International Tobacco Control Southeast Asia Survey

June 14, 2010


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Preface to Wave 3 ITC SEA Technical Report

This report documents the third wave of the International Tobacco Control Policy Evaluation Survey, carried out in Malaysia and Thailand approximately 18 to 24 months after the second wave.

In most parts, the format of this report is similar to the Wave 1 and Wave 2 technical reports. There are changes in certain contents and methods in the third wave.

Thailand continues to conduct face-to-face surveys while Malaysia had a combination of face-to-face and telephone surveys at Wave 3.
1. Introduction

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).

To examine the effect of the FCTC, the ITC Project is conducting parallel prospective cohort surveys with smokers in 20 countries: the United States, Canada, Australia, the United Kingdom, and Ireland as well as Thailand, Malaysia, South Korea, China, Mexico, Uruguay, France, Germany, the Netherlands, Mauritius, India, Brazil, Bhutan, Bangladesh and New Zealand.

Thailand is one of the leading countries in the implementation of policy measures to prevent and reduce the public health impacts of tobacco consumption, having introduced pictorial warning labels, a ban on misleading package descriptors, and a ban on point of sale cigarette displays.

The first wave of the ITC Southeast Asia survey was conducted in Malaysia and Thailand from January to March, 2005. The second wave of the survey was conducted in Malaysia from early August 2006 to end of March 2007 and in Thailand from the end of July to the end of September 2006. The third wave of surveys took place in Malaysia from March 2008 to September 2008 and in Thailand from January 2008 to March 2008.

Main Objectives
The objectives of the ITC Study in Southeast Asia are:

1) **To examine the patterns of smoking behaviour among Thais and Malaysians.**
This study provides accurate estimates of current smoking behaviour in Malaysia and Thailand, as well as detailed information about smokers’ quitting behaviour, consumption patterns, and other important aspects of smoking behaviour.

2) **To examine the impact of specific tobacco control policies being implemented in Thailand and Malaysia.**
Each ITC survey follows standardized protocols and includes rigorous measures to assess the impact and identify the determinants of effective tobacco control policies in the following areas:
- Health warning labels and package descriptors
- Smoke-free legislation
- Pricing and taxation of tobacco products
- Education and support for cessation
- Tobacco advertising and promotion

ITC Survey findings will provide and evidence base to guide policies enacted under the FCTC, and to systemically evaluate the effectiveness of these legislative efforts.

3) **To compare smoking behaviour and the impact of policies between Malaysia, Thailand, and other ITC countries.**
All ITC Surveys are developed using the same conceptual framework and methods, and the survey questions are designed to be identical or functionally equivalent in order to allow strong comparisons across countries. The evaluation studies conducted from the ITC Surveys take advantage of natural environments created when an ITC country implements a policy: changes in policy-relevant variables in that country from pre- to post-policy survey waves are compared to other ITC countries where that policy has not changed. This research design provides high
levels of internal validity, allowing more confident judgments regarding the possible causal impact of the policy.

4) **To measure the uptake of tobacco use among young people.**
Tobacco companies’ prime target is the youth population. They carry out large advertising campaigns to recruit such a large market of potential smokers. The ITC survey in Southeast Asia involves youth respondents aged 13-17, identifying different factors, specifically government policies and tobacco companies’ youth recruiting strategies that affect their likelihood of smoking initiation.

**Survey Design**
The ITC Project is a longitudinal cohort study, in which recruited respondents are recontacted in later waves for follow-up surveys. It tracks smoking behaviour changes in the population and identifies their predictors, such as the introduction of policies.

**The Research Team**
The survey was conducted in Malaysia by the National Poison Centre, Universiti Sains Malaysia (USM). The survey was conducted in Thailand by the Institute for Population and Social Research, Mahidol University. The research teams in Malaysia and Thailand are collaborating with an international team of researchers in Australia (The Cancer Council of Victoria), Canada (The University of Waterloo), and the United States (Roswell Park Cancer Institute).
2. The Sampling Design

Target Population
Eligible respondents included youth smokers and non-smokers (age 13-17 in Malaysia, age 13-19 in Thailand), adult smokers (age 18+), and adult non-smokers in Malaysia. Individuals in jail, those living in institutions and non-citizens were ineligible.

Malaysia
As in Wave 2, Wave 3 respondents were located in seven states in Malaysia:
- Kedah
- Penang
- Selangor
- Johore
- Terengganu
- Sabah
- Sarawak

Figure 1: ITC SEA Wave 3 Survey Locations in Malaysia
Thailand
As in Wave 2, Wave 3 respondents were located in the following provinces:

- **Northern Region**
  - Chiang Mai
  - Phrae

- **North-Eastern Region**
  - Nong Khai
  - Nakhon Ratchasima

- **Central Plain Region**
  - Bangkok
  - Samut Sakhon
  - Nakhon Pathom

- **Southern Region**
  - Nakhon Si Thammarat
  - Songkhla

**Figure 2:** ITC SEA Wave 3 Survey Locations in Thailand

(Source: http://www.faorapapcas.org/thailand/ThaiMap.htm)
Sample Size
For both countries in every wave, the sample was designed to include:

- 2,000 adult smokers* (or quitters who had been recruited as smokers) (age 18+)
- 1,000 youths (age 13-17, both smokers and non-smokers*)

In addition, the Malaysia sample was designed to also include:

- 1,500 adult non-smokers* (age 18+)

At each of Waves 2 and 3, efforts were made to recontact respondents who had participated in earlier waves. (Particularly in Malaysia, at Wave 3, attempts were made to contact Wave 1 respondents who had not participated in Wave 2.) The sample at each wave was replenished, to replace respondents who had dropped out.

Replenishment Sampling
In each country, the sampling scheme for households for replenishment was initially similar to the sampling scheme for Wave 1 and replenishment sampling for Wave 2. The sampling scheme for households was a stratified multi-stage design, with inclusion probabilities proportional to size at the first few stages in each stratum. The next-to-last stage units were clusters of dwellings, each cluster having a quota of adult smokers, youth, and non-smokers (Malaysia) to be filled. In Wave 3 it was decided to carry out the recontact and replenishment efforts concurrently, and aim for the areas of new recruitment to be as similar to those of the original cohort as possible. This was thought to be best achieved by recruiting from clusters adjacent to clusters used in Waves 1 and 2, aiming for predetermined sample sizes. The sample lost was replenished within the urban and rural parts of each province in Thailand, and the same policy was carried out in Malaysia to the extent possible. (For details see Appendix B).

Evolution of Data Collection Mode in Malaysia
In Malaysia, the feedback from Wave 2 showed that conducting a face-to-face survey was extremely costly, while the phone penetration especially in urban areas was quite high. It was decided that the majority of the interviews could be conducted by phone (about 80%) while in some rural areas, where the phone penetration is low, the face-to-face survey mode could still be used. For the phone survey, respondents were first contacted by phone to find out if they would prefer to do the survey over the phone or by having an interviewer visit their homes.

The actual number of respondents that were interviewed at each wave is shown in the table below.

*A smoker is defined as someone who smokes at least weekly. A non-smoker is someone who smokes less than weekly or not at all.
## Table 1: Total Unique Respondents Interviewed by Waves

<table>
<thead>
<tr>
<th>Wave 1</th>
<th>Malaysia</th>
<th></th>
<th>Thailand</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
</tr>
<tr>
<td>Smokers</td>
<td>1,917</td>
<td>87</td>
<td>2,004</td>
</tr>
<tr>
<td>Nonsmokers</td>
<td>469</td>
<td>1,086</td>
<td>1,555</td>
</tr>
<tr>
<td>Youth</td>
<td>494</td>
<td>515</td>
<td>1,009</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,880</strong></td>
<td><strong>1,688</strong></td>
<td><strong>4,568</strong></td>
</tr>
<tr>
<td>Wave 2</td>
<td>Smokers</td>
<td>836</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>Nonsmokers</td>
<td>249</td>
<td>620</td>
</tr>
<tr>
<td></td>
<td>Youth</td>
<td>211</td>
<td>234</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,296</strong></td>
<td><strong>866</strong></td>
<td><strong>2,182</strong></td>
</tr>
<tr>
<td>Recruited at Wave 2</td>
<td>Smokers</td>
<td>752</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Nonsmokers</td>
<td>205</td>
<td>498</td>
</tr>
<tr>
<td></td>
<td>Youth</td>
<td>152</td>
<td>180</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,109</strong></td>
<td><strong>698</strong></td>
<td><strong>1,807</strong></td>
</tr>
<tr>
<td>Wave 3</td>
<td>Smokers</td>
<td>807</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Nonsmokers</td>
<td>200</td>
<td>560</td>
</tr>
<tr>
<td></td>
<td>Youth</td>
<td>177</td>
<td>217</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,184</strong></td>
<td><strong>796</strong></td>
<td><strong>1,980</strong></td>
</tr>
<tr>
<td>Recruited at Wave 3</td>
<td>Smokers</td>
<td>375</td>
<td>7</td>
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<tr>
<td></td>
<td>Nonsmokers</td>
<td>96</td>
<td>239</td>
</tr>
<tr>
<td></td>
<td>Youth</td>
<td>60</td>
<td>74</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>531</strong></td>
<td><strong>320</strong></td>
<td><strong>851</strong></td>
</tr>
<tr>
<td>Recruited at Wave 4</td>
<td>Smokers</td>
<td>747</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Nonsmokers</td>
<td>179</td>
<td>209</td>
</tr>
<tr>
<td></td>
<td>Youth</td>
<td>98</td>
<td>84</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,018</strong></td>
<td><strong>288</strong></td>
<td><strong>1,306</strong></td>
</tr>
<tr>
<td>Total, all waves*</td>
<td>Smokers</td>
<td>3,416</td>
<td>109</td>
</tr>
<tr>
<td></td>
<td>Nonsmokers</td>
<td>853</td>
<td>1,793</td>
</tr>
<tr>
<td></td>
<td>Youth</td>
<td>738</td>
<td>772</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,007</strong></td>
<td><strong>2,674</strong></td>
<td><strong>7,681</strong></td>
</tr>
</tbody>
</table>

**Grand Total** 12,332

*Total unique respondents
3. Replenishment and Recontact Protocols, and Quality Control

Eligible Types of Dwellings

Private Homes
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/boards
- an employee

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 out of the home.

Dwellings Not Eligible
Surveys were not conducted in dwellings that were for business purposes only or with institutions, such as hospitals, nursing homes, jails, or religious institutions.

Definition of a Household
A household is any persons or group of persons living in a dwelling. It may consist of:
1. one person living alone
2. a family sharing the same dwelling
3. a group of people who are not related but share the same dwelling

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.

Data Collection Methods

Recontact
In Thailand, recontact of households and individuals was carried out for the most part face-to-face, with some face-to-face appointments being made by telephone, particularly in urban areas.

In Malaysia, the plan for data collection in Wave 1 and Wave 2 households to be recontacted was as follows.

A. In the following areas, the recontact interviews were normally to be carried out face-to-face, although appointment could be set up by telephone. This was because of low availability of telephone numbers, and in some cases the possibility of language difficulties.
   - Rural part of Johore (Batu Pahat and Pontian)
   - Rural and urban parts of Terengganu (Kuala Tereng, Dungun and Kemaman)
   - Rural part of Sabah (Lahad Datu and Tuaran)
   - Rural part of Sarawak (Simunjan and Bintulu)

B. In the following area, the recontact interviews were to be carried out by telephone wherever possible, although the face-to-face mode would also be available. Face-to-face approach of the household would have be attempted when there is a physical address but no telephone number.
C. In the following areas, the recontact interviews were to be carried out by telephone wherever convenient (phone number was correct, and interview could be conducted by telephone), and face-to-face mode where convenient. In these cases a major proportion of the approaches would have to be face-to-face, because telephone numbers were not available, and interviewing face-to-face might have been more convenient.

-- Urban part of Selangor (Gombak, Petaling and Ambang)
-- Urban and rural parts of Kedah
-- Urban part of Johore (Johore Bahru)
-- Urban part of Sabah (Kota Kinabalu)
-- Urban part of Sarawak (Kuching and Miri)
-- Rural part of Selangor
-- Urban and rural parts of Penang

Recruitment of new households and respondents
New households were enumerated, and respondents selected, before the interviews were carried out.

In Thailand, new households and respondents were recruited, using the face-to-face mode primarily. Interviews with adults were conducted face-to-face.

In Malaysia, replenishment participants were recruited by different modes according to their region:
- Johore – because of small remaining numbers in Johore, all replenishment was transferred to Penang for both urban and rural areas
- Kedah – half of households were recruited by telephone and the other half by face-to-face in both urban and rural areas
- Selangor – all replenishment households were recruited by telephone
- Terengganu – all replenishment households in urban areas were recruited by telephone. No rural replenishment was needed
- Sabah – all replenishment households in urban areas were recruited by telephone. Rural replenishment was confined to Lahad Datu, where it was carried out by face-to-face
- Sarawak – all replenishment households in urban areas were recruited by telephone. Rural replenishment was transferred to Penang.
- Penang – for replenishment households in both urban and rural areas, half were recruited by telephone and the other half by face-to-face;

For both Malaysia and Thailand, youth completed self-administered (paper and pencil) questionnaires, which could be mailed in depending on the respondent’s convenience.
Table 2: Interview Modes for the sample in Malaysia

<table>
<thead>
<tr>
<th>State</th>
<th>Respondent Type</th>
<th>Mode of Interview</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>face to face</td>
<td>telephone</td>
</tr>
<tr>
<td></td>
<td>Face to face</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Telephone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Johor</td>
<td>Smoker</td>
<td>105</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>Non-Smoker</td>
<td>103</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>Youth</td>
<td>87</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Quitter</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Kedah</td>
<td>Smoker</td>
<td>116</td>
<td>95</td>
</tr>
<tr>
<td></td>
<td>Non-Smoker</td>
<td>92</td>
<td>98</td>
</tr>
<tr>
<td></td>
<td>Youth</td>
<td>109</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Quitter</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>Penang</td>
<td>Smoker</td>
<td>132</td>
<td>198</td>
</tr>
<tr>
<td></td>
<td>Non-Smoker</td>
<td>84</td>
<td>125</td>
</tr>
<tr>
<td></td>
<td>Youth</td>
<td>75</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Quitter</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Selangor</td>
<td>Smoker</td>
<td>128</td>
<td>477</td>
</tr>
<tr>
<td></td>
<td>Non-Smoker</td>
<td>132</td>
<td>362</td>
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<tr>
<td></td>
<td>Youth</td>
<td>207</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Quitter</td>
<td>4</td>
<td>33</td>
</tr>
<tr>
<td>Terengganu</td>
<td>Smoker</td>
<td>178</td>
<td>84</td>
</tr>
<tr>
<td></td>
<td>Non-Smoker</td>
<td>161</td>
<td>51</td>
</tr>
<tr>
<td></td>
<td>Youth</td>
<td>101</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Quitter</td>
<td>15</td>
<td>-</td>
</tr>
<tr>
<td>Sabah</td>
<td>Smoker</td>
<td>88</td>
<td>107</td>
</tr>
<tr>
<td></td>
<td>Non-Smoker</td>
<td>78</td>
<td>70</td>
</tr>
<tr>
<td></td>
<td>Youth</td>
<td>86</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Quitter</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Sarawak</td>
<td>Smoker</td>
<td>68</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>Non-Smoker</td>
<td>57</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>Youth</td>
<td>45</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Quitter</td>
<td>7</td>
<td>5</td>
</tr>
</tbody>
</table>

Main Components of the Recontact Protocol
Prior to the actual fieldwork, the Thai team contacted and coordinated with the key figures in the study sites. Even after four waves, early contact and coordination with authorities to let them know the survey schedule allowed them to be prepared and be more cooperative.
The ITC Survey recontact protocol consisted of four main steps:

1. Household Recontact (including verification and updating of contact information)
2. Participant Recontact and Consent (in Thailand, recontact respondents have given their consent when they first participated and for follow-up surveys, therefore no further consent was needed).
3. Main Questionnaire
4. Exit and Compensation

Main Components of the Replenishment Protocol
The ITC Survey replenishment protocol consisted of four main steps:

1. Household Enumeration (including demographic information)
2. Participant Selection & Consent
3. Main Questionnaire
4. Exit and Compensation

Attempts to Enumerate
A maximum of four attempts were made to enumerate each household.

Length of the interview
The interview for the survey took a total of approximately 50 minutes to complete for adult smokers, 40 minutes for youths, and 10 minutes for non-smoking adults.

Participant Gift / Remuneration
In Malaysia, adult respondents received gifts worth RM35 while youth respondents received gifts worth RM15. For telephone interviews, gifts were mailed to respondents.

In Thailand, adult smoker participants received 300 Baht while youth participants received 150 Baht.

Private interviews
If possible, adult participants were interviewed alone. If another person insisted on being present, the respondent must have approved of his/her presence for the interview to proceed. Youth respondents completed the questionnaire in private.

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 conducted in ITC surveys.

Respondent Not Available
If a respondent was unavailable at the moment, an appointment (hard appointment) was made to interview that respondent.

Fieldwork Teams
A fieldwork team consisted of a field supervisor and several interviewers (Interviewers worked in pairs at all times, for efficiency and safety reasons). The number of field supervisors and interviewers assigned to each stratum varied according to the stratum size.
In Malaysia, 17 field supervisors and 75 interviewers were recruited and trained to conduct face-to-face interviews. Fifteen university students were recruited and trained to carry out telephone interviews.

In Thailand, there was a total of 5 field supervisors and 30 interviewers. Field Supervisors reported to the principal investigators at the Institute for Population and Social Research, Mahidol University. The principal investigators and research team also visited periodically to the monitor the fieldwork progress. The following describes the team composition for each area.

Table 3: Fieldwork teams in Different Thailand Areas

<table>
<thead>
<tr>
<th></th>
<th>North</th>
<th>Central</th>
<th>Northeast</th>
<th>South</th>
<th>Bangkok</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Interviewer</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>30</td>
</tr>
<tr>
<td>Total</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>35</td>
</tr>
</tbody>
</table>

**Monitoring & Quality Assurance**

To ensure the accuracy and quality of the ITC survey, fieldwork was monitored through several means.

The field supervisor travelled with each fieldwork team to provide regular feedback to the interviewers and monitor interviews. The field supervisor also ensured that the survey protocol and data collection standards were being closely followed.

They were responsible for ensuring household and respondent identification numbers were properly filled out. See *Respondent ID under 4. Disposition Codes and Retention Rates* for more information about identification numbers.

Field supervisors were also available to address any questions or concerns from the interviewers.

**Progress Reports**

Field Supervisors also provided daily updates of quotas and any problems or issues to the principal investigators.

Field Supervisors were responsible for providing regular updates to the investigator teams, and consulting the investigators on problems encountered in the field, for example the sample cluster turned out to be non-existent or the fieldwork team being denied permission to sample in selected area.

**Interviewer Training**

In Malaysia, training for state supervisors took place 12 February, 2008 - 14 February, 2008. There were 12 state supervisors in total, two for each state from the National Poison Centre, who subsequently trained the field supervisors in their respective states.

Training for field supervisors in each state were carried out from 3rd March 2008 - 13th April 2008.

Training for interviewers took place from 3 March to 13 April 2008 for both face-to-face and telephone survey.

In Thailand, training for interviewers and field supervisors took place over five days, from 2 to 6 January, 2008. The first three days of training was on the objectives of the study, sample
selection, survey procedures, questionnaire contents, interviewing methods and ethical procedures. For the next two days, interviewers received practical interviewing training.

**Interviewing Aids**
In some cases, the response options are the same for several questions in a row. “Flashcards” were provided that could be shown to respondents to save time and to facilitate ease of interviewing. For example, there were several questions, which asked the respondents about the intensity of their attitudes.

**Household Enumeration**
For the replenishment survey, at each dwelling before respondents were selected, information was collected about the household (a roster of all household members with age, gender, and smoking status) from any adult member. In Malaysia, the ethnicity of the household informant was also coded. The time required to complete the Household Enumeration Form was 2-5 minutes.

Recontact respondents were not enumerated.

**Identifying Eligible members**
There were three (Thailand) or four (Malaysia) categories of eligible respondents in a household:
1. Adult Male Smoker
2. Adult Female Smoker
3. Adult Non-smokers (in Malaysia)
4. Youth

**Selection of Household Members**
When there was more than one eligible household member in a category, the Kish Grid, a randomization technique, was employed to select the respondent (Appendix C). Substitutions were permitted only for selected household members who
1. Were absent during the entire fieldwork period at the survey location, OR
2. Could not speak the language of the survey, OR
3. Had physical or mental health issues and were unable to participate

Households who provided verbal consent when contacted were requested to provide detailed information.

**Information and Consent**
Once a respondent was selected, the information letter was provided and the consent form was administered (face-to-face interview) or the consent script was read aloud (telephone interview). See Appendices F and G for the actual forms.

**Handling Multiple Respondents at the Same Time**
For face-to-face interviews, if a youth respondent was selected and available, one interviewer would start the youth respondent on the survey, while the other dealt with the adults. Once the youth respondent began to fill out the questionnaire, the second interviewer could return to survey a second respondent, the adult. An interviewer could not interview two adults at the same time.

**Language**
The survey was conducted in Thai in Thailand, and Malay or English in Malaysia. Household members were ineligible if they were unable to be interviewed in the survey languages.
Some problems concerning language were encountered during the fieldwork process. In Malaysia, interviewers had trouble expressing some of the questions in local dialect. For example “encourage” is different in Malay in some Malaysian dialects.

For replenishment, refusal rates were higher among Chinese respondents, especially those in Penang who spoke a particular Chinese dialect. The majority of interviewers were Malays and the interviews were conducted in the Malay language, which may have caused a language barrier.

Report from the Malaysian Team on their Fieldwork Experience

a) Face-to Face interview

Both face-to-face and telephone interviews started in early March 2008 and finished by end of September 2008. The face-to-face interview was carried out in collaboration with the Malaysian Ministry of Health (MOH). MOH staff (i.e. nurses and medical assistants) were involved in the entire data collection process except in Sabah and Sarawak. In these two states, the National Poison Centre hired external enumerators to collect the data. Throughout the data collection process, MOH field supervisors were constantly collaborating with the ITC state supervisors from the National Poison Centre. Both, the MOH staff as well as the enumerators had shown their outmost dedication to the given task. The MOH field supervisors were also actively involved in the fieldwork especially with the monitoring process and constantly communicated with the state supervisors from the National Poison Centre. There were, however, some challenges faced during the fieldwork process but these were successfully resolved.

1. In most states, transportation was the major problem. The limited vehicles available and the tight schedule of the MOH drivers, due to the dengue outbreak at the time, delayed the data collection process. Enumerators often used their own vehicles and expense claims increased as a result. In particular, in Sarawak, ITC rented a four wheel car because of the unavailability of MOH vehicles. This contributed to the high amount of field work expenses.

2. Aside from the limited access to MOH vehicles, the policy also created inconveniences to the staff. According to the MOH procedure, the vehicle could only be used to send enumerators, mostly female nurses, back to their clinics or hospitals and not their homes. As a result, female nurses who do not possess cars had to take public transportation or taxis, when bus services stopped running at night, home. This raised safety concerns for enumerators and increased transportation claim expenses.

3. In general, interviews with recontact respondents went smoothly. However, there were recurring challenges from previous waves in interviewing urban households and Chinese households. Interviewers found recontact respondents, particularly those who lived in condominiums and bungalows in urban areas (Subang Jaya Selangor, Timor Laut District in Penang, Johore Bharu and a few places in Sungai Petani Kedah), hard to access because of the difficulty in passing the abode’s security measures. Recontacted respondents in urban areas also avoided the interviews claiming that they have been interviewed several times before. Also, Chinese respondents were generally more difficult to interview compared to Malays or Indians. They were usually less approachable and told interviewers that they were very busy.
4. High refusal rates for recontacts were found in Johore. Recontact respondents were not traceable either because their addresses were not found or because they were not living at the reported address. The cause might be the two severe floods in the Johore residential areas in 2006 which resulted in mass evacuation to other states. Likewise, recontact respondents in Selangor, especially in Gombak, were unable to be tracked down by their reported addresses. The urbanisation in that area caused many respondents to migrate. Urbanisation also created “black” areas with high crime rates. They are very dangerous to pass by especially in the evening and at night. More recontacts were lost because enumerators were advised not to conduct interviews in such areas.

5. The MOH staff were very helpful to the ITC team at the National Poison Centre; data collection would not have been successful without their involvement in each state. Many households were willing to cooperate with the enumerators, many of whom were nurses or health officers from the local area. The enumerators’ familiarity with the local respondents, as well as their authenticity, as seen from their uniforms and vehicles, facilitated the approach process and therefore increased the response rate. The MOH staff and the National Poison Centre ITC research team have shown the highest dedication in upholding their responsibilities, notably collecting data during late evenings and weekends, attending regular discussions, checking interview questionnaires, performing thorough quality checks and solving other unexpected problems.

b) Telephone Interview:

Initially, many telephone interviewers were recruited. However, many left after facing difficulties with calling respondents and/or sustaining interviews. The turnover rate was very high, so extra time was needed to train new recruits.

The National Poison Centre allocated five telephone lines for ITC telephone interviews. Since the telephone lines can only be used during office hours, alternate measures were taken to conduct night telephone interviews-interviewers were given phone cards so that they could call from their cell phone at home. However, this arrangement interfered with the interviewers’ personal use and possibly caused their cell phones wear and tear.

In addition, many respondents could not be approached because they changed their contacts (e.g. new telephone number). The situation worsened when new telephone books were no longer available, which meant the ITC relied on the one from the previous year for contact information.

Despite the issues mentioned above, telephone interviews, which began in Wave 2, had positive outcomes and have shown potential for further use. Furthermore, telephone interviews are considered much more efficient than face-to-face interviews. The following reasons have been identified:

1. Centralized management-telephone interviews took place in the National Poison Centre and were directly managed and supervised by the ITC team. Most of the problems could be solved immediately. There were also only eight telephone interviewers, which further facilitated management and supervision.
2. Training on understanding and skills was continuous and was carried out daily.

3. Flexibility in interviewing times compared to face-to-face interviews: telephone interviews were more convenient and respondents were more willing to arrange alternate interviewing times as well. This might have accounted for the high response rates for telephone interviews.

4. Time duration is much less for telephone interviews than for face-to-face interviews.

5. There was less staff needed for telephone interviews than for face-to-face interviews.

6. Expenses for telephone interview were significantly less than that for the face-to-face interview.

7. Retention rates for telephone interviews were higher than that of face-to-face interviews.

Therefore, for the reasons mentioned above, the Malaysia team suggests adopting telephone interviews as the main means of contact for Wave 4.

**Report from the Thailand Team on their Fieldwork Experience**

The fieldwork in Thailand went smoothly. No major problems occurred. A few reasons for the success are highlighted:

1. Being well-prepared and advanced coordination: before the actual fieldwork began, the Thai team contacted and coordinated with the key figures in the study sites. Even after four waves, early contact and coordination with authorities to let them know the survey schedule allowed them to be prepared and more cooperative.

2. Several attempts for recontact and replenishment were made to contact respondents: interviewers were trained to try at least 4 times before substituting the respondent with another. This rule was followed strictly and it maintained the high rate of retention.

3. The Thailand team values a good relationship between the field staff and respondents and other people in the field. Field staffs were instructed to respect respondents who refused to participate in the study. A respondent refused to receive compensation because of his goodwill towards the project. The field staff convinced the man to receive it anyway.
4. Disposition Codes and Retention Rates

Face-to-face Recontact

Household outcome codes
1. Could not find dwelling
2. Household moved, could not trace
3. Household moved, out of range
4. Threat to Safety
5. No Contact – Weather Conditions
6. No Answer – 4 attempts
7. No Answer – Survey Period Ends
8. Household Refusal
9. Language Barrier
10. No one capable of answering (all adults incapable for reasons of health, mental or physical)
11. Recontact prevented for other reasons: Specify
12. Recontacted successfully

Individual outcome codes
1. Missed (after 4 attempts)
2. Language Barrier
3. Health/Mentally Incapable
4. Proxy Refusal
5. Refusal
6. Incomplete (start, break off)
7. Complete
8. No longer part of household, and out of range or untraceable

Face-to-face Replenishment

Household outcome codes
1. Could not find
2. Vacant Dwelling/Lot
3. Not a Household (e.g. Business)
4. Threat to Safety
5. No Contact – Weather Conditions
6. No Answer – 4 attempts
7. No Answer – Survey Period Ends
8. Household Refusal
9. Language Barrier
10. No one capable of answering (all adults incapable for reasons of health, mental or physical)
11. Enumeration prevented for other reasons: Specify
12. Enumerated

Individual outcome codes
1. Missed (after 4 attempts)
2. Language Barrier
3 Health/Mentally Incapable
4 Proxy Refusal
5 Refusal
6 Incomplete (start, break off)
7 Complete

Telephone Recontact

**Household outcome codes**

1 Not a working number (do not retry)
2 Working number but not a residence (e.g. business) (do not retry)
3 No contact: Fax/modem (retry)
4 No contact: Rings only (retry)
5 No contact: Busy signal (retry)
6 No contact: Answering machine (retry)
7 Contact, hang up before end of intro (can retry ONCE a few days later)
8 Contact, soft refusal (no time) (can retry ONCE a few days later)
9 Contact, refusal before any information filled out on enumeration form (do not retry)
10 Contact, language barrier (can retry ONCE a few days later)
11 Contact, no one capable of responding (can try ONCE a few days later)
12 Contact, appointment made before any information filled out on enumeration form (record appointment for next call attempt)
13 Contact, proceeded to enumeration/screening

**Individual outcome codes**

1 Prefer face-to-face interview
2 Missed (after 4 call attempts — follow up with face-to-face)
3 Language Barrier
4 Health/Mentally Incapable
5 Proxy Refusal
6 Refusal
7 Incomplete (start, break off)
8 Complete

Telephone Replenishment

**Household Outcome Codes:**

1 Not a working number (do not retry)
2 Working number but not a residence (e.g. business) (do not retry)
3 No contact: Fax/modem (retry)
4 No contact: Rings only (retry)
5 No contact: Busy signal (retry)
6 No contact: Answering machine (retry)
7 Contact, hang up before end of intro (can retry ONCE a few days later)
8 Contact, soft refusal (no time) (can retry ONCE a few days later)
9 Contact, refusal before any information filled out on enumeration form (do not retry)
10 Contact, language barrier (can retry ONCE a few days later)
11 Contact, no one capable of responding (can try ONCE a few days later)
12 Contact, appointment made before any information filled out on enumeration form (record appointment for next call attempt)
13 Contact, proceeded to enumeration/screening

**Individual Outcome Codes:**
0 Prefer Face-to-Face interview
1 Missed (after 4 call attempts – follow-up with face-to-face)
2 Language Barrier
3 Health/Mentally Incapable
4 Proxy Refusal
5 Refusal
6 Incomplete (start, breakoff)
7 Complete

**Retention Rates for Recontact**

**Table 4: Thailand Retention Rates: Adult Smokers**

<table>
<thead>
<tr>
<th>Wave</th>
<th>Number Recruited</th>
<th>Wave 1 to Wave 2</th>
<th>Wave 2 to Wave 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lost N</td>
<td>Retained n</td>
<td>Lost n</td>
</tr>
<tr>
<td>Wave 1</td>
<td>2000</td>
<td>442 22.1</td>
<td>1558 77.9</td>
</tr>
<tr>
<td>Wave 2</td>
<td>508</td>
<td>124 24.4</td>
<td>384 75.6</td>
</tr>
<tr>
<td>Wave 3</td>
<td>592</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Overall</strong></td>
<td></td>
<td></td>
<td><strong>355 17.2</strong></td>
</tr>
<tr>
<td><strong>Total recontacts at Wave 4</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 5: Thailand Retention Rates: Youth Smokers

<table>
<thead>
<tr>
<th>Number Recruited</th>
<th>Wave 1 to Wave 2</th>
<th>Wave 2 to Wave 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lost</td>
<td>Retained</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Wave 1</td>
<td>1000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>328</td>
<td>32.8</td>
</tr>
<tr>
<td>Wave 2</td>
<td>508</td>
<td></td>
</tr>
<tr>
<td></td>
<td>68</td>
<td>26.7</td>
</tr>
<tr>
<td>Wave 3</td>
<td>592</td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td></td>
<td>250</td>
</tr>
<tr>
<td>Total recontacts at Wave 4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 6: Malaysia Retention Rates: Smokers

<table>
<thead>
<tr>
<th>Number Recruited</th>
<th>Wave 1 to Wave 2</th>
<th>Wave 2 to Wave 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lost</td>
<td>Retained</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Wave 1</td>
<td>2004</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1136</td>
<td>56.7</td>
</tr>
<tr>
<td>Wave 2</td>
<td>772</td>
<td></td>
</tr>
<tr>
<td></td>
<td>390</td>
<td>50.5</td>
</tr>
<tr>
<td>Wave 3</td>
<td>749</td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>1136</td>
<td>56.7</td>
</tr>
</tbody>
</table>

ITC SEA Technical Report for Wave 3
Table 7: Malaysia Retention Rates: Youth

<table>
<thead>
<tr>
<th>Number Recruited</th>
<th>Wave 1 to Wave 2</th>
<th>Wave 2 to Wave 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lost</td>
<td>Retained</td>
</tr>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Wave 1</td>
<td>1009</td>
<td>564</td>
</tr>
<tr>
<td>Wave 2</td>
<td>332</td>
<td>198</td>
</tr>
<tr>
<td>Wave 3</td>
<td>169</td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>564</td>
<td>55.9</td>
</tr>
</tbody>
</table>

Table 8: Malaysia Retention Rates: Non-smokers*

<table>
<thead>
<tr>
<th>Number Recruited</th>
<th>Wave 1 to Wave 2</th>
<th>Wave 2 to Wave 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lost</td>
<td>Retained</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Wave 1</td>
<td>1555</td>
<td>686</td>
</tr>
<tr>
<td>Wave 2</td>
<td>703</td>
<td>368</td>
</tr>
<tr>
<td>Wave 3</td>
<td>388</td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>686</td>
<td>44.1</td>
</tr>
</tbody>
</table>

*Non-smokers are not surveyed in Wave 4.
5. Weight Construction

Wave 1 weights
Here is a brief summary of the computation of the Wave 1 household and individual weights.

At Wave 1, each household in the sample was given a household weight $HWTWV1$ which could be interpreted as the number of households that it represented in the urban or rural part of its state (Malaysia) or province (Thailand). (In this description, take Bangkok to have the status of both a province and a region in Thailand.)

Following this, an individual weight $IHWTWV1$ was constructed for each individual within his/her household. (W1a in Wave 1 documentation)

The product of household weight and individual within-household weight was then raised to the urban or rural part of its state (Malaysia) or province (Thailand), to produce weights $W4aWV1$.

These were further raised to the national level and calibrated to national population figures, to produce weights $W6WV1$.

Finally, the weights were rescaled to national sample sizes for pooled analyses, yielding weights $RWTWV1$.

Wave 2 weights
Three sets of weights for Wave 2 were constructed.

The Wave 1- Wave 2 longitudinal weights were computed for households and individuals from Wave 1 who were recontacted and interviewed again in Wave 2. They were essentially the Wave 1 weights adjusted for differential attrition at a high level, calibrated to the Wave 1 populations to produce weights $W6WV12$, and then rescaled to sum to national sample sizes for youth, adult smokers and adult non-smokers to produce weights $RWTWV12$.

The Wave 2 new cohort weights were computed for households and individuals newly recruited in Wave 2. The household weights were called $HWTWV2$, and the individual within household weights may be called $IHWTWV2$ (or $W1a$ in Wave 2 documentation). The Wave 2 new cohort weights were computed in a similar manner as the original Wave 1 weights, but theoretically calibrated to the Wave 2 populations to produce weights $W6WV2$, and rescaled to national sample sizes to produce weights $RWTWV2$.

The Wave 2 cross-sectional weights were computed for all households and individuals present in Wave 2. They were calibrated to the Wave 2 populations to produce weights $W6WV2X$, and $W6WV2X$ weights in Thailand and the $W4cWV2X$ weights in Malaysia were rescaled to sum to combined sample size within each country and sampling category (adult smokers, adult non-smokers, youth), to produce weights $RWTWV2X$.

Sets of Wave 3 weights
Four sets of weights for Wave 3 were constructed.
The Wave 1- Wave 3 longitudinal weights were computed for households and individuals from Wave 1 who were recontacted and interviewed again in Wave 3. They were essentially the Wave 1 weights adjusted for differential attrition at a high level, calibrated to the Wave 1 populations to produce weights W6WV13, and then rescaled to sum to national sample sizes for youth, adult smokers and adult non-smokers to produce weights RWTWV13. On the final data file, W6WV13 is cDE11923v, and RWTWV13 is cDE11953v.

The Wave 1-Wave 2-Wave 3 longitudinal weights were computed for households and individuals from Wave1 who were recontacted and interviewed again in Wave 2 and Wave 3. They were essentially the Wave 1 weights adjusted for differential attrition at a high level, calibrated to the Wave 1 populations to produce weights W6WV123, and then rescaled to sum to national sample sizes for youth, adult smokers and adult non-smokers to produce weights RWTWV123. In the final data file W6WV123 is cDE11921v and RWTWV123 is cDE11951v.

We computed longitudinal Wave 2- Wave 3 weights for new recruits at Wave 2 present in Wave 3, to aid in construction of cross-sectional weights.

The Wave 3 new cohort weights were computed for households and individuals newly recruited in Wave 3. They were computed in a similar manner as the original Wave 1 weights, but theoretically calibrated to the Wave 3 populations to produce weights W6WV3, and rescaled to national sample sizes to produce weights RWTWV3. On the final data file, W6WV3 is cDE11915v and RWTWV3 is cDE11917v.

The Wave 3 cross-sectional weights were computed for all households and individuals present in Wave 3. They were calibrated to the Wave 3 populations and rescaled to sum to combined sample size within each country and sampling category (adult smokers, adult non-smokers, youth), to produce weights RWTWV3X. On the final data file, RWTWV3X is cDE11919v.

**Wave 1- Wave 3 longitudinal weights**

For each Wave 1 household which was recontacted and in which at least one interview was achieved at Wave 3, a new household weight HWTWV13 was computed. Within each “pseudo-PSU” -- urban or rural part of the state (Malaysia) or province (Thailand) -- the total of the HWTWV13 over the re-interviewed households is the same as the total of the HWTWV1 over the Wave 1 households. Thus, for example, for a household in an urban part of a state in Malaysia,

\[
HWTWV13 = HWTWV1 \times \frac{\sum_{\text{urbanS}} HWTWV1}{\sum_{\text{urbanS,rect}} HWTWV1}
\]

where \(\sum_{\text{urbanS}}\) denotes the sum over all Wave 1 households in the urban part of the state, and \(\sum_{\text{urbanS,rect}}\) denotes the sum over all Wave 1 households recontacted with an interview in Wave 3 in the urban part of the state.
For each re-interviewed individual the state (Malaysia) or province (Thailand) level weight was obtained by multiplying $HWTWV_{13}$ by $IHWTWV_{1}$ to produce $W4WV_{13}$, and rescaling. The rescaling adjustment was done so that the new totals were equal to the original Wave 1 totals, within the urban or rural part of the state or province, and within the same age category (youth or adult), gender (for adults) and baseline smoking status (in Malaysia). For example, for a youth in an urban part of a province of Thailand,

$$W4aWV_{13} = W4WV_{13} \times \frac{\sum_{urbanP\_dem} W4WV_{1}}{\sum_{urbanP\_dem,rect} W4aWV_{13}}$$

where the summation in the numerator was over all Wave 1 interviewed youths in the urban part of the same province, and the summation in the denominator was over all such youths re-interviewed in Wave 3.

Because the longitudinal weights were intended for analytic purposes, no further adjustment was applied in the Malaysia data before rescaling to total sample size. In the Thailand data, the weights $W6WV_{13}$ were formed to sum to the same totals as the weights $W6WV_{1}$ within provinces. For example, for an adult female in the rural part of a province,

$$W6WV_{13} = W4aWV_{13} \times \frac{\sum_{ruralP\_dem} W6WV_{1}}{\sum_{ruralP\_dem,rect} W4aWV_{13}}$$

where the summation in the numerator is over all Wave 1 interviewed adult females in the rural part of the region, and the summation in the denominator is over all such adult females re-interviewed in Wave 3.

The $RWTWV_{13}$ were obtained by rescaling the final weights in each country to sum to national Wave 1-Wave 3 sample sizes, for youth, adult smokers, and adult non-smokers.

**Wave 1- Wave 2- Wave 3 longitudinal weights**

For each Wave 1 household which was recontacted and in which at least one interview was achieved at each of Wave 2 and Wave 3, a new household weight $HWTWV_{123}$ was computed. Within each “pseudo-PSU” -- urban or rural part of the state (Malaysia) or province (Thailand) -- the total of the $HWTWV_{123}$ over the re-interviewed households is the same as the total of the $HWTWV_{1}$ over the Wave 1 households. Thus, for example, for a household in an urban part of a state in Malaysia,

$$HWTWV_{123} = HWTWV_{1} \times \frac{\sum_{urbanS} HWTWV_{1}}{\sum_{urbanS,rect} HWTWV_{1}}$$
where \( \sum_{urbanS} \) denotes the sum over all Wave 1 households in the urban part of the state, and 
\( \sum_{urbanS, rect} \) denotes the sum over all recontacted households with interviews in Waves 1, 2 and 3 in the urban part of the state.

For each re-interviewed individual the state (Malaysia) or province (Thailand) level weight was obtained by multiplying \( HWTWV123 \) by \( IHWTWV1 \) to produce \( W4WV123 \), and rescaling. The rescaling adjustment was done so that the new totals were equal to the original Wave 1 totals, within the urban or rural part of the state or province, and within the same age category (youth or adult), gender (for adults) and baseline smoking status (in Malaysia). For example, for a youth in an urban part of a province of Thailand,

\[
W4aWV123 = W4WV123 \times \frac{\sum W4aWV1_{urbanP, dem}}{\sum W4WV123_{urbanP, dem, rect}}
\]

where the summation in the numerator was over all Wave 1 interviewed youths in the urban part of the same province, and the summation in the denominator was over all such youths re-interviewed in Waves 2 and 3.

Because the longitudinal weights were intended for analytic purposes, no further adjustment was applied in the Malaysia data before rescaling to total sample size. In the Thailand data, the weights \( W6WV123 \) were formed to sum to the same totals as the weights \( W6WV1 \) within regions. For example, for an adult female in the rural part of a province,

\[
W6WV123 = W4aWV123 \times \frac{\sum W6WV1_{ruralR, dem}}{\sum W4aWV123_{ruralR, dem, rect}}
\]

where the summation in the numerator is over all Wave 1 interviewed adult females in the rural part of the region, and the summation in the denominator is over all such adult females re-interviewed in Wave 2 and Wave 3.

The \( RWTWV123 \) were obtained by rescaling the final weights in each country to sum to national Wave 1- Wave 2- Wave 3 sample size, for youth, adult smokers, and adult non-smokers.

**Wave 2- Wave 3 longitudinal weights for respondents recruited at Wave 2**

These weights are not on the final file because they are of use only for computing the Wave 3 cross-sectional weights.

For each household which was recruited at Wave 2 and in which at least one interview was achieved at Wave 3, a new household weight \( HWTWV23 \) was computed. Within each “pseudo-PSU” -- urban or rural part of the state (Malaysia) or province (Thailand) -- the total of the \( HWTWV23 \) over the re-interviewed households is the same as the total of the \( HWTWV2 \)
over the new Wave 2 households. Thus, for example, for a household in an urban part of a state in Malaysia,

\[ HWTWV^{23} = HWTWV^2 \times \frac{\sum_{urbanS} HWTWV^2}{\sum_{urbanS,rect} HWTWV^2} \]

where \(\sum_{urbanS}\) denotes the sum over all Wave 2 newly recruited households in the urban part of the state, and \(\sum_{urbanS,rect}\) denotes the sum over all such households with interviews in Waves 3.

For each re-interviewed individual the state (Malaysia) or province (Thailand) level weight was obtained by multiplying \(HWTWV^{23}\) by \(IHWTWV^2\) to produce \(W4WV^{23}\), and rescaling. The rescaling adjustment was done so that the new totals were equal to the original Wave 2 totals, within the urban or rural part of the state or province, and within the same age category (youth or adult), gender (for adults) and baseline smoking status (in Malaysia). For example, for a youth in an urban part of a province of Thailand,

\[ W4aWV^{23} = W4WV^{23} \times \frac{\sum_{urbanP,dem} W4aWV^1}{\sum_{urbanP,dem,rect} W4WV^{23}} \]

where the summation in the numerator was over all Wave 2 interviewed youths in the urban part of the same province, and the summation in the denominator was over all such youths re-interviewed in Wave 3.

**Wave 3 new cohort weights**

For any newly recruited individual, that individual’s household had been recorded and at least to some extent enumerated. Thus we constructed a household weight for each household in the replenishment sample, within its "pseudo-PSU", namely the urban or rural part of state (Malaysia) or province (Thailand). Following this we constructed an individual weight for each individual within his/her household. The product of household weight and individual within-household weight was then raised to the national level. Finally, the weights were rescaled to national sample sizes for pooled analyses.

In Thailand, new recruitment or replenishment was carried out using the same kind of sampling design as in Wave 1, and face-to-face recruitment. Thus for Thailand the Wave 3 new cohort weights were constructed in a manner similar to that of Wave 1. In Malaysia, mixed mode (face-to-face and telephone) data collection was initiated in Wave 2, and continued in Wave 3. Thus for Malaysia the Wave 3 new cohort weights were constructed in a manner similar to that of Wave 2. Exceptions were made in those districts where replenishment numbers were very low, because of decisions made mid-survey not to replenish in those areas.
In what follows, the term *sampling categories* refers to the categories adult smoker, adult non-smoker, and youth, the categories for which quotas were set. The term *refined categories* refers to the same categories, but with the first two divided according to gender.

**Computation of household weights HWTWV3**

**Step H1:** For each enumerated household, a cluster (ED or VI) level (Thailand) or district level (AD) (Malaysia) weight $HW_1$ has been computed.

In Malaysia,

$$HW_1 = H_{AD} / h_{AD}$$

where $H_{AD}$ is an estimated number of households in the AD of the household in question, and $h_{AD}$ is the number of households with anyone enumerated in that same AD.

Similarly, in Thailand, including Bangkok

$$HW_1 = H_{ED} / h_{ED} \quad \text{(urban)} \quad \text{or} \quad H_{VI} / h_{VI} \quad \text{(rural)}.$$  

In Thailand, in cases where the number of households in the cluster or EB was larger than 200, we have capped it at 200, to avoid unusually large weights.

**Step H2:** For each enumerated household in a rural area, a state level weight $HWTWV^3$ (in Malaysia) or a province level weight $HWTWV^3$ (in Thailand) has been computed. This is the approximate number of households in the same state or province in rural areas represented by the enumerated household. Similarly, for each enumerated household in an urban area, a state level weight (in Malaysia) or a province/Bangkok level weight $HWTWV3$ has been computed. This can be taken to be the approximate number of households in the same state or province/Bangkok in urban areas represented by that enumerated household.

In Malaysia,

$$HWTWV^3 = N_{ruralS} \times HW_1 / (nn \times H_{AD} \times NUMBAR)$$

or

$$HWTWV^3 = N_{urbanS} \times HW_1 / (nn \times H_{AD} \times NUMBAR)$$

where $$NUMBAR = \left( \sum_{AD} (HW_1 \times NUM) / \sum_{AD} HW_1 \right),$$

$NUM$ is the number of people or the number of people aged 13 and over (whichever is available) in the household, $N_{ruralS}$ is the rural population of the state, $\sum_{AD}$ denotes the sum over enumerated households (not interviewed people) in the district or city (AD), and $N_{urbanS}$ is the urban population of the state; $nn$ is a factor from the sampling design which is given by
\[ nn = n_{AD} \]

where \( n_{AD} \) is the number of districts taken from the rural part or the number of cities taken from the urban part of the state.

For each enumerated household in Bangkok,

\[ HWTWV_3 = HW_1 \times \left( \sum_{\text{dis}} N_{ED, \text{dis}} / \Pi_{\text{dis}} \right) / n_{ED} \]

where \( \sum_{\text{dis}} \) denotes the sum over all districts in sample; \( N_{ED, \text{dis}} \) is the number of EDs in the district \( \text{dis} \); \( \Pi_{\text{dis}} \) is the inclusion probability of the district \( \text{dis} \), and is given by

\[ \Pi_{\text{dis}} = 6 \times N_{\text{dis}} / N_{\text{Bangkok}} \]

where the \( N \)'s are population sizes; and \( n_{ED} \) is the number of EDs in the Bangkok sample.

For each enumerated household in the urban part of the rest of Thailand,

\[ HWTWV_3 = HW_1 \times N_{\text{urbanP}} / [N_{ED} \times nn] \]

where \( N_{\text{urbanP}} \) is the size of the urban part of the province; \( N_{ED} \) is the size of the household’s ED; and \( nn = n_{ED} \times n_{\text{subd}} \times n_{\text{dis}} \) or the product of number of EDs, the number of subdistricts, and the number of districts in the sampling “chain” for the household.

A similar formula was used for each enumerated household in the rural part of Thailand, replacing ED by village, and \( N_{\text{urbanP}} \) by \( N_{\text{ruralP}} \).

**Computation of individual level weights to state or province level**

**Step I1:** Each interviewed individual has been given a household level weight \( W_1 \). This is interpreted as the number of people in the same household in the same sampling category.

In Malaysia:

- for an adult male smoker, \( W_1 \) is the number of adult male smokers in the same household
- for an adult female smoker, \( W_1 \) is the number of adult female smokers in the same household
- for an adult non-smoker, \( W_1 \) is the number of adult non-smokers in the same household
- for an adolescent aged 13-17, \( W_1 \) is the number of adolescents aged 13-17 in the same household.

In Thailand, the same definitions apply, except that there are no adult non-smokers recruited.

Note: \( W_1 \) as defined above does not necessarily sum within the household to the number of people aged 13 and over in the household, since there may be one or more sampling categories present from which no one was interviewed.
In fact, we have capped the value of W1 at 2 to reduce the potential variability of the weights. Step I1a ensures that each individual still represents a correct number at the AD, ED or VI level.

**Step I1a:** Each interviewed individual has been given an adjusted household level weight $W_{1a}$. This adjustment guarantees that hypothetical prevalence estimates based on the $HWTWV^3$ weights and on the final individual weights will be the same, in spite of the fact that quotas in some sampling categories were filled earlier than in others.

For Malaysia, let $AMS_{CD}$, $AFS_{CD}$, $AMNS_{CD}$, $AFNS_{CD}$, and $Y_{CD}$ be respectively the numbers enumerated in the CD of adult male smokers, adult female smokers, adult male non-smokers, adult female non-smokers, and adolescents.

Let $W_{1AMS_{CD}}$, $W_{1AFS_{CD}}$, $W_{1AMNS_{CD}}$, $W_{1AFNS_{CD}}$ and $W_{1Y_{CD}}$ be respectively the sums of W1 for all interviewed adult male smokers, adult female smokers, adult male non-smokers, adult female non-smokers and adolescents in the CD.

- for an adult male smoker, $W_{1a}$ is given by

$$W_{1a} = AMS_{CD} \times W_{1}/W_{1AMS_{CD}}$$

- similarly for the other refined categories

For Thailand, the same formula applies, with CD replaced by EB or VI.

**Step I2:** Each interviewed individual was given a preliminary state or province level weight $W_{4WV3}$.

For an individual in a rural area $W_{4WV3}$ is thought of as the number of people in the same state or province in rural areas and the same refined category (adult male smoker, adult female smoker, adult male non-smoker, adult female non-smoker, and adolescent) represented by that individual. Similarly, each interviewed individual in an urban area was given a state or province/Bangkok level weight $W_{4WV3}$. This is thought of as the number of people in the same state or province/Bangkok in urban areas and the same refined category represented by that individual.

The weight $W_{4WV3}$ is given by

$$W_{4WV3} = HWTWV^3 \times W_{1a}.$$
where \( N_{urbanS,dem} \) is the known number of people in the urban part of the state with same gender and age category (adult vs. youth) as the individual, and \( W_{4_{urbanS,dem}} \) is the sum of the W4 weights for interviewed individuals in the urban part of the same state, with same gender and age category (regardless of smoking status).

Each interviewed individual in a rural area, has been given a calibrated state-level weight

\[
W_{4\text{a}WV3} = W_{4WV3} \times \frac{N_{ruralS,dem}}{W_{4\text{a}ruralS,dem}}
\]

where \( N_{ruralS,dem} \) is the known number of people in the rural part of the state with same gender and age category (adult vs. youth) as the individual, and \( W_{4\text{a}ruralS,dem} \) is the sum of the W4 weights for interviewed individuals in the rural part of the same state, with same gender and age category (regardless of smoking status).

For Thailand, we have not performed an analogous calibration for adults because there are only smokers in the adult sample. Let

\[
W_{4\text{a}WV3} = W_{4WV3}.
\]

**Raising of individual level weights to the zone or region level**

**Step 13:** Each interviewed individual has been given a zone or region level weight \( W_{6WV3} \). This represents the number of people in the same stratum and the same refined category represented by that individual. (This weight \( W_{6WV3} \) is a last-stage “basic” survey weight for the individual, in the sense that \( W_{6WV3} \) can also be thought of as the number of people in the entire country represented by that individual.)

In Malaysia, urban parts, \( W_{6WV3} \) is

\[
W_{6WV3} = N_{urbanZ,dem} \times \frac{W_{4\text{a}WV3}}{W_{4\text{a}urbanZ,dem}}
\]

where \( N_{urbanZ,dem} \) is the known number of people in the urban part of the zone with same gender and age category (adult vs. youth) as the individual, and \( W_{4\text{a}urbanZ,dem} \) is the sum of the \( W_{4\text{a}WV3} \) weights for interviewed individuals in the urban part of the same zone, with same gender and age category (should be same as \( N_{urbanS,dem} \) above, except in the case of Zone1, which contains both Kedah and Penang).

There were two youths in urban Selangor who were the only youths recruited in their ADs (numbers 1 and 8 respectively). They were given a \( W_{6WV3} \) value of 0 (but a non-zero weight in the combined cross-sectional sample, below).

In Malaysia, rural parts, \( W_{6} \) is

\[
W_{6WV3} = N_{ruralZ,dem} \times \frac{W_{4\text{a}WV3}}{W_{4\text{a}ruralZ,dem}}
\]
where \( N_{\text{rural},\text{dem}} \) is the known number of people in the rural part of the zone with same gender and age category as the individual, and \( W_{4a_{\text{rural},\text{dem}}} \) is the sum of the \( W_{4a_{\text{WV3}}} \) weights for interviewed individuals in the rural part of the same zone, with same gender and age category (should be same as \( N_{\text{rural},\text{dem}} \) above, except in the case of Zone 1).

In Thailand, we have first calculated \( W_5 \), which is \( W_{4a} \) in the case of Bangkok, and which in the cases of the provinces is

\[
W_5 = W_{4a} \times \frac{N_{\text{region}}}{(2 \times N_{\text{province}})},
\]

where the \( N \) variables are population sizes used in the probability proportional to size sampling.

Then for an adolescent, \( W_{6WV3} \) is given by

\[
W_{6WV3} = N_{\text{region},y} \times \frac{W_5}{W_{5_{\text{region},y}}},
\]

where \( N_{\text{region},y} \) is the number of adolescents in the region (or Bangkok) and \( W_{5_{\text{region},y}} \) is the sum of \( W_5 \) over adolescents in the sample in the region.

For an adult smoker,

\[
W_{6WV3} = N_{\text{region},\text{smokdem}} \times \frac{W_5}{W_{5_{\text{region},\text{smokdem}}}}
\]

where \( N_{\text{region},\text{smokdem}} \) is the number of adult smokers in the region (or Bangkok) with the same gender as the respondent, and \( W_{5_{\text{region},\text{smokdem}}} \) is the sum of the \( W_5 \) over sampled adult smokers in the region with the same gender as the respondent.

**Rescaling**

Finally, the weights in the two countries have been rescaled within each sampling category (youth, adult smokers, adult non-smokers) to sum to national sample sizes, for use in pooled analyses. In Malaysia, new recruits in Dungun in the rural part of Terengganu and in all ADs in Sarawak have been given a rescaled new cohort weight of 0. They were very few in number, because recruitment was closed off in those areas, and thus had disproportionately large weights.

Otherwise, the formula used for the final weights in each country is as follows:

Rescaled weight \( RWTWV3 = n_c \times \frac{W_{6WV3}}{(\sum_c W_{6WV3})} \),

where \( n_c \) is the actual (i.e. unweighted) size of the country subsample for the sampling category, and \( \sum_c \) denotes a sum over that subsample of the original weights. (For this purpose the subsample is taken not to include recruits in Dungun or in Sarawak.)

A similar rescaling is applied to the state level weights in Malaysia.
**Note on calibration in Malaysia**

Malaysia has a large non-Malay population in some urban areas. Because of the clustered nature of the sampling plan and differential response rates, the different ethnic groups (Malay, Chinese, Indian and Other) were not sampled in proportion to their numbers, either at the state level or the zone level. For (rare) descriptive purposes we have calibrated the final individual weights ($W_6WV_3$) by gender and age category within zones. However, it should be noted that the new cohort weights do not correct for the differential rate of recruitment of ethnic groups.

In modeling, we recommend always entertaining ethnicity as a variable in the analysis.

**Wave 3 cross-sectional weights**

The Wave 3 cross-sectional weights for the combined sample (recontacts and new cohort) have been calculated bearing in mind two features of the design:

(i) Continuing sample members who were interviewed as youth in Wave 1 or Wave 2 were re-interviewed as youth in Wave 3, whether or not they were still under 18; there should have been no 13-year olds or 14-year olds left in the Wave 1 cohort, and no 13-year olds left in the Wave 2 cohort.

(ii) The new cohort was actually sampled to replenish the sample within sampling categories and within pseudo-PSUs.

The components of the Wave 3 cross-sectional weights are $W_4aWV_{13}$, $W_4aWV_{23}$, and $W_4aWV_{3}$.

First, within each pseudo-PSU, the sample numbers $n_{x_1}$, $n_{x_2}$ and $n_{x_3}$ of age $x$ at Wave 3, recruited at Waves 1, 2 and 3 respectively, were computed, for $x = 13, 14, 15, 16, 17, 18$ or over. For youth recruited at Wave 1, let

$$W_{4bWV_{13}} = W_4aWV_{13} \times \frac{n_{x_1}}{n_{x_1} + n_{x_2} + n_{x_3}}.$$  

For youth recruited at Wave 2, let

$$W_{4bWV_{23}} = W_4aWV_{23} \times \frac{n_{x_2}}{n_{x_1} + n_{x_2} + n_{x_3}}.$$  

For youth among the new recruits at Wave 3, let

$$W_{4bWV_{3}} = W_4aWV_{3} \times \frac{n_{x_3}}{n_{x_1} + n_{x_2} + n_{x_3}}.$$  

For all adults recruited in Wave 1, let $W_{4bWV_{13}} = W_4aWV_{13}$. For adults recruited in Wave 2, let $W_{4bWV_{23}} = W_4aWV_{23}$. For new cohort adults, let $W_{4bWV_{3}} = W_4aWV_{3}$.
The weights \( W_{4bWV13}, W_{4bWV23}, \) and \( W_{4bWV3} \) were then each rescaled to sum to sample size within each pseudo-PSU and sampling category, and put together to produce \( RW_{4WV3X} \) (where \( X \) denotes cross-section).

The weights \( RW_{4WV3X} \) weights were then raised to the province or state level within gender and age category, to produce weights \( W_{4cWV3X} \). For example, for an adult male in the urban part of a state in Malaysia,

\[
W_{4cWV3X} = N_{urbanS,dem} \times \frac{RW_{4WV3X}}{\sum_{urbanS,dem} RW_{4WV3X}}
\]

where \( N_{urbanS,dem} \) is the census estimate of the number of adult males in the urban part of the state, and the summation in the denominator is over adult males in the combined sample in the urban part of the state. For an adult male smoker in the urban part of a province in Thailand,

\[
W_{4cWV3X} = \hat{N}_{urbanP,dem} \times \frac{RW_{4WV3X}}{\sum_{urbanP,dem} RW_{4WV3X}}
\]

where \( \hat{N}_{urbanS,dem} \) was an estimate from year 2007 population figures of the number of adult male smokers in the urban part of the province.

For the two youths in urban Selangor in Malaysia who were the only ones recruited in their districts, \( W_{4cWV3X} \) was replaced by the average value for their gender and AD from youth remaining in the first two cohorts.

The weights \( W_{4cWV3X} \) were then raised to the national level, to produce weights \( W_{6WV3X} \). For example, for an adult male smoker in a region in Thailand,

\[
W_{6WV3X} = N_{region,dem} \times \frac{W_{4cWV3X}}{\sum_{region,dem} W_{4cWV3X}}
\]

where \( N_{region,dem} \) is an estimate at the time of Wave 3 of the number of adult male smokers in the region. For an adult male in a zone in Malaysia,

\[
W_{6WV3X} = N_{zone,dem} \times \frac{W_{4cWV3X}}{\sum_{zone,dem} W_{4cWV3X}}
\]

where \( N_{zone,dem} \) is the census estimate of the number of adult males in the zone.

Finally, for analytic purposes pooling across countries, the \( W_{6WV3X} \) weights in Thailand and the \( W_{4cWV3X} \) weights in Malaysia have been rescaled to sum to combined sample size within each country and sampling category (adult smokers, adult non-smokers, youth), to produce...
weights \textit{RWTWV3X}. The Malaysia analytic weights are not calibrated for ethnicity, and it is recommended to use ethnicity in modeling.
Appendix A: FCTC Policies in Malaysia and Thailand

Malaysia

Malaysia has an estimated population of 27 million people, 62% of which is concentrated in urban areas. In 2007, the GDP per capita was USD $14,400. Smoking prevalence estimates indicate that 46.5% of males and 3.0% of females are current smokers. Taxes on cigarettes in Malaysia are 39% of the retail price. BAT Malaysia and JTI produce 20 billion sticks of cigarettes annually. Malaysia imports 1,037 million cigarettes each year and exports 10,609 million. British American Tobacco Malaysia (BATM), Japan Tobacco International Berhad (JTI) and Phillip Morris International (PMI) formed the Confederation of Malaysian Tobacco Manufacturers (CMTM), which together controls 99% of the tobacco market.

Malaysia ratified the FCTC in September, 2005 and is therefore expected to implement more stringent tobacco control policies. In January 2009, pictorial health warnings replaced the current text warnings. These health warnings will be rotated every two years and will include 10 different health messages. Nicotine replacement therapy is available in Malaysia. In 2007, bupropion (Zyban 2002 and wellbutrin 2008) became available by prescription and in 2008 varenicline/Champix will also become available by prescription. Both the nicotine patch and nicotine gum are fully subsidized in all government hospitals that have a smoking cessation clinic. Smoking in Malaysia is banned in: government premises, health facilities, air-conditioned venues (except private offices), public transport, entertainment centre and theatre, public elevator, any air conditioner eating places or shops, public transport terminals, in any airport, assembly activity buildings, educational institutions, children nursery, school busses, any floor with service counter, shopping complex, petrol station, sport and fitness centre, worship places, library and internet café.. The Control of Tobacco Products (2005) bans direct and indirect tobacco advertising. However, point-of-sale advertising remains. A ban on “kiddie packs” (packs of cigarettes with less than 14 sticks) is expected in 2010.

There are tobacco related surveys in Malaysia, however, these surveys are conducted infrequently, focus on tobacco consumption or the existence of tobacco policies rather than smoking behaviour and the impact of tobacco control policies, or focus on youth. The ITC Malaysia survey is the only research effort that is designed to evaluate the impact of FCTC policies implemented in Malaysia. Others are related to laboratory analysis such as study on tobacco constituent and topography as well as study on indoor air quality in various public and work places.

Note: May be more useful to report in the table below what the policy was at the time of the W3 survey for each domain as this would be extremely useful for interpreting our findings based on the data collected at the time.
<table>
<thead>
<tr>
<th>Country (Ratification Date)</th>
<th>Domains</th>
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<tr>
<td></td>
<td>Cessation</td>
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<td></td>
<td>Programs</td>
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<tr>
<td>Malaysia (16 Sept 05)</td>
<td>Infoline, Quit clinic, run by MOH, USM offering Quitline Sevices</td>
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Smoke-Free Venue Codes: 'HCF=Health-care facilities; EDU=educational facilities; UNI=universities; GOV=government facilities; IO=indoor offices; OIW=other indoor workplaces RES=restaurants; B&P=bars & pubs

<table>
<thead>
<tr>
<th>Country (Ratification Date)</th>
<th>% of Pack</th>
<th>Picture Labels</th>
<th>Health Warnings</th>
<th>Light/ Mild Descriptors</th>
<th>Emissions/ Contents/ Performance Standards</th>
<th>Broadcast</th>
<th>Print-Domestic</th>
<th>Print-Int’l</th>
<th>Billboard</th>
<th>Sponsorship³</th>
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</thead>
<tbody>
<tr>
<td>Malaysia (16 Sept 05)</td>
<td>40% of front, 60% of back</td>
<td>6 pictorial warning labels to be rotated on all packs</td>
<td>3 rotated warnings FUTURE 10 health messages 2 year rotation</td>
<td>Descriptors of Light, UltraLight, Mild, Cool, Extra, Low tar, Special, Eliminate tar/nicotine/descriptors (per FCTC requirements) replace with warning hazardous chemical in</td>
<td>Full (except cigarette packs)</td>
<td>Full</td>
<td>None</td>
<td>Full</td>
<td>Full</td>
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</table>
Advertising/Promotion/Sponsorship Bans—Codes: DBM = distribution by mail; PD = promotional discounts; NTP = non-tobacco products identified with tobacco brand names; TP = brand name of non-tobacco products used for tobacco products; TVF = appearance of tobacco products in TV and/or films; SE = sponsored events

Thailand

Thailand has an estimated population of 64 million people,\textsuperscript{xii} 68\% of which is concentrated in rural regions.\textsuperscript{xiii} The GDP per capital in 2007 was US $8,440.\textsuperscript{xiv} Smoking prevalence is high, with 40.2\% of males and 2.4\% of females currently smoking.\textsuperscript{xv} Smoking is the fourth leading cause of death in Thailand, after HIV/AIDS, accidents, and tuberculosis.\textsuperscript{xvi} Lung cancer incidences in Thailand are also on the rise, as the second most frequent form of cancer.\textsuperscript{xvii} The Thai Tobacco Monopoly (TTM) produces 47 billion cigarettes annually\textsuperscript{xviii} and controls approximately 85\% of the market. Currently, taxation is high at approximately 79\% of the retail price\textsuperscript{xviii}

Thailand ratified the FCTC in November 2004. However, Thailand had already begun to enact some of the strictest tobacco control policies in the world by 1992. Thailand has banned tobacco advertising in all media, has removed “power walls” from stores selling cigarettes, and banned smoking in a large number of public places, and both public knowledge of tobacco issues and support for tobacco control efforts are high. Thailand has implemented pictorial health warnings that cover at least 50\% of both front and back of the pack.\textsuperscript{xix}

To date, there have been relatively few surveys of tobacco use and its determinants in Thailand. The majority of the studies focus on youth smoking\textsuperscript{xx} while a few others report on the role that SES plays on risky behaviour\textsuperscript{xxi xxii xxiii xxiv}. Overall, there are very few studies in Thailand that go beyond the basic measures of smoking\textsuperscript{xxvii} and are able to evaluate the implementation and the impact of tobacco control policies. The ITC Thailand Survey is the only ongoing research effort to evaluate tobacco control policies in Thailand at the population level.

The tobacco control movement in Thailand is strong, with many active and committed members in both the government and non-government sectors working to reduce the harm caused by tobacco use through strong legislation. However, with a more aggressive TTC, proposed tariff reductions, and decreasing public attention to tobacco, Thailand still has many challenges to overcome. It is crucial, now, to invest efforts to sustain support for tobacco control in both the public and the media, in order to avoid the trap of falling into complacency brought on by past successes. The Tobacco Journal International reported that the number of smokers in Thailand declined by 38\% (from 11.67 million to 9.54 million) in the past 15 years (from 1991 to 2006)
because of the Thai government’s successful enforcement of anti-smoking laws. xxx The Thai government raised excise taxes on local and imported cigarettes by THB2 to 3 (USD0.06 to 0.09) per pack. xxx Law was introduced to print the toxic substances and carcinogen on both the sides of the cigarette pack. The names of toxic substances are carbon monoxide and hydrogencyanide. The names of carcinogen are nicotine, tar and formaldehyde. The Thai government also expanded the 100% smoking restricted areas to cover pubs and bars.

SMOKE-FREE ENVIRONMENTS: As of March 30, 2010, smoking is banned in all indoor public places, including restaurants and bars. Only one exception remains; Bangkok’s Suvarnabhumi Airport is the only public area where a designated smoking room will be allowed inside.

BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP: Thailand has one of the strongest bans on tobacco marketing. However, tobacco advertising is still allowed via cross-border advertising such as imported international publications and live international televised programs. Additionally, the tobacco industry circumvents existing legislation by using corporate social responsibility activities to promote their company name.

HEALTH WARNINGS ON TOBACCO PACKAGES: Thailand was one of the first countries to implement graphic health warnings. Thailand has produced three rounds of graphic health warning labels, in 2005, 2006, and 2010. Warning labels cover 55% of the front and 55% of the back of the package.

TOBACCO TAXATION AND PRICES: The tax rate for cigarettes is high for the region. Increased taxes and higher prices have led to smoking reductions in Thailand in recent years. Increasing taxes on RYO tobacco is the most pressing concern for tobacco taxation in Thailand. xxxi

<table>
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<tr>
<th>Country (Ratification Date)</th>
<th>Domains</th>
<th>Price and Taxation</th>
<th>Smoke Free</th>
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<tr>
<td>Programs</td>
<td>NRT Availability/Use</td>
<td>Taxes - % of retail price</td>
<td>Other Issues</td>
</tr>
<tr>
<td>Thailand (8 Nov 04)</td>
<td>Bupropion (at pharmacy with Rx) Counseling available in some health facilities. pharmacy with Rx, not on essential drug list</td>
<td>~79% Excise tax raised by 80% of actual tobacco value Note: Price of most sold brand (pack of 20) = 4THB (USD1.29); Taxes on most sold brand (% of retail price): Total taxes=64%, Total excise (specific &amp; ad valorem=57%); VAT=7%</td>
<td>Full (in all indoor public places except Bangkok’s Suvarnabhumi Airport where a designated smoking room will be allowed inside) (effective March 2010 under MOH’s regulation No. 19))</td>
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</tbody>
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Smoke-Free Venue Codes: ¹HCF=Health-care facilities; EDU=educational facilities; UNI=universities; GOV=government facilities; IO=indoor offices; OIW=other indoor workplaces RES=restaurants; B&P=bars & pubs
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<td></td>
<td>% of Pack</td>
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<tr>
<td>Thailand (8 Nov 04)</td>
<td>From 50% to 55% front and back (effective March 29, 2010)</td>
</tr>
</tbody>
</table>

**Advertising/Promotion/Sponsorship Bans—Codes:**
- DBM = distribution by mail
- PD = promotional discounts
- NTP = non-tobacco products identified with tobacco brand names
- TP = brand name of non-tobacco products used for tobacco products
- TVF = appearance of tobacco products in TV and/or films
- SE = sponsored events
Appendix B: ITC SEA Sampling Plan

Wave 1 Sampling Plan

The survey used face-to-face recruitment of participants from an area sample of households. The sample of households was selected using a stratified multistage sampling design. The primary strata consisted of Bangkok and four regions (North, Northeast, Central, South) in Thailand, and the six zones of Malaysia. In Thailand, respondents were selected from Bangkok and two provinces in each of Thailand’s four regions (Chiang Mai, Phrae, Nakhon Ratchasima, Nong Khai, Nakhon Pathom, Samut Sakhon, Nakhon Si Thammarat, and Songkhla). In Malaysia, respondents were drawn from one state in each of the country’s six zones: Kedah, Selangor, Johore, Terengganu, Sabah, Sarawak.

In both countries, within each province or state, there was a secondary stratification into urban and rural. Ultimate sample allocations within the secondary strata were made proportional to their sizes.

In Malaysia, two urban districts and two rural districts were selected within each state with probability proportional to size, and each pair of districts was pooled. In Thailand, “districts” were taken to coincide with the urban and rural sections of the provinces. In each country, sub-districts and communities were selected within urban and rural districts, with probability proportional to population size. Each selected last-stage unit was divided conceptually into clusters of size about 300 dwellings, and sampling of these provided a total of about 125 sampled clusters in each country. Each cluster was given a quota of about 16 adult smokers, and a corresponding quota of non-smokers and youth.

In Malaysia, the basis of the frame was provided by the Ministry of Health, and where necessary the cluster quotas were divided among several sub-clusters or Enumeration Blocks (EBs) of about 80-120 dwellings each. A sample of about 30 addresses was taken from each EB. In Malaysia households were selected within each EB or cluster using systematic sampling methods and in Thailand they were selected using simple random sampling following enumeration. Sampling within a cluster proceeded until the respondent quota in each sampling category was filled. Once a potentially eligible household was identified and contacted, interviewers enumerated all household members.

In Thailand, a maximum of three respondents were selected from each household: one female adult smoker, one male adult smoker, and one youth respondent. In Malaysia, one adult non-smoker per household was also surveyed, for a maximum of four respondents per household. In households with more than one eligible respondent per quota cell, respondents were randomly selected by using a variant of the Kish Grid.xxxii

For further details on the planned design for Wave 1, please see the ITC South East Asia Wave 1 Technical Report.
Waves 2 and 3 Sampling Plan
The Waves 2 and 3 sampling plan consisted of recontacting as many respondents as possible from previous waves, and at the same time replenishing the dropouts within pseudo-PSUs (districts in Malaysia and urban-rural parts of provinces in Thailand), from newly sampled clusters or EBs near the units from the previous wave. That is, efforts were made to replenish the sample lost within each sampling category (adult smokers, youth, adult non-smokers) within each pseudo-PSU where possible.

The results of sampling in Waves 1, 2 and 3 are given in the following table.

<table>
<thead>
<tr>
<th>Wave</th>
<th>Malaysia</th>
<th>Thailand</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Female</td>
</tr>
<tr>
<td>Smokers</td>
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<td>87</td>
</tr>
<tr>
<td>Non-smokers</td>
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<td>1086</td>
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<td>Youth</td>
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<td>515</td>
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</tr>
</thead>
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<td>Female</td>
</tr>
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<td>Re-contact Smokers</td>
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<tr>
<td>Non-smokers</td>
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<td>Youth</td>
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</tr>
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<td>Non-smokers</td>
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<td>Non-smokers</td>
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<td>Youth</td>
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The next table breaks down the Wave 3 adult smoker sample in Malaysia by cohort, urban/rural part of state, and data collection mode.

### Wave 3 sample in Malaysia by cohort and urban/rural areas within each state.

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<th>Grand Total</th>
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<td>Total</td>
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The next table breaks down the Wave 3 adult smoker sample in Thailand by cohort, urban/rural part of province.

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</tr>
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</tr>
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<td>South</td>
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<tr>
<td>Total</td>
<td>1142</td>
<td>1022</td>
<td>2164</td>
<td></td>
</tr>
</tbody>
</table>
Appendix C: Household Replenishment Form and Kish Grid Instructions

SELECTION OF PARTICIPANTS FROM A HOUSEHOLD USING THE KISH GRID
(These instructions and the example are for Malaysia; the Thailand document is similar.)

Once you have enumerated the members of the household, you will select the participants to be interviewed. There are 4 categories: male adult smoker, female adult smoker, adult non-smoker, and adolescent. You will have quotas for adult smoker and adolescent. If the adult smoker quota is not yet filled, you will be selecting one male adult smoker if the household contains at least one, and one female adult smoker if the household contains at least one. (This might cause you to exceed the quota by one, if both male and female adult smokers exist in the household.) If the non-smoker quota is not yet filled, you will be selecting one adult non-smoker. If the adolescent quota is not yet filled, you will be selecting one adolescent.

The Kish grid is used every time you have to make a selection within a category because there are two or more eligible household members.

The row of the grid to be used is the row corresponding to the number of household members in the category, e.g. if there are 3 male adult smokers, use row 3 of the Kish grid to select a male adult non-smoker.

The column of the grid to be used is the column corresponding to the last digit of the age of an adult household member. Each time you use the grid for a household, use the first listed age which you have not already used for that household. (You should put an “X” beside the listed age when you have finished using it.) See the example below.

The entry in the selected row and column tells you which household member to select. For example, if the entry is 2, select the individual who is the second listed person in the category.
### Enumeration Form

| ลำดับที่ | ชื่อสกุลอาเภอหว่างศูนย์ (กลุ่มตัวอย่าง 15-17 ปี) | เลข | อาชีพหรืออาชีพ | พื้นที่ราформปรับปรุงที่สูง/ไม่สูง | อายุ | ผืนผากแบบเต็มใบ/ไม่เต็มใบ | บันทึกลง | ต.ล.ค. |
|--------|---------------------------------|-----|-----------------|-------------------------------|-----|-----------------|---------|
| 1.     |                                 |     |                |                               |     |                 |         |
| 2.     |                                 |     |                |                               |     |                 |         |
| 3.     |                                 |     |                |                               |     |                 |         |
| 4.     |                                 |     |                |                               |     |                 |         |
| 5.     |                                 |     |                |                               |     |                 |         |

| ลำดับที่ | ชื่อสกุลอาเภอหว่างศูนย์ (กลุ่มตัวอย่าง 15-17 ปี) | เลข | อาชีพหรืออาชีพ | พื้นที่รา形成ปรับปรุงที่สูง/ไม่สูง | อายุ | ผืนผากแบบเต็มใบ/ไม่เต็มใบ | บันทึกลง | ต.ล.ค. |
|--------|---------------------------------|-----|-----------------|-------------------------------|-----|-----------------|---------|
| 1.     |                                 |     |                |                               |     |                 |         |
| 2.     |                                 |     |                |                               |     |                 |         |
| 3.     |                                 |     |                |                               |     |                 |         |
| 4.     |                                 |     |                |                               |     |                 |         |
| 5.     |                                 |     |                |                               |     |                 |         |
In the example above, consider each of the 3 categories in turn. (Suppose the non-smoker quota is filled).

1. You must choose between “R” and “Y” for the male adult smoker. Since there are two, you take row #2 of the grid. Since the first adult age, namely the age of “R”, ends in 3, you take column #3 of the grid. The entry in row #2, column #3 is 2. Thus you select “Y”, who is listed second among adult non-smokers. You now put an “X” beside the age of “R”.

2. There are no female adult smokers.

3. You must choose between “B” and “I” for the adolescent. Again you look at row #2, since there are two adolescents to choose from. The next adult is that of “O”, and the last digit is 5. Thus you take column #5 of the grid. The entry in row #2, column #5 is 1. This you select “B”, who is listed first among the adolescents.

You have now selected “Y” and “B”.
Appendix D: Household Replenishment Form for Telephone Interview (Malaysia)

BORANG A

TINJAUAN POLISI PENGAWALAN TEMBAKU ANTARABANGSA - MALAYSIA

BORANG MAKLUMAT ISIRUMAH (PENAMBahan), FASA 3

Maklumat Untuk berbincang:
Nama Rumah Isirumah: __________________________
Alamat: __________________________
Telefon Rumah: __________________________
Nama Penyelidik Maklumat: __________________________
Email: __________________________

BEKOD LAWATAN – PERINGKAT ISIRUMAH (DIMULAI ZONE KERJA)

<table>
<thead>
<tr>
<th>Bil. Lawatan</th>
<th>Tarikh</th>
<th>Masa</th>
<th>Komen</th>
<th>Terminasi</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<td>2</td>
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<td>3</td>
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<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


JIKA ISIRUMAH ENGKAH BERKESANAN:

1. Berapa umur yang berumur 10 tahun ke atas telah dikenali ianya?
2. Berapa umur yang berumur 10 tahun ke atas telah dikenali ianya?

Page 2

BORANG B

BORANG PEMILIHAN RESPONDEn

<table>
<thead>
<tr>
<th>No</th>
<th>NAMA DEWASA (Berumur 18 tahun dan ke atas)</th>
<th>Jantina</th>
<th>Status</th>
<th>Umur (Tarikh lahir)</th>
<th>Dijilat Y / T</th>
<th>Komen</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>6</td>
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<td>8</td>
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<tr>
<td>9</td>
<td></td>
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<td></td>
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<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

NAMA REMAJA (Berumur 13 – 17 tahun)

<table>
<thead>
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<th>NAMA REMAJA (Berumur 13 – 17 tahun)</th>
<th>Jantina</th>
<th>Status</th>
<th>Umur (Tarikh lahir)</th>
<th>Dijilat Y / T</th>
<th>Komen</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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<tr>
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<td>4</td>
<td></td>
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</tr>
</tbody>
</table>

Bilangan anak-anak berumur 5 tahun ke bawah dalam rumah ini: Bilangan perempuan kelebihan 10 ke atas dalam rumah ini
Bilangan anak-anak berumur 6-12 tahun dalam rumah ini: Bilangan perempuan perempuan berumur 10 ke atas dalam rumah ini
Bilangan remaja berumur antara 13-17 tahun dalam rumah ini: Bilangan perempuan kelebihan 10 ke atas dalam rumah ini

KISH GRID

<table>
<thead>
<tr>
<th>No</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
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<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
</tbody>
</table>

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PL – Perempuan Lelaki; PP – Perempuan Perempuan; BP – Bukan Perempuan; R – Remaja

Tambahan dua ruang kosong (5 dan 6) adalah untuk keguaran responden. Penggunaan responden daripada bidang yang sama hanya dibenarkan sekiranya responden yang terpilih mempunyai kod keputusan akhir adalah 2 (masalah bahasa) atau 3 (masalah kesihatan/mental) atau boleh kemasukan tiada di ruang operangan tempoh kajian.

Sebelum tiada sesuatu ruang responden, tandaan ‘X’ dalam lajur ketiga pada setiap kategori responden yang telah penuh kuota.

| ID Responden | Kategori | Nama Responden Yang Terpilih | No. Kad Pengenalan | Kod Keputusan | ID Pencenak
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
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<tr>
<td>6</td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

Kod Keputusan Akhir Individu:
1. Dikecualikan (selepas 4 kali mengalami kegagalan)
2. Masalah bahasa
3. Masalah kesihatan/mental
4. Terlalu mudah kehilangan kecemasan
d5. Enggan bekerja
6. Tidak lemah
7. Tersumpah dibunuh

Nama dan aktif yang boleh dihubungi untuk tinjauan pada masa depan sekiranya responden berpindah:
Nama: __________________________
Alamat: __________________________
Poskod: __________________________
Appendix E: Household Replenishment Form (Thailand)

Page 1

Appendix E: Household Replenishment Form (Thailand)

Page 2
### Table of Respondent Data

<table>
<thead>
<tr>
<th>Respondent ID</th>
<th>Type</th>
<th>Selected Respondent Name</th>
<th>Outcome Code</th>
<th>Interviewer ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>MS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>FS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>AD</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*NB: MS - male smoker; FS - female smoker; AD - adolescent*

The additional rows are for use in the case of substitution. A substitution from the same household is allowed only if a selected respondent has outcome code 2 (language barrier) or 3 (health mentally incapable), or will be away for the entire survey period.

Before reaching the household, put an "X" in the third column for each Type for which the quota is already filled.

#### Individual Outcome Codes:

1. Missed (after 4 attempts)
2. Language barrier
3. Health mentally incapable
4. Proxy, refusal
5. Refusal
6. Incomplete (start, break off)
7. Complete

Name and address of someone who would be able to provide contact information at next survey if respondent moves:

_________________________________________________________________________
_________________________________________________________________________
Appendix I: Sample of Response Card (Thailand)

1. ไม่พอใจเท่าใด
2. 
3. เสมอ
4. 
5. เห็นดีวย

1. ไม่มีหรือน้อยมาก
2. น้อย
3. มาก
4. มาก
Appendix F: Household Approach and Consent Script for Phone Interview (Malaysia)

STATE IDENTIFICATION CLEARLY AND IF NECESSARY, REPEAT INTRODUCTION

Hello, my name is _____ and I am from Universiti Sains Malaysia. Is [adult respondent’s name or the name of the adult informant, if household contains only a youth respondent] available?

Adult respondent contacted

[Repeat introduction if necessary]:

Hello, my name is __________ and I am from Universiti Sains Malaysia. I am calling regarding the survey on smoking that you completed about 12-18 months ago. You may recall that the survey is being conducted by an international group of universities and research institutions in several countries. We are calling to ask whether you would be willing to answer the follow-up survey that would take about 40-45 minutes (15 minutes for non-smokers) this year and again 1-2 years time. To thank you for your participation, we will provide a token of appreciation for your time and effort. If you agree to be in our survey, we will immediately mail out to you a cheque for 35 Ringgit (5 Ringgit for non-smoker) as a token of our thanks. I would like to assure you that your survey responses would be absolutely confidential. No one outside of the survey research team would ever see your responses. We will not give your name or telephone number to anyone who is not associated with this survey. Would you be willing to participate in the survey?

1-No (See respondent refusal)

2-Yes (Continue below)

Is now a good time to conduct the survey?

1-No (Schedule another time)

2-Yes (Begin survey)

If YES: Ensure they understand that their verbal agreement is taken as consent and proceed with the phone interview.
Appendix G: Sample of Information and Consent Form (Malaysia)

Pusat Racun Negara
Universiti Sains Malaysia

ID: ____________________________
Bandar/ Negeri DP DB BP Strata UB TK ID-R Mukim

BORANG MAKLUMAT PENGLIBATAN REMAJA (RECONTACT)

TAJUK KAJIAN: PENILAIAN POLISI KAWALAN TEMBAKU DI ASIA TENGGARA

Universiti Sains Malaysia Human Research Ethics Committee Clearance
Number:USM/PPSP/Ethics/2004 (137.4[3]), IRB# IRB00004494, FWA00007718
Ethics Committee of The Cancer Council of Victoria, Australia Clearance Number: HREC 0420, IRB#: IRB00001773
Ethics Committee of The University of Waterloo, Canada Clearance Number:11762,
IRB#: IRB00002419

PENYELIDIK:

- Dr. Maizurah Omar, Pusat Racun Negara, Universiti Sains Malaysia;
- Profesor Rahmat Awang, Pusat Racun Negara, Universiti Sains Malaysia;
- Profesor Madya Razak Lajis, Pengarah, Pusat Racun Negara, Universiti Sains Malaysia.
PENGENALAN
Anda dipelawa untuk menyertai satu kajian penyelidikan yang melibatkan anda untuk melengkapkan satu soal selidik bertulis pada hari ini dan kemudian terlibat dalam dua lagi kajian dalam jangkamasa satu atau dua tahun kemudian. Kakitangan penyelidikan akan membekalkan satu soal selidik untuk dilengkapkan oleh anda sendiri dan dikembalikan dalam sampul surat yang bertutup.

TUJUAN KAJIAN
Tujuan kajian ini ialah untuk:

b. Mengkaji pengalaman merokok di kalangan remaja tanpa mengambil kira sama ada mereka merokok atau tidak pada masa sekarang
c. Menentukan tahap kesedaran di kalangan remaja tentang barangan berkaitan dengan perkara-perkara yang berlaku dalam komuniti yang berkaitan dengan rokok.

Kami juga akan mengkaji faktor-faktor yang mungkin mempengaruhi golongan remaja merokok dan faktor-faktor yang melindungi mereka daripada serta menentukan sama ada terdapat perbezaan antara faktor-faktor yang terdapat di Thailand dan Malaysia.

KELAYAKAN PENYERTAAN
Anda adalah remaja lelaki atau perempuan berumur antara 13 tahun hingga 17 tahun. Anda boleh dari kalangan perokok atau bukan perokok.

PROSEDUR KAJIAN
Anda akan di beri satu set borang soal selidik dan diminta supaya melengkapkannya dengan sempurna. Masa untuk melengkapkan soal selidik akan mengambil lebih kurang 30 minit. Soal selidik yang telah lengkap dimasukkan dalam sampul surat bertutup sebelum diserahkan kepada pengawal penyelidik. Anda akan diminta menlengkapkan soal selidik dua kali lagi dalam jangkamasa satu atau dua tahun lagi.

RISIKO
Penglibatan responden dalam kajian ini tidak melibatkan sebarang risiko terhadap kesejahteraan atau ketidakselesaan baik dari segi fizikal, psikologi, sosial atau kebudayaan.

PENYERTAAN DALAM KAJIAN
Penglibatan dalam penyelidikan ini adalah secara sukarela dan anda bebas untuk menarik diri pada bila bila masa. Sekiranya anda bersetuju untuk mengambil bahagian, kami menggalakkan anda untuk terus kekal dalam penyelidikan ini dan melengkapkan ketiga-tiga soal selidik pada tahun berikutnya.

FAEDAH KAJIAN
Hasil kajian berpotensi membantu penyelidik menilai dan memahami kesan polisi kebangsaan kawalan tembakau dalam negara membangun yang mempunyai budaya berbeza. Ia juga dapat digunakan sebagai bukti oleh penggubal polisi dari seluruh dunia bagi membentuk dan melaksanakan polisi kawalan tembakau yang terbukti berkesan.

PERTANYAAN
Sekiranya anda mempunyai sebarang pertanyaan atau kemusykilan berkaitan projek penyelidikan ini, anda boleh berbincang dengan menghubungi:

Dr. Maizurah Omar
Prof. Rahmat Awang  
Prof. Madya Razak Lajis

Penyelidik Bersama dari Malaysia, di Pusat Racun Negara, Universiti Sains Malaysia. Tel: 04-6570099

Sekiranya anda masih mempunyai kemusykilan setelah berbincang dengan mana-mana penyelidik di atas, anda juga boleh menghubungi:

Profesor Ron Borland, Penyelidik Utama ITC-SEA dari The Cancer Council Victoria, 1 Rathdowne Street, Calton VIC 3053, Australia. Tel: (+613) 96355185

Profesor Geoffrey T. Fong, Penyelidik Utama ITC Project, Department of Psychology, University of Waterloo, Canada. Tel: (519)888-4567

Sekiranya anda tidak berpuas hati dengan tatacara perlaksanaan kajian dan ingin mengajukan aduan, anda boleh menghubungi:

Profesor Abdul Aziz Baba, Pengerusi Jawatankuasa Penyelidikan dan Etika, Pusat Pengajian Sains Perubatan, Universiti Sains Malaysia, 16150 Kubang Kerian, Kelantan.

Sekiranya anda merasakan jawatankuasa etika tempatan tidak dapat menyelesaikan kemusykilan anda pada tahap yang memuaskan anda boleh menghubungi jawatankuasa etika penyelidikan manusia di Australia:

Ms. Woody Macpherson, Head, Research Management Unit, The Cancer Council Victoria, 1 Rathdowne St. Carlton VIC 3053 Australia. (+613) 9635-5100.
atau
Dr Susan Sykes, Director, Office of Research Ethics, University of Waterloo, 200 University Avenue West Waterloo, Ontario, Canada N2L3G1 At +1 519-888-4567 ext 36005 or Email : ssykes@uwaterloo.ca

KERAHSIAAN
Semua maklumat yang anda berikan akan dikendalikan sebagai “SULIT”, dan tidak akan di kemukakan kepada ibubapa atau penjaga anda, tertakluk kepada keperluan perundangan dan batasannya. Maklumat ini akan disimpan di tempat yang selamat dan hanya boleh di lihat oleh kumpulan penyelidik kajian ini. Data daripada kajian ini tidak akan dimusnahkan tetapi sebarang maklumat tentang anda akan dihapuskan supaya jawapan yang anda berikan tidak boleh dikaitkan kembali kepada anda. Selain daripada itu sebarang maklumat yang diterima oleh mana mana ahli keluarga anda yang mungkin terlibat dalam soal selidik ini juga akan dikendalkan sebagai “SULIT”. Kami telah menyediakan responend dengan brosur maklumat sama seperti ini tetapi kami ingin anda menghubungi kami sekiranya anda mempunai sebarang pertanyaan atau kemusykilan.

TANDATANGAN
Sekirannya anda bersetuju untuk melibatkan diri dalam kajian ini, anda mesti menandatangani borang keizinan.

BORANG KEIZINAN REMAJA (RECONTACT)

TAJUK KAJIAN: PENILAIAN POLISI KAWALAN TEMBAKAU DI ASIA TENGGARA
Universiti Sains Malaysia Human Research Ethics Committee Clearance Number: 
USM/PPSP/Ethics/2004 (137.4[3]) 
Ethics Committee of The Cancer Council of Victoria, Australia Clearance Number: HREC 0420

PENYELIDIK:

- Dr. Maizurah Omar, Pusat Racun Negara, Universiti Sains Malaysia;
- Profesor Rahmat Awang, Pusat Racun Negara, Universiti Sains Malaysia;
- Profesor Madya Razak Lajis, Pengarah, Pusat Racun Negara, Universiti Sains Malaysia;

Untuk melibatkan diri dalam kajian ini, anda mesti menandatangani borang ini.

Setelah menandatangani kertas ini, saya mengesahkan perkara berikut:

- Projek ini dilaksanakan bagi tujuan penyelidikan.
- Penglibatan dalam penyelidikan ini adalah secara sukarela dan saya bebas untuk menarik diri pada bila bila masa atau bebas menarik balik sebarang maklumat yang telah diberikan.
- Penyertaan dalam penyelidikan pada hari ini melibatkan melengkapkan satu soal selidik bertulis yang mengambil masa lebih kurang 30 minit dan akan diulangi sekali lagi dalam jangkamasa satu atau dua tahun dari sekarang.
- Hanya mereka yang terlibat dalam penyelidikan ini boleh menggunakan sebarang maklumat yang saya berikan.
- Semua maklumat yang saya berikan harus dianggap sebagai “SULIT” tertakluk kepada keperluan perundangan dan batasan.
- Saya telah membaca semua maklumat dalam kertas maklumat penyertaan remaja (recontact) dan borang memberi keizinan yang meliputi maklumat berkaitan risiko dan telahpun diberi masa yang secukupnya untuk memikirkan mengenainya.
- Semua pertanyaan telah dijawab sebaik mungkin.
- Saya secara sukarela bersetuju untuk melibatkan diri dalam kajian ini, mematuhi prosidur kajian dan memberikan maklumat sesuai dengan yang diminta.
- Saya telah menerima satu salinan maklumat remaja (recontact) dan borang memberi keizinan untuk disimpan oleh saya.
<table>
<thead>
<tr>
<th>NAMA REMAJA (Ditera dan taip)</th>
<th>NAMA SINGKATAN</th>
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<tr>
<th>NO. KAD PENGENALAN REMAJA</th>
<th>NO.K/P (lama)</th>
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<tr>
<th>TANDATANGAN REMAJA</th>
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<td>(Masukkan masa jika perlu)</td>
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<tr>
<th>NAMA &amp; TANDATANGAN INDIVIDU YANG MENGENDALIKAN KEIZINAN</th>
<th>TARIKH (ddMMyy)</th>
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<tr>
<th>NAMA &amp; TANDATANGAN WAKIL SAH IBU/BAPA/PENJAGA</th>
<th>TARIKH (ddMMyy)</th>
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ALAMAT TERKINI DAN PERINCIAN

ALAMAT


POSKOD


TEL


H/P


Nota:

Semua subjek yang mengambil bahagian dalam kajian penyelidikan ini tidak dilindungi oleh insuran

Sila beritahu kumpulan penyelidik dengan menggunakan poskad yang dibekalkan sekitnya berlaku sebarang perubahan sebelum kajian berakhir.
Appendix H: Sample of Consent Form (Thailand)

ADULT SMOKER REPLENISHMENT CONSENT FORM

RESEARCH PROJECT: TOBACCO CONTROL POLICY EVALUATION IN SOUTH EAST ASIA

Mahidol University Human Research Ethics Committee Clearance Number: 0517.191/0705
Ethics Committee of The Cancer Council of Victoria, Australia Clearance Number: HREC 0420, IRB#: IRB00001773
Ethics Committee of The University of Waterloo, Canada Clearance Number: 11752, IRB#: IREB00002419

I agree to take part in the above international research project conducted in Thailand by the research team based at the Mahidol University in collaboration with the Ministry of Health. I have read the participant information sheet, which I will keep for my records. I understand that:

- This project is being conducted for research purposes.
- Participation in the research is voluntary and that I am free to withdraw from the research at any time, or to withdraw any information previously supplied.
- Participation in this research involves completing a face-to-face interview lasting about 30-40 minutes today and two more times subsequently one or two years apart.
- I understand that I will be paid a token sum of Baht300.00 each time that I participate in the study.
- 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, subject to legal requirements and limitations.

I ___________________________ give my consent to take part in this research.

PRINT NAME

Signed: ............................................................ Date: .../.../...

Current address and contact details:
Address: ............................................................................................................................

................................................................................................................................. Postcode: ........................................

Telephone:
Home: ...................... Work: ...................... Mobile ............................

Note: Please notify the research team using the postcard provided if there is a change in contact details above before the end of the study.
Appendix J: Sample of Forms Used in Survey Fieldwork (Malaysia)

**Distributing, Returning and Checking Surveys Form**

**BORANG F**

**BORANG PEMERIJAAN, PENERIMAAN DAN PENYEMAIAN SOAL SELIDIK KAJIAN**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Negeri</td>
<td>BILB</td>
<td>DP</td>
<td>DB</td>
<td>BP</td>
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**Nama Penerus Lapangan:**

| ID: |  |  |  |  |  |

**Nama Penemu:**

1. ___________________________

   | ID: |  |  |  |  |  |

2. ___________________________

   | ID: |  |  |  |  |  |

**Aktiviti** | Tarikh | Jumlah Borang Lengkap | Komen |
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<td></td>
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<tr>
<td>Jumlah soal selidik diberi</td>
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<tr>
<td>Jumlah soal selidik ditemui</td>
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<tr>
<td>Jumlah soal selidik (90-100%)</td>
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**Nama Penemu:**

1. ___________________________

   | ID: |  |  |  |  |  |

2. ___________________________

   | ID: |  |  |  |  |  |

**Aktiviti** | Tarikh | Jumlah Borang Lengkap | Komen |
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<td>Jumlah soal selidik boleh</td>
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<td>Jumlah soal selidik ditemui</td>
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<tr>
<td>Jumlah soal selidik (90-100%)</td>
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<td></td>
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</tbody>
</table>

**Nama Penemu:**

1. ___________________________

   | ID: |  |  |  |  |  |

2. ___________________________

   | ID: |  |  |  |  |  |

**Aktiviti** | Tarikh | Jumlah Borang Lengkap | Komen |
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<td>Jumlah soal selidik diberi</td>
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<tr>
<td>Jumlah soal selidik (90-100%)</td>
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</table>
Appendix K: ITC SEA Screener for Recontact Adult Smoker
(to determine which survey to use: Recontact Smoker or Quitter Survey)

ID Number of respondent: …

Date of Interview: _____/_____/_______

Consent: OBTAIN CONSENT BEFORE PROCEEDING.

001 Smoking status at wave2 (from master list):
   1  Smoker
   2  Quitter (Go to 006)

002 FR11302 Since we last talked to you, about one year ago, in <Insert Month and Year>, have you made any change in the amount you smoke?
   1  Yes
   2  No (Go to 004)
   8  Refused (Go to 004)
   9  Can't Say (Go to 004)

003 FR11303 What change did you make?
   1  Quit smoking (Go to 006)
   2  Reduce smoking (smoke less)
   3  Increase smoking (smoke more)
   8  Refused (don’t read out)
   9  Can't Say (don’t read out)

004 QA11331 Since we last talked to you, have you made any attempts to quit?
   1  Yes (Go to 006)
   2  No
   8  Refused
   9  Don't Know
005  <Ask unless certain of answer>. So you are currently smoking, is that correct?

1. Yes, current smoker (Go to RECONTACT SMOKER SURVEY)
2. No, I have quit (Go to QUITTER SURVEY)

(Interviewer note: You can complete without asking if the person has already told you)

006  QA11336  <If the respondent quit smoking in wave 2: “Last time we spoke to you, you had given up smoking.”>

Are you back smoking or are you still stopped?

1. Back smoking (Go to RECONTACT SMOKER SURVEY)
2. Still stopped (Go to QUITTER SURVEY)
Appendix L: Pictures of Survey Fieldwork (Malaysia)
Appendix M: Pictures of Survey Fieldwork (Thailand)


x Center for Disease Control and Prevention. (2003). *Global Youth Tobacco Survey (GYTS)*.


xx Imsonboon, 1983. Cigarette smoking among high school students in rural areas of Thailand.


References for Thai population and smoker data:

2007 population figures for Thailand:

Population estimates by region and province:

<table>
<thead>
<tr>
<th></th>
<th>Reference</th>
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Population by sex and urban (municipal) and rural (non-municipal):

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<th>Reference</th>
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<td>2</td>
<td><a href="http://service.nso.go.th/nso/nso_center/project/table/files/S-ict-hh-q/2550/000/20_S-ict-hh-q_2550_000_000000_00100.xls">http://service.nso.go.th/nso/nso_center/project/table/files/S-ict-hh-q/2550/000/20_S-ict-hh-q_2550_000_000000_00100.xls</a></td>
</tr>
</tbody>
</table>
Number of smokers by age and sex:

For adults, smoking prevalence estimates were computed separately for men and women by province using the data in “Number of smokers by age and sex”. Then, the number of adult men and women in the urban and rural parts of the province were multiplied by the provincial smoking prevalence estimates to obtain a rough estimate of the number of male and female smokers in the urban and rural parts of each province.

Reference for Malaysia population data:


Also: 2005 Population figures downloaded from
Sources:


xxxii References


ITC SEA Wave 2 Training Manual in English.

ITC SEA Wave 2 Training Manual for Malaysia (in Malay).

ITC SEA Wave 2 Training Manual for Thailand (in Thai).

References for Thai population and smoker data:
Population Data: 1% sample of the 2000 Thailand Housing and Population Census

Also: 2005 Population figures downloaded from
http://service.nso.go.th/nso/nso_center/project/search_center/23project-en.htm
(1) Population by age group, sex and area, Northeastern Region 2005
(2) Population by age group, sex and area, Bangkok 2005
(3) Population by age group, sex and area, Central Region 2005
(4) Population by age group, sex and area, Northern Region 2005


Reference for Malaysia population data: