6X2$ denotes a sum over that subsample of the original weights.

(The variable name for the rescaled weight is bDE61919v.)

6. Wave 3 sampling

At Wave 3, strong efforts were made to interview as many respondents as possible from Wave 2 and from dropouts who had participated in Wave 1 but not in Wave 2. The respondents who could not be recontacted were to be replaced at the replenishment stage.
But also, during the recontact stage, efforts were made to recruit new respondents in the younger age groups from recontact households, from those who were previously ineligible because of being too young; these would have been approximately of ages 9-14 in Wave 1, thus of ages 15-20 in Wave 3, or approximately of ages 11-14 in Wave 2, thus of ages 15-18 in Wave 3. These new younger respondents from recontact households are considered to be replenishment respondents.

At the replenishment stage, there was another departure from the method used at Wave 2. It was decided to replenish first (using previous wave protocols) from households that were enumerated in Wave 1 or Wave 2 but where no members had been interviewed because the required number of tobacco users and non-users had been reached in the EB/village. If there were additional adults required to be interviewed to achieve the required sample sizes, then they would be replenished from newly enumerated households, either in the same EBs/villages to bring their sample sizes up to the Wave 1/2 sample sizes(preferred) or in newly selected EBs/villages.

Two new villages were added in Madhya Pradesh. They are listed in the table below.

State	District	Subdistrict (Ward)	Village
Madhya Pradesh (23)	26	3	3210900
Madhya Pradesh (23)	26	4	3210440

There was also a new EB added in West Bengal (19), namely EB 42 in Ward 95 in District 17. In the same District and Ward EB 25 was discontinued. In West Bengal District 17, Ward 110 EB 10 was discontinued.

7. Wave 3 weights

There are three sets of weights at Wave 3, namely the Wave 1 – Wave 2 – Wave 3 longitudinal weights, the Wave 2 – Wave 3 longitudinal weights, and the Wave 3 cross-sectional weights.

7.1(a) Computation of Wave 1 – Wave 2 – Wave 3 longitudinal weights

These are Wave 1 – Wave 2 – Wave 3 longitudinal weights for respondents present in all three waves. They are used in analyses which require that the respondents used in the analysis are present in all three waves.

For the longitudinal weights, we first considered the interviewed household weights *IHWT* from Wave 1. For those households which were still interview households in Wave 2 and Wave 3, we rescaled *IHWT* to sum to the total of the *IHWT*s at Wave 1 for user households and for non-user households within each Ward or Village. This produced for those households a Wave 1-Wave 2-Wave 3 weight labelled *IHWT123*.

An examination of plots of the ratio of *IHWT123* to *IHWT* by urban Ward (subdistrict) or rural Village, crossed with status of household (tobacco use or no tobacco use), revealed a few very high cases, due to an unusual amount of attrition of households. Most of these were in the no-tobacco-use-household subset of the Ward or Village. We reduced these ratios by combining the no-tobacco-use-household subsets of the following pairs: Villages 2935200 and 2939200 in Bihar; Villages 3184900 and 3195500 in Madhya Pradesh; Wards 2080 and 2282 in Maharashtra; Wards 732 and 527 in Maharashtra; Wards 1564 and 1668 in Maharashtra.

For each Wave 1 respondent still present in Wave 2 and Wave 3, we multiplied *IHWT123* by the within household weight *W1a* from Wave 1, producing a preliminary longitudinal weight *W123WTT*. We then rescaled these W123WTT weights to sum to the Wave 1 cross sectional weight (*W1XWT*, this is *W4* in Wave 1 weights above) totals for age group (at recruitment) (15-24, 25-39, 40-54, 55+) crossed with gender within cities or within rural areas. This produced the longitudinal weights *W123WT* for individuals. *W123WT* is variable cDE61921v on the released dataset.

There is also a version of these rescaled to sum to sample size within tobacco users vs non-users in each city or rural area. This is variable w123rswt on the data file, which is the variable cDE61951v on the released dataset.

7.1(b) Computation of Wave 1 – Wave 3 longitudinal weights

There were 7015 respondents presenting in Waves 1, 2 and 3. However, there were also 279 respondents presenting in Wave 1 and Wave 3, but not in Wave 2. To make it possible to conduct longitudinal analyses where Wave 2 could be missing, we constructed longitudinal Wave 1 – Wave 3 longitudinal weights.

Again, we first considered the interviewed household weights *IHWT* from Wave 1. For those households which were also interview households in Wave 3, we rescaled *IHWT* to sum to the

total of the *IHWT*s at Wave 1 for user households and for non-user households within each Ward or Village. This produced for those households a Wave 1-Wave 3 weight labelled *IHWT13*.

An examination of plots of the ratio of *IHWT13* to *IHWT* by urban Ward (subdistrict) or rural Village, crossed with status of household (tobacco use or no tobacco use), revealed a small number of very high cases, due to an unusual amount of attrition of households. These were in the no-tobacco-use-household subset of three Wards and two Villages. We reduced these ratios by combining the no-tobacco-use-household subsets of the following pairs: Villages 2935200 and 2939200 in Bihar; Villages 3184900 and 3195500 in Madhya Pradesh; Wards 2080 and 2282 in Maharashtra; Wards 732 and 527 in Maharashtra; Wards 1564 and 1668 in Maharashtra.

For each Wave 1 respondent also present in Wave 3, we multiplied *IHWT13* by the within household weight W1a from Wave 1, producing a preliminary longitudinal weight *W13WTT*. We then rescaled these *W13WTT* weights to sum to the Wave 1 cross sectional weight (*W1XWT*, this is W4 in Wave 1 weights above) totals for age group (at recruitment) (15-24, 25-39, 40-54, 55+) crossed with gender within cities or within rural areas. This produced the longitudinal weights *W13WT* for individuals. *W13WT* is variable cD61921v_13 on the released dataset.

There is also a version of these rescaled to sum to sample size within tobacco users vs non-users in each city or rural area. This is variable w13rswt on the data file, which is the variable cDE61951v_13 on the released dataset.

7.2 Computation of Wave 2 – Wave 3 longitudinal weights

These are Wave 2 – Wave 3 longitudinal weights for respondents present in Waves 2 and 3. They are used in analyses which require that the respondents used in the analysis are present in both of these waves.

We first considered the interviewed household weights *IHWT2* from Wave 2. For those households which were still interview households in Wave 3, we rescaled *IHWT2* to sum to the total of the *IHWT2*s at Wave 2 for user households and for non-user households within each Ward or Village. This produced for those households a Wave 2-Wave 3 weight labelled *IHWT23*.

An examination of plots of the ratio of *IHWT23* to *IHWT2* by urban Ward (subdistrict) or rural Village, crossed with status of household (tobacco use or no tobacco use), revealed several very high cases, due to an unusual amount of attrition of households. These were in the no-tobacco-use-household subsets of two Villages and three urban Wards. We reduced these ratios by combining the no-tobacco-use-household subsets of the following pairs: Villages 2935200 and 2939200 in Bihar; Villages 3184900 and 3195500 in Madhya Pradesh; Wards 2080 and 2282 in Maharashtra; Wards 732 and 527 in Maharashtra; Wards 1564 and 1668 in Maharashtra.

For each Wave 2 respondent still present in Wave 3, we multiplied *IHWT23* by the within household weight *W1X2* from Wave 1, producing a preliminary longitudinal weight *W23WTT*. We then rescaled these *W23WTT* weights to sum to the Wave 2 cross sectional weight (*W4X2*) totals for age group (at recruitment) (15-24, 25-39, 40-54, 55+) crossed with gender within cities or within rural areas. (Because the variation of *W23WTT* weights was very high in urban West

Bengal for the age group 15-24, we used instead for urban West Bengal the age groups 15-39, 40-54, 55+ crossed with gender.) This produced the longitudinal weights *W23WT* for individuals. *W23WT* is variable cDE61923v on the released dataset.

There is also a version of these rescaled to sum to sample size within tobacco users vs non-users in each city or rural area. This is variable w23rswt on the data file, which is the variable cDE61953v on the released dataset.

7.3 Computation of Wave 3 cross sectional weights

We first constructed Wave 3 cross-sectional interview household weights *IHWT3*. In each Wave 3 interview household in an EB or a village, whether:

- a Wave 1 interview household with interview(s) at Wave 3
- a Wave 1 enumerated household having interview(s) for the first time at Wave 3
- a Wave 2 (newly recruited) interview household with interview(s) at Wave 3
- a Wave 2 enumerated household having interview(s) for the first time at Wave 3
- a Wave 3 enumerated household having interview(s) at Wave 3

we let *IHWT3* be the total value of *IHWT2* from Wave 2 for households of the same EB/village and household tobacco use status (TUS), divided by the number of interview households in that EB/village-TUS in Wave 3.

Exceptions: At Wave 3, in Madhya Pradesh, there were two new villages with enumerated households, namely village 3210900 in subdistrict 3 and village 3210440 in subdistrict 4. First, for the interview households in the old villages in such a subdistrict, we let *IHWT3pre* be the total value of *IHWT* from Wave 1 for households of the same village and TUS, divided by the number of interview households in that village-TUS in Wave 3. Then, for interview households in the new village, we let *IHWT3pre* be the average value of *IHWT3pre* over households in the old villages in the same subdistrict and TUS. Then for all interview households in the same subdistrict and TUS, we let

$$IHWT3 = (IHWT3pre / \sum IHWT3pre) \times \sum IHWT$$

where *IHWT* is the interview household weight from Wave 1, and the first sum is over all interview households in the subdistrict and same TUS in Wave 3, while the second sum is over all households in the subdistrict and same TUS in Wave 1. Thus the *IHWT3* should have the same total in the subdistrict as *IHWT* for that TUS.

At Wave 3, in West Bengal, District 17, Ward 95, recruitment in EB 25 was discontinued, and an EB 42 was added. For Wave 3 cross-sectional weights we are treating these two EBs as one.

An examination of boxplots and percentiles of *IHWT3* by village/EBcrossed with TUS showed high values for non-user households within wards 69, 732, 1256, 1564, 1668, 2080, 2282, 2487. In each of these wards except 2080, for the EB with the highest value of *IHWT3* among the EBs in the ward, we set the *IHWT3* equal to the next-highest value, and then rescaled for all households in the ward so that the sum of the *IHWT3* over the households in the subdistrict is the same as before the adjustment. In ward 2080, we replaced the *IHWT3* value for all non-user households by the average of their values under the previous calculation.

Step 3I1: Each interviewed individual, in an old household or a new household, has been given a household level weight *W1X3*. This is interpreted as the number of people in the same household with the same refined category.

- for a male tobacco user or quitter (i.e. recruited as tobacco user but now no longer using tobacco), *W1X3* is the number of male tobacco users or quitters (aged 15 and up) in the same household, divided by the number of male tobacco users or quitters interviewed in that household
- for a female tobacco user or quitter, *W1X3* is the number of female tobacco users or quitters (aged 15 and up) in the same household, divided by the number of female tobacco users or quitters interviewed in that household
- for a non-user of tobacco, *W1X3* is the number of adult non-users in the same household (aged 15 and up), divided by the number of adult non-users interviewed in that household

For a majority of recontact respondents, *W1X3* should be the same as *W1X2* from Wave 2. Where a Wave 2 household has some Wave 3 interviews, but also at least one dropout, or at least one person who has changed from being a non-smoker to being a smoker, *W1X3* will be different from *W1X2* for some members of the household. Recontact respondents quitting smoking would not cause a change from *W1X2* to *W1X3*.

Note: *W1X3* as defined above does not necessarily sum within the household to the number of people aged 15 and over in the household, since there will often be non-users where none was interviewed.

Note: There were 10 individuals who were enumerated at Wave 1 or Wave 2 but not interviewed, and were interviewed for the first time at Wave 3, and responded to the Quitter survey. For weighting purposes they have been treated as replenishment tobacco users. In the core data set they are identified as quitters.

At Wave 3, to account for the differences in sampling fractions for non-users in user and non-user households, a correction has been applied to non-users in user households. For a non-user in a user household, we let *W1pX3* be *W1X3* multiplied by (the average of the *IHWT3* in their subdistrict over non-user households) divided by (the average of the *IHWT3* in their subdistrict over user households). For a user in a user household and a non-user in a non-user household, we let *W1pX3* be *W1X3*.

We have capped the value of *W1pX3* at 4 to reduce the potential variability of the weights. Step 3I1a below ensures that each individual still represents an approximately correct number at the EB/village level.

Step 3I1a: Each interviewed individual has been given an adjusted household level weight *W1aX3*. This adjustment is meant to ensure that the "prevalence estimates" based on the *EHWTs* from Wave 1, and the final individual cross-sectional weights for Wave 3, will be approximately the same. (Note however, that these prevalence estimates should NOT be interpreted as estimating prevalence in the areas for 2018-2019!)

Consider an EB or village stratum *h* to be defined by user and non-user households (household tobacco-use status when recruited) within the village.

Let $CAMS_{hEB}$, $CAFS_{hEB}$, $CAMNS_{hEB}$, $CAFNS_{hEB}$ be respectively the contributions to total estimates at Wave 1 of adult (15+) male tobacco users, adult female tobacco users, adult male

non-users, and adult female non-users, from the enumeration in the EB/village stratum *h*. For example,

$$CAMS_{hEB} = \sum_{hEB} EHWT \times n_{male,user}$$

where the sum is taken over Wave 1 enumerated households in the EB/village stratum *h*, and $n_{male,user}$ is the number of adult male tobacco users in the household at Wave 1.
Let $W1AMS_{hEB}$, $W1AFS_{hEB}$, $W1AMNS_{hEB}$, $W1AFNS_{hEB}$ be respectively the sums of *W1X3* in all Wave 3 *interview households* for interviewed male tobacco users/quitters, female tobacco users/quitters, male non-users, female non-users, in the EB/village stratum *h*.

- for a male tobacco user/quitter, *W1aX3* will be given by

$$W1aX3 = (CAMS_{hEB} \times \frac{W1pX3}{W1AMS_{hEB}})/IHWT3$$

- similarly for the other categories.

Notes:

- In Madhya Pradesh, for EB 1760 and EB 1773 in ward 56, there were no female users at Wave 3, or any at Wave 2 either. Male and female were separated in this situation, so that the $CAMS_{hEB}$ are represented by male users, and the $CAFNS_{hEB}$ are represented by the Wave 3 female non-users.

- In Maharashtra, for EB 164 from ward 1668, EB 46 from ward 1975, and EB 70 from ward 2282, the situation was similar, and the solution is the same.

- In Maharashtra, for EB 327 from ward 1256, there were no male non-users at Wave 3. To adjust this, EB 327 is combined with EB 390 to compute *W*1*aX*3.

Exceptions: In the subdistrict in West Bengal where a new village was added in Wave 2, the ward in West Bengal where a new EB was added in Wave 2, and in the subdistricts in Madhya Pradesh where new villages were added in Wave 3, we did the following:

For an adult male tobacco user/quitter in the old EBs/villages in the ward/subdistrict, we took

*W*1*aX*3*pre* = *W*1*aX*3 (as defined above)

and for an adult male tobacco user/quitter in the new EB/village, we took *W1aX3pre = W1pX3.*

Then we let

$$W1aX3 = W1aX3pre \times CAMS_{hward} / \sum (W1aX3pre \times IHWT3)$$

where the sum is over all adult male tobacco users/quitters in Wave 3 interview households in the ward/subdistrict and TUS *h* and $CAMS_{hward}$ is the sum of the $CAMS_{hEB}$ over the old EBs/villages in the ward/subdistrict (including any that do not have respondents in Wave 3).

- similarly for the other categories in the two wards/subdistricts.

Step 3I2: Each interviewed individual has been given a preliminary city- or area-level weight *W4X3*.

W4X3 is thought of as the number of people in the city or area and same refined category represented by that individual.
The cross-sectional weight *W4X3* is given by

$$W4X3 = IHWT3 \times W1aX3.$$

7.4 Rescaling

Finally, the weights have been rescaled within each sampling category (male tobacco-user/quitter, female tobacco-user/quitter and non-user of tobacco) and city or rural area to sum to city or rural area sample sizes, for analytical use or in pooled analyses. The formula used for the final rescaled weights is as follows:

Rescaled weight $RWTX3 = n_C \times \frac{W4X3}{\sum_C W4X3}$,

where n_c is the actual (i.e. unweighted) size of the city or area subsample for the sampling category, and $\sum_C W4X3$ denotes a sum over that subsample of the original weights.

(The variable name for the rescaled weight is cDE61919v.)

Appendix A: Household Response Rates

State	Maharashtra	Bihar	Madhya Pradesh	West Bengal
#HH attempted	990	25	477	282
#HH enumerated	987	25	472	279
#HH refused or unable	3	0	5	3
HH cooperation rate	99.7	100.0	99.0	98.9
#HH enumerated with tobacco users	567	25	360	239

HH = Household

Appendix B: Replenishment Individual Response Numbers and Rates

E.1 Replenishment Individual Response Numbers

	Bihar	West Bengal	Madhya Pradesh	Maharashtra
(A) Total selected	367	831	1107	994
(B) Number of completed interview	239	623	910	810
(D) Number ineligible	0	0	0	0
(E) Number missed	0	0	29	0
(F) Number of refusals	0	0	21	0
(C) Number of incompletes	0	0	0	0
(G) No information[1]	128	208	147	130
(H) Completed, not in survey data[2]	0	0	0	54

1. individual recorded as being selected for conducting a survey in the household enumeration form but for whom there is either no survey data and no disposition code; It was treated as a non-contact;
2. individual recorded as being selected for conducting a survey in the household enumeration form but for whom the disposition code shows that he/she completed the survey but there is no survey data; It was treated as refusal;

E.2 Replenishment Individual Response Rates

	Bihar	West Bengal	Madhya Pradesh	Maharashtra
Contact Rate [(B + F + H)/(A - D)]	65.12	74.97	84.10	86.92
Cooperation Rate [B/(B + F + H)]	100.0	100.0	99.48	93.75
Response Rate [B/(A - D)]	65.12	74.97	82.20	81.49

NOTES:

Due to data entry errors, either in the numbers of people selected per household or in the final disposition codes for individuals within households, at first the number of selected respondents (A) did not equal the number of completed interviews (B) + number of incompletes (C). The enumeration data were checked and compared against the actual number of respondents surveyed from each household where mismatches were found, and either the total number of people selected (A) per household was corrected or the number of people missed (E) was corrected. The response rates above reflected rates computed based on the original and corrected data.

The younger age respondents from the recontact households are not counted in this table due to the lack of information on enumerated outcomes.

Appendix C: Information Letter and Consent Form

For respondent to keep

Healis
Sekhsaria Institute for Public Health

itc
International Tobacco Control Policy Evaluation Project

RESPONDENT INFORMATION LETTER

Research Project: Tobacco Control Policy Evaluation in India
(TCP INDIA PROJECT WAVE3)
Healis IRB Epidemiological Ethics Committee
Clearance Number: OHPR IRB 00007340; FW A00019699
Research Ethics Committee, University of Waterloo: ORE #22140

What is this research about?
The aims of this research are to find out: 1) the impact of specific tobacco control policies that have been, or will be, implemented in India, 2) the prevalence and patterns of tobacco use behaviour in India, and 3) the tobacco use behaviour and the impact of tobacco control policies between India and other TCP countries. We will also examine how religion and culture may affect smoking by comparing the views of Indian tobacco users to those users from Bangladesh, China, Thailand, Malaysia, USA, Canada, UK and Australia.

Who is conducting this research?
The Indian research team comprises of Dr. Prakash C. Gupta and Dr. Mangesh S. Pednekar, Healis-Sekhsaria Institute for Public Health, Mumbai, India

The overall international project is being led by Professor Geoffrey T. Fong, University of Waterloo, Waterloo and Professor Mary E. Thompson, University of Waterloo, Waterloo, Canada

What are we asking of you?
This research involves completing the survey interview (approximately 90 minutes for tobacco users and 45 minutes for non-tobacco users) today and in the next 1 to 5 years. We plan to return every 18 to 24 months to do follow-up surveys because we are interested in how people's opinions and behaviours might change over time.

Survey Participation
Involvement in this research is voluntary and you are free to withdraw at any time or may decline to answer any of the questions. If you agree to participate in this research, we will provide you with a token of appreciation for your time. You will be given a similar token of appreciation for each subsequent time that you agree to participate.

Risk
Participants will not face any risk or harm to their well-being either physically, psychologically, socially or culturally throughout completion of the survey.

Possible Benefits
This study would help the researchers to evaluate and understand the effects of national-level tobacco control policies in India and other developing countries. The study results may be published as conference presentations, journal papers and reports. Also policy makers throughout the world would be able to use this evidence to create and implement tobacco control policies for demonstrated effectiveness.

Confidentiality and Security of Data
All the information you provide is treated as strictly confidential. Paper data from this research will be retained for a minimum of 7 years at Healis-Sekhsaria Institute for Public Health. Electronic data will be retained for a minimum of 25 years at the Healis-Sekhsaria Institute for Public Health and at the University of Waterloo on computers that have security certificates, are password protected, and can only be accessed by the research team. Any identifying information about you such as name and address will be removed so that your answers cannot be linked back to you. After two years, the data without names or personal information may be shared with other health researchers. When the paper and electronic data are no longer required by the researchers, they will be securely destroyed.

TCP-IN3 Consent Form – April 24, 2018

Feedback on Your Participation
We want to thank you for being a participant in this important study. If you wish to have a more detailed executive summary of our findings, we would be happy to send one to you. Our contact information is at the bottom of this letter.

Ethics Clearances
This research has received ethics clearances from Healis IRB Epidemiological Ethics Committee (OHPR IRB 00007340; FW A00019699) and University of Waterloo, Canada (ORE #22140).

If you have any concerns about how this research is being conducted, please cite the ethics number when you contact:

Executive Assistant, Healis-Sekhsaria Institute for Public Health at Tel: 022 2778 0995, 022 4002 5146 / Email: admin@healis.org or University of Waterloo Chief Ethics Officer, Office of Research Ethics at Tel: + 1 519 888 4567 ext. 36005 / Email: ore-ceo@uwaterloo.ca.

Research Investigators
This research is a collaboration between Healis-Sekhsaria Institute for Publich Health, India and University of Waterloo, Canada. The Principal Investigator in Canada is Dr. Geoffrey T. Fong, Principal Investigator, Tel: +1 519 888 4567 ext. 33597 or Email: itc@uwaterloo.ca.

If you have any questions about this research, please contact your respective local state investigator.

Mumbai, Maharashtra: Dr. Mangesh S. Pednekar, Principal Investigator at Tel: 022 2778 0924 or Email: pednekarm@healis.org .

Patna, Bihar: Dr. Dhirendra Sinha at Tel: 612-8130130095-0760 or Email: dhirendrasinha1@gmail.com

Kolkata, West Bengal: Ms. Sutapa Biswas at Tel: 033 64503131 or Email: cfindia@hotmail.com.

Indore, Madhya Pradesh: Mr. Mukesh Sinha, Madhya Pradesh at Tel: 731 2877734 or Email: mpvha1973@gmail.com.

RESPONDENT CONSENT FORM (for interviewer to keep)

Research Project: Tobacco Control Policy Evaluation in India
(TCP INDIA PROJECT WAVE 3)
Healis IRB Epidemiological Ethics Committee
Clearance Number: OHPR IRB 00007340; FW A00019699
Research Ethics Committee, University of Waterloo: ORE #22140

By signing this consent form, you are not waiving your legal rights or releasing the investigator(s) or involved institution(s) from their legal and professional responsibilities.

I agree to take part in the above international research project conducted in India by the research team based at the Healis-Sekhsaria Institute for Public Health. I have read the respondent information letter, which I will keep for my records. I have been informed that:

- This project is being conducted for research purposes.
- Participation in the research is voluntary and that I am free to withdraw at any time or to withdraw any information previously supplied.
- Participation in this research involves completing a face-to-face interview lasting approximately 90 minutes for tobacco users and 45 minutes for non-tobacco users today.
- I will be given a gift as a token of appreciation for my time, if I am selected for the individual interview.
- Only those people involved with this research will have access to any information I supply.
- All the information I provide is treated as strictly confidential.

I, _____ give my consent to take part in this research.
NAME

Signature: …… or ***Left thumb print***:

Date: ……/……/……

Interviewer Name:……

Signature: …… ***Date***: ……/……/……

Current Respondent address and contact details:

Address:……

……

Pin Code:……

Tehsil:…… District:……

State:……

Appendix D: Pre-filled Household Recontact Form

1. All ID codes of each recontact household in the Form A have been pre-filled Form (Page 1);
2. The name, gender and tobacco use status of each respondent in the recontact household has been pre-filled in the Form C (Page 4).

Page 1

FORM A

Form completed: ☐

TOBACCO CONTROL POLICY (TCP) SURVEY – INDIA WAVE 3

HOUSEHOLD RECONTACT FORM (HRF) for Wave 1 Tobacco User Interviewed Household

ID:	1 0	1	2 8	0 0 0 1	0 0 0 0 0 0 7 5	0 0 1	**Interviewer ID**: ☐☐ ☐☐
	State	Rural/Urban	District	Subdistrict/Ward	Village/EB	Household	

Interviewer's name: _____ Signature: _____ Date of Completion: _____

Supervisor's name: _____ Signature: _____ Date of Review: _____

Key Informant at Wave 1: KHOWAZA ASHIK RASUL

Key Informant at Wave 3 if different from above: _____

Total Household Members (including children): _____

Household address	
Old address: RAJA BAZAR,BEHIND H.M.R.I HOSPITAL,SAMANPURA,BEILY ROAD, PO B MI COLLEGE, P.S-SHASTRI NAGAR,DIST-PATNA, BIHAR	New address: (if different from the old address)
PIN code: 800014	New PIN code:
Telephone number: 9304959478	New telephone number:

IN3-HHRF-10 1 28 0001 **00000075 001**

VISITING RECORD – HOUSEHOLD LEVEL (FILL IN AFTER END OF INTERVIEW)						
No. of visit	**Date (dd/mm/yy)**	**Time**	**Notes**	**Completed**	**Next Appointment**	
					Date	**Time**
1						
2						

If Household Refused:		**Recontact Language (Circle one below)**
i) How many people aged 15 years and older live in this household?		1. English 2. Marathi 3. Hindi 4. Bengali
ii) How many of them use tobacco regularly?		Others (Specify):
iii) Reason for refusal:		

Final Household Outcome Code (circle one below):		
1. Could not find dwelling	7. No Answer –Survey Period Ends	
2. Household moved, could not trace	8. Household Refusal	
3. Household moved, out of range	9. Language Barrier	
4. Threat to safety	10. Recontact prevented for other reasons (specify)*	
5. No Contact-Weather Condition	11. Recontacted successfully	
6. No Answer- 4 attempts	***specify other reason:**_____	

IN3-HHRF-10 1 28 0001 **00000075 001**

HOUSEHOLD RECONTACT FORM for Wave 1 Tobacco User Interviewed Household FORM B

Adults by Tobacco Use Status and Gender	
Number of Male Tobacco Users	
Number of Female Tobacco Users	
Number of Male Non-Users	
Number of Female Non-Users	
Number of Household with Unknown Status of Tobacco Use	
Total Number of Adults (aged 15 and over) in Household	

Number of Children in the Household	
Aged 0-5	
Aged 6-12	
Aged 13-14	
Total Number of Children	

CONTACT PERSON: Name and address of someone who would be able to provide contact information at next survey if respondents move:
Name:
Address:
Telephone:

HOUSEHOLD RECONTACT FORM for Wave 1 Tobacco User Interviewed Household

FORM C

ID at recruitment*	ADULT NAME (aged 15 and above)**	Relationship to informant at recruitment	Tobacco Use Status at most recent interview wave***	Sex (M/F)	Age at recruitment	Year of Birth (YOB)	Individual Outcome Code	New Address: Y/N (Record on Form A)	Notes
01	KHOWAZA ASIK RASUL	1	T	M	22				
02	ARSHAD ALAM	23	M	M	23				
Y1 (15-20)									
Y2 (15-20)									
Y3 (15-20)									
Y4 (15-20)									
Y5 (15-20)									
Y6(15-20)									

1. List all young tobacco users and non-users whose ages are between 15-20 but did not participate in Wave 1 or 2 survey. 2. Select one young user from the list if available.

* ID number will be the same as the ID assigned at the wave of recruitment (Wave 1 or Wave 2); **Pre-filled name of respondent will be the same as at wave of most recent interview (Wave 1 or Wave 2); ***Indicates Tobacco Use Status at wave of most recent interview: **T= Smoker only, L=Smokeless user, M=Mixed user, Q= Quitter, N=Non-user**

Relationship to Household Informant Codes

Informant = **1**	Brother = **7**	Father = **13**	Niece = **19**
Spouse = **2**	Sister = **8**	Mother-in-law = **14**	Other family relative = **20**
Son = **3**	Brother-in-law= **9**	Father-in-law = **15**	Housekeeper = **21**
Son-in-law = **4**	Sister-in-law = **10**	Grandfather = **16**	Non relative = **22**
Daughter = **5**	Grandchild = **11**	Grandmother = **17**	Other (specify) = **23**
Daughter-in-law = **6**	Mother = **12**	Nephew = **18**	

Individual Outcome Codes

0a No longer part of household, and out of range or untraceable	**2** Language Barrier
0b Deceased	**3** Health/Mentally Incapable
0c Not selected	**4** Proxy Refusal
1 Missed (after 4 attempts)	**5** Refusal
	6 Incomplete (start, breakoff)
	7 Complete
	8 Away for the entire survey period

IN3-HHRF-10 1 28 0001 **00000075 001**

HOUSEHOLD RECONTACT FORM for Wave 1 Tobacco User Interviewed Household FORM D

Individual Outcome Codes				
0a No longer part of household, and out of range or untraceable	**1** = Missed (after 4 attempts)	**3** = Health/ Mentally Incapable	**5** = Refusal	**7** = Complete
0b Deceased	**2** = Language Barrier	**4** = Proxy Refusal	**6** = Incomplete (start, break-off)	**8** = Away for the entire survey period

ID =	VISITING RECORD – INDIVIDUAL LEVEL					
No. of visit	**Date (dd/mm/yy)**	**Time**	**Notes**	**Individual Outcome Code**	**Next Appointment**	
					Date	**Time**
1						
2						
3						
4						

ID =	VISITING RECORD – INDIVIDUAL LEVEL					
No. of visit	**Date (dd/mm/yy)**	**Time**	**Notes**	**Individual Outcome Code**	**Next Appointment**	
					Date	**Time**
1						
2						
3						
4						

ID =	VISITING RECORD – INDIVIDUAL LEVEL					
No. of visit	**Date (dd/mm/yy)**	**Time**	**Notes**	**Individual Outcome Code**	**Next Appointment**	
					Date	**Time**
1						
2						
3						
4						

IN3-HHRF-10 1 28 0001 **00000075 001**

ID =		VISITING RECORD – INDIVIDUAL LEVEL				
No. of visit	Date (dd/mm/yy)	Time	Notes	Individual Outcome Code	Next Appointment	
					Date	Time
1						
2						
3						
4						

ID =		VISITING RECORD – INDIVIDUAL LEVEL				
No. of visit	Date (dd/mm/yy)	Time	Notes	Individual Outcome Code	Next Appointment	
					Date	Time
1						
2						
3						
4						

Appendix E: Screeners (S1, 2, 3)

S1

TCP INDIA WAVE 3
(Screener 1: Replenishment Respondent)

Interviewer ID: ☐☐ ☐☐

ID: ☐☐ ☐ ☐☐ ☐☐☐☐ ☐☐☐☐☐☐☐☐ ☐☐☐

State Rural/Urban District Subdistrict/Ward Village/EB Household

Individual ID: ☐☐

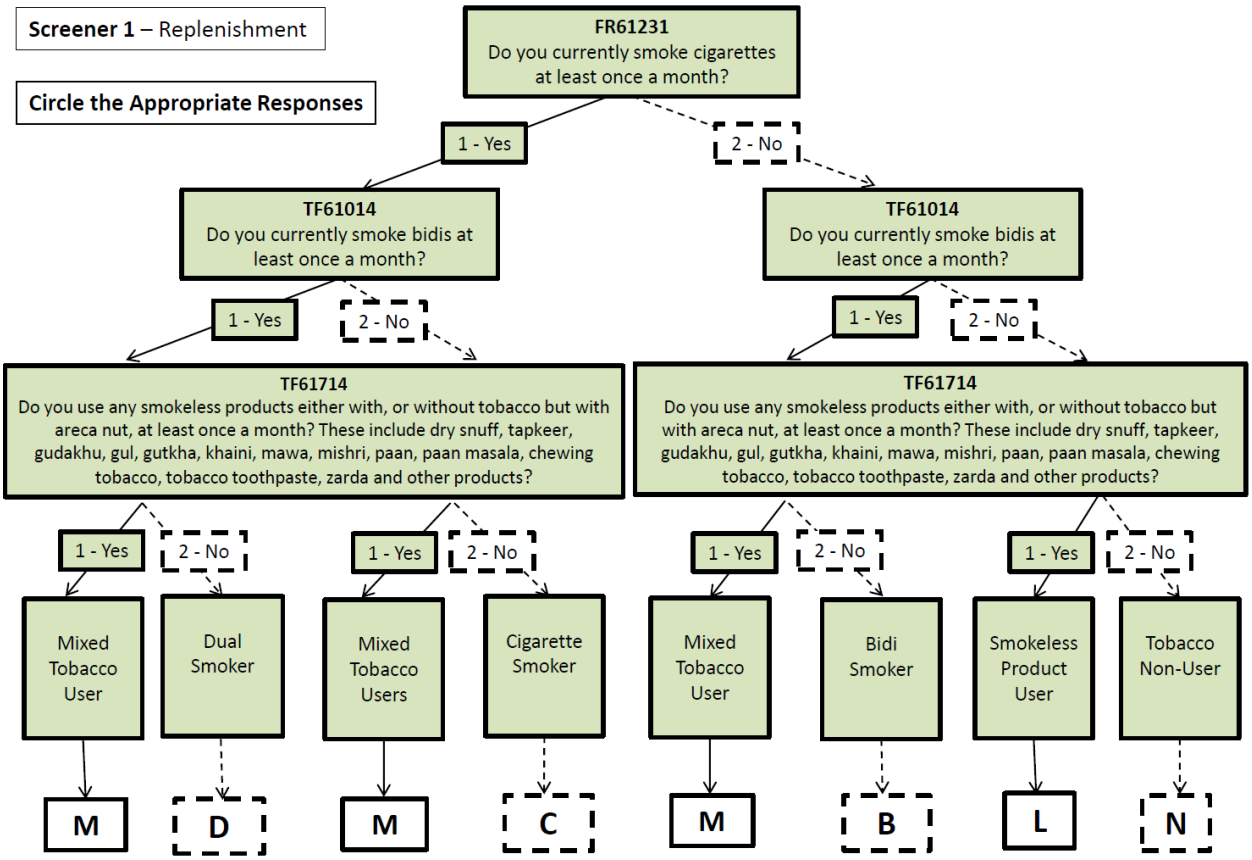
Date of Survey: _____ (dd)/_____(mm)/_____(yy)

Start Time:_____am/pm

End Time: _____am/pm

Checked by:_____ (Name of Supervisor)

Date Checked:_____


Screener 1 – Replenishment
Circle the Appropriate Responses
FR61231
Do you currently smoke cigarettes at least once a month?
1 - Yes
2 - No
TF61014
Do you currently smoke bidis at least once a month?
1 - Yes
2 - No
TF61014
Do you currently smoke bidis at least once a month?
1 - Yes
2 - No
TF61714
Do you use any smokeless products either with, or without tobacco but with areca nut, at least once a month? These include dry snuff, tapkeer, gudakhu, gul, gutkha, khaini, mawa, mishri, paan, paan masala, chewing tobacco, tobacco toothpaste, zarda and other products?
TF61714
Do you use any smokeless products either with, or without tobacco but with areca nut, at least once a month? These include dry snuff, tapkeer, gudakhu, gul, gutkha, khaini, mawa, mishri, paan, paan masala, chewing tobacco, tobacco toothpaste, zarda and other products?
1 - Yes
2 - No
1 - Yes
2 - No
1 - Yes
2 - No
1 - Yes
2 - No
Mixed Tobacco User
Dual Smoker
Mixed Tobacco Users
Cigarette Smoker
Mixed Tobacco User
Bidi Smoker
Smokeless Product User
Tobacco Non-User
M
D
M
C
M
B
L
N

S2

TCP INDIA WAVE 3
(Screener 2: Recontact Tobacco User)

Interviewer ID: ☐☐ ☐☐

ID: ☐☐ ☐ ☐☐ ☐☐☐☐ ☐☐☐☐☐☐☐☐ ☐☐☐

State Rural/Urban District Subdistrict/Ward Village/EB Household

Individual ID: ☐☐

Affix label here

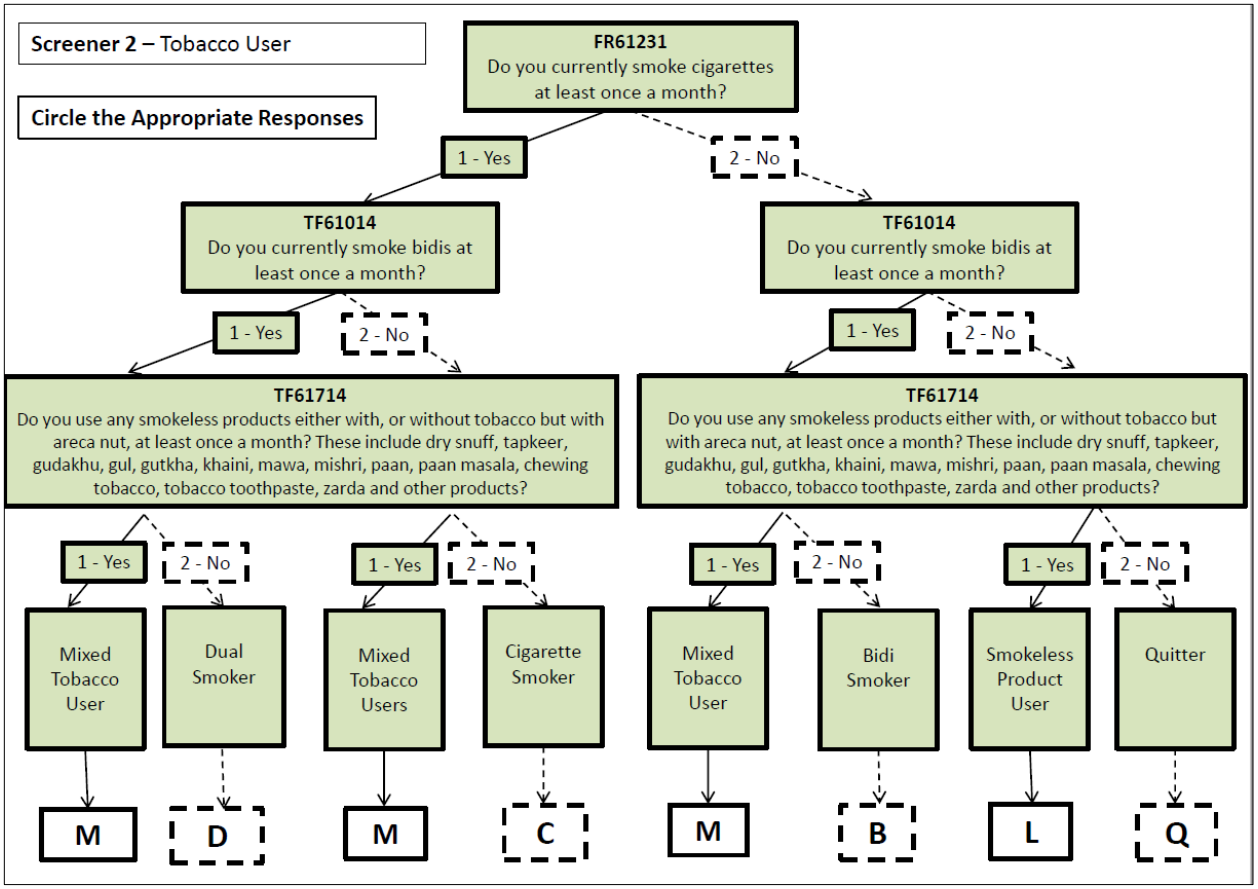
Date of Survey: _____ (dd)/_____(mm)/_____(yy)

Start Time:_____am/pm

End Time: _____am/pm

Checked by:_____ (Name of Supervisor)

Date Checked:_____


Screener 2 – Tobacco User
Circle the Appropriate Responses
FR61231
Do you currently smoke cigarettes at least once a month?
1 - Yes
2 - No
TF61014
Do you currently smoke bidis at least once a month?
1 - Yes
2 - No
TF61014
Do you currently smoke bidis at least once a month?
1 - Yes
2 - No
TF61714
Do you use any smokeless products either with, or without tobacco but with areca nut, at least once a month? These include dry snuff, tapkeer, gudakhu, gul, gutkha, khaini, mawa, mishri, paan, paan masala, chewing tobacco, tobacco toothpaste, zarda and other products?
TF61714
Do you use any smokeless products either with, or without tobacco but with areca nut, at least once a month? These include dry snuff, tapkeer, gudakhu, gul, gutkha, khaini, mawa, mishri, paan, paan masala, chewing tobacco, tobacco toothpaste, zarda and other products?
1 - Yes
2 - No
1 - Yes
2 - No
1 - Yes
2 - No
1 - Yes
2 - No
Mixed Tobacco User
Dual Smoker
Mixed Tobacco Users
Cigarette Smoker
Mixed Tobacco User
Bidi Smoker
Smokeless Product User
Quitter
M
D
M
C
M
B
L
Q

S3

TCP INDIA WAVE 3
(Screener 3: Recontact Non-user)

Interviewer ID: ☐☐ ☐☐

ID: ☐☐ ☐ ☐☐ ☐☐☐☐ ☐☐☐☐☐☐☐☐ ☐☐☐

State Rural/Urban District Subdistrict/Ward Village/EB Household

Individual ID: ☐☐

Affix label here

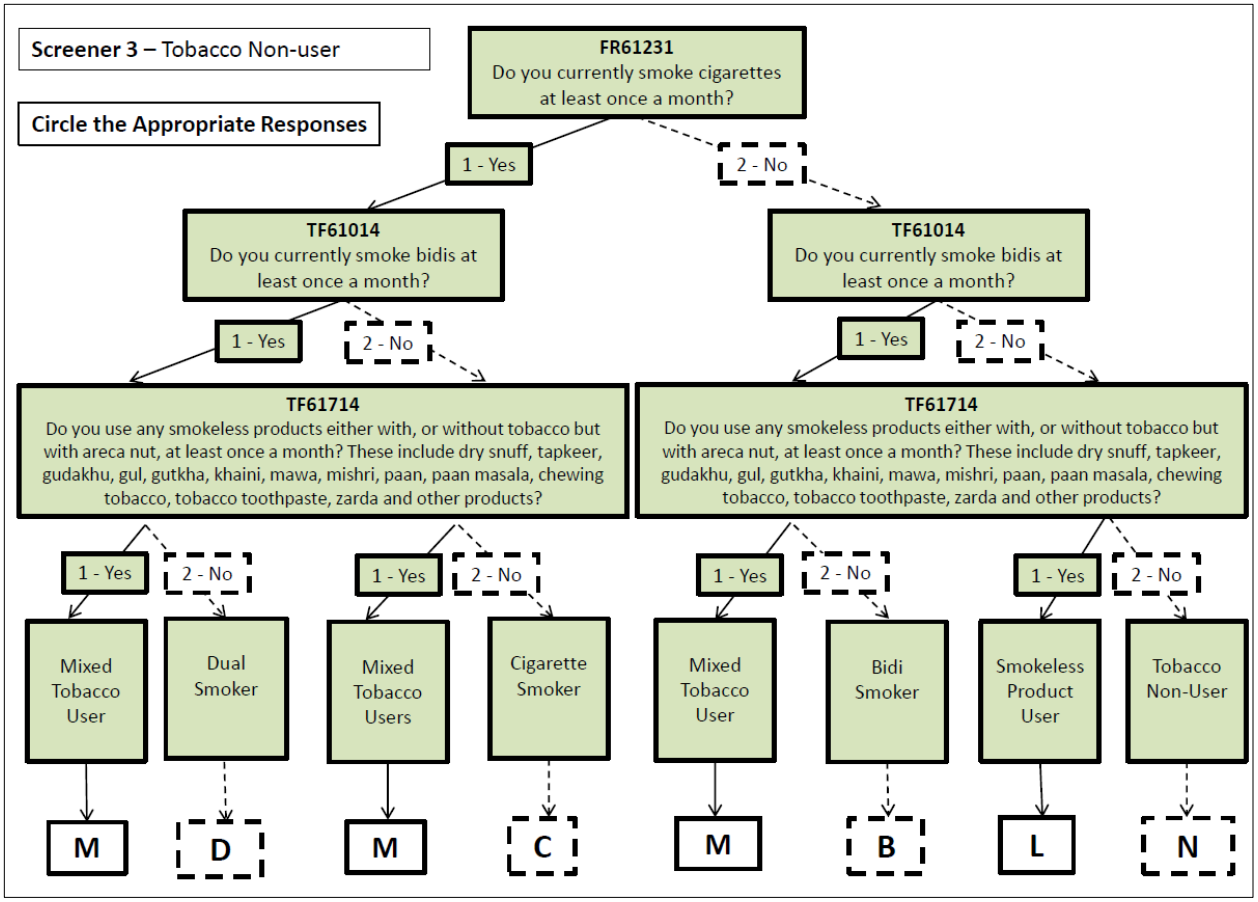
Date of Survey: _____ (dd)/_____(mm)/_____(yy)

Start Time:_____am/pm

End Time: _____am/pm

Checked by:_____ (Name of Supervisor)

Date Checked:_____


Screener 3 – Tobacco Non-user
Circle the Appropriate Responses
FR61231
Do you currently smoke cigarettes at least once a month?
1 - Yes
2 - No
TF61014
Do you currently smoke bidis at least once a month?
1 - Yes
2 - No
TF61014
Do you currently smoke bidis at least once a month?
1 - Yes
2 - No
TF61714
Do you use any smokeless products either with, or without tobacco but with areca nut, at least once a month? These include dry snuff, tapkeer, gudakhu, gul, gutkha, khaini, mawa, mishri, paan, paan masala, chewing tobacco, tobacco toothpaste, zarda and other products?
TF61714
Do you use any smokeless products either with, or without tobacco but with areca nut, at least once a month? These include dry snuff, tapkeer, gudakhu, gul, gutkha, khaini, mawa, mishri, paan, paan masala, chewing tobacco, tobacco toothpaste, zarda and other products?
1 - Yes
2 - No
1 - Yes
2 - No
1 - Yes
2 - No
1 - Yes
2 - No
Mixed Tobacco User
Dual Smoker
Mixed Tobacco Users
Cigarette Smoker
Mixed Tobacco User
Bidi Smoker
Smokeless Product User
Tobacco Non-User
M
D
M
C
M
B
L
N

Appendix F: Fieldwork Photo