

City ID ____ Participant ID ____

**Supplemental File 1:
POPULATION SURVEY, July 24, 2018**



Thank you so much for agreeing to participate. This survey has questions about smoking and about your basic demographic information. I will read the questions one at a time and ask that you provide the answer you consider appropriate. There are no 'right' or 'wrong' answers, so don't worry that you may get things wrong. Do you have questions about the survey you would like to ask me now?

SECTION 1: SOCIODEMOGRAPHIC QUESTIONS

First, we'd like to ask some questions about you.

1.1. How old are you?

__ __ years old

1.2. What is your gender?

- Male
- Female
- [refuse]

1.3. What best describes your current relationship situation? (Check ONE answer.)

- Single/Never married
- Married
- Separated
- Divorced
- Living with a partner (cohabitating)
- Widowed
- Other – Specify: _____
- [refuse]

1.4. What is your educational background?

- No formal education
- Primary school (grades 1-4)
- Middle school (grades 5-8)
- Some high school (some parts of grades 8-12)
- High school (grades 8-12)
- Vocational school/trade school
- Some college
- College
- Advanced degree
- [refuse]

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1.5. How many people older than 18 years old, including yourself, live in your household?
____ people

1.6. How many children under the age of 18 live in your home?
____ children

1.7. How many children under the age of 5 live in your home?
____ children

1.8. Which of the following categories best describes your primary employment during the last 12 months? Government employee, employed in the non-government sector, self-employed, student, housewife, retired, unemployed-able to work, or unemployed-unable to work?

INTERVIEWER: Consider individual farming as self-employed.

- Government employee
- Employed in the non-government sector
- Self-employed (own business)
- Student
- Housewife
- Retired
- Unemployed, able to work
- Unemployed, unable to work
- [don't know]
- [refuse]

[Condition: Based on country]

1.9. Can you give an **estimate** of the monthly household income if I read some options to you? Is it [Armenia]

- < 100 000 AMD (Armenian Dram)
- 101 000-200 000 AMD
- 201 000-300 000 AMD
- 301 000-400 000 AMD
- >401 000 AMD
- [don't know]
- [refuse]

[Georgia]

- ≤ 250 GeL
- 251 – 500 GeL
- 501 – 1000 GeL
- 1001 – 1500 GeL
- >1500 GeL
- [don't know]
- [refuse]

SECTION 2: KNOWLEDGE, ATTITUDES & BELIEFS ABOUT TOBACCO

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Now, we'd like to ask you about your attitudes about smoking and secondhand smoke.

2.1. Do you think or know that **smoking** is the cause of the following diseases and conditions... (Check if YES.)

- Stroke (brain hemorrhage)?
- Heart attack?
- Cervical cancer?
- Lung cancer?
- Mouth cancer?
- Addiction?
- Parkinson's disease?
- Bronchitis?
- Tuberculosis?
- Obesity?
- None of these.
- [don't know]
- [refuse]

2.2. Do you think or know that **exposure to secondhand smoke** is the cause of the following diseases... (Check if YES.)

- Lung cancer in non-smokers?
- Heart attack in non-smokers?
- Asthma in children?
- Middle ear infection in children?
- None of these.
- [don't know]
- [refuse]

2.3. Based on what you know or believe, to what extent does breathing other people's smoke **cause serious illness in non-smokers?**

- Not at all
- A little
- Somewhat
- A lot
- [don't know]
- [refuse]

2.4. To what extent do you think inhaling tobacco smoke when somebody else is **smoking is harmful to you?**

- Not at all harmful
- A little harmful
- Somewhat harmful
- Extremely harmful
- [don't know]
- [refuse]



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2.5. To what extent do you agree with this statement: After someone smokes in a room, dangerous particles are left behind in the dust, air, and surfaces in the room.




- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- [don't know]
- [refuse]

SECTION 3: TOBACCO USE

The following questions are about your use of various tobacco products; please respond based on your actual situation.

In your lifetime, have you used:	Lifetime (Check if used in the lifetime.)	[Condition: If yes:] In the past 30 days, on how many days did you use [this product]?
3.1. Traditional cigarettes (commercial or hand-rolled)?	3.1.a. <input type="radio"/> No <input type="radio"/> Yes	3.1.b. Dropdown box of: 0-30; [don't know]; [refuse]
3.2. Large or little cigars, which are rolled bundles of dried and fermented tobacco leaves to be smoked, such as the products pictured below? 	3.2.a. <input type="radio"/> No <input type="radio"/> Yes	3.2.b. Dropdown box of: 0-30; [don't know]; [refuse]
3.3. Pipe with tobacco, such as the device and tobacco below? 	3.3.a. <input type="radio"/> No <input type="radio"/> Yes	3.3.b. Dropdown box of: 0-30; [don't know]; [refuse]
3.4. E-cigarettes or other electronic nicotine delivery devices, which are devices that vaporize	3.4.a. <input type="radio"/> No	3.4.b. ____ days

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<p>liquids that may contain nicotine, such as the devices below? (Do not include IQOS or other similar products.)</p> 	<p><input type="radio"/> Yes</p>	
<p>3.5. Heat-not-burn products, which are devices that heat tobacco but do not burn tobacco or create smoke, such as IQOS?</p> 	<p>3.5.a.</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p>	<p>3.5.b. Dropdown box of: 0-30; [don't know]; [refuse]</p>
<p>3.6. Hookah, waterpipe, or nargila, which are devices that vaporize tobacco through a water basin, such as the devices shown below?</p> 	<p>3.6.a.</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p>	<p>3.6.b. Dropdown box of: 0-30; [don't know]; [refuse]</p>

LIFETIME CIGARETTE SMOKERS**[Condition: If yes to 3.1.a]**

You've mentioned that you smoked cigarettes at some point in your life. We'd like to ask you a bit more about that.

3.1.a.1. Have you smoked at least 100 cigarettes in your life?

- No
- Yes

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- [don't know]
- [refuse]

3.1.a.2. Do you **presently** smoke tobacco every day, less frequently than every day, or not at all?

- Every day
- Less than every day
- Not at all
- [don't know]
- [refuse]

3.1.a.3. In the **past**, did you smoke tobacco every day, less frequently than every day, or didn't smoke at all?

- Every day
- Less than every day
- Not at all
- [don't know]
- [refuse]

3.1.a.4. At what age did you first smoke your first whole cigarette?

Dropdown box of: 0-30 or older; [don't know]; [refuse]

3.1.a.5. How old were you when you first started smoking tobacco **every day**?

Dropdown box of: I have never smoked every day; 0-30 or older; [don't know]; [refuse]

CURRENT (PAST 30 DAY) SMOKERS

[Condition: If 3.1.b > 0 days of past 30 day use]

You've mentioned that you smoked cigarettes in the past 30 days. We'd like to ask you a bit more about that.

3.1.b.1. On average, how many cigarettes do you currently smoke each day?

INTERVIEWER: If not daily smoker, ask about number smoked each week.

Dropdown box of: Not a daily smoker; 1-40 or more; [don't know]; [refuse]

(Note: included "half of a pack" with 10; "a pack" with 20; "pack and a half" with 30; and "2 packs or more" with 40 or more)

[Condition: If not daily smoker]

3.1.b.1.a. On average, how many cigarettes do you currently smoke each week? (Note: There are 20 cigarettes in a pack.)

Dropdown box of: Less than 1 cigarette per week; 1-40 or more; [don't know]; [refuse]

(Note: included "half of a pack" with 10; "a pack" with 20; "pack and a half" with 30; and "2 packs or more" with 40 or more)

3.1.b.2. How soon after you wake up do you usually take your first smoke? Would you say within 5 minutes, 6 to 30 minutes, 31 to 60 minutes, or more than 60 minutes?

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- Within 5 minutes
- 6 to 30 minutes
- 31 to 60 minutes
- More than 60 minutes
- [don't know]
- [refuse]

3.1.b.3. In the past 30 days, did you smoke: (Check ONE answer.)

- Mainly when you are with people
- Mainly when you are alone
- As often by yourself as with others
- Not at all in the past 30 days
- [don't know]
- [refuse]

3.1.b.4. What do **people who are important to you, like your friends and family**, think about you smoking cigarettes?

- All or nearly all disapprove
- Most disapprove
- About half approve and half disapprove
- Most approve
- All or nearly all approve
- [don't know]
- [refuse]

3.1.b.5. What do you think the **general public's attitude** is towards smoking cigarettes?

- Strongly disapproves
- Somewhat disapproves
- Neither approves nor disapproves
- Somewhat approves
- Strongly approves
- [don't know]
- [refuse]

3.1.b.6. How much do you try to **minimize the amount that non-smokers are exposed** to your cigarette smoke?

- Not at all
- A little
- Somewhat
- A lot
- [don't know]
- [refuse]

3.1.b.7. On a scale of 0 to 10, how important is it that you quit smoking with 0 being not at all important and 10 absolutely important? (Circle ONE number.)

0 = not at all important	1	2	3	4	5	6	7	8	9	10 =
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											absolutely important
--	--	--	--	--	--	--	--	--	--	--	----------------------

3.1.b.8. On a scale of 0 to 10, how confident are you that you could quit smoking if you wanted to, with 0 being not at all confident and 10 absolutely confident? (Circle ONE number.)

0 = not at all confident	1	2	3	4	5	6	7	8	9	10 = absolutely confident
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3.1.b.9. In your lifetime, have you ever tried stopping smoking for one day or longer because you were trying to quit smoking?

- No
- Yes

[Condition: If Yes to 3.1.b.9]

3.1.b.10. In your lifetime, how many times have you stopped smoking for one day or longer because you were trying to quit smoking? (Please state your best estimate.)

Dropdown box of: 0-30 or more; [don't know]; [refuse]

[Condition: If Yes to 3.1.b.9]

3.1.b.11. During the past 12 months, how many times have you stopped smoking for one day or longer because you were trying to quit smoking? (Please state your best estimate.)

Dropdown box of: 0-30 or more; [don't know]; [refuse]

3.1.b.12. What best describes your intentions regarding quitting? (Check ONE answer.)

- Never expect to quit
- May quit in the future, but not in the next 6 months
- Will quit in the next 6 months
- Will quit in the next month
- [don't know]
- [refuse]

3.1.b.13. To what extent do you agree or disagree with this statement? If you had to do it over again, you would not have started smoking?

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree
- [don't know]
- [refuse]

3.1.b.14. If you were going to try to quit smoking, which of the following might you be interested in? (Check all that apply.)

- Electronic cigarettes or vaporizers
- Heat-not-burn tobacco products, such as IQOS
- Talking with a doctor or nurse

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- Talking to a counselor
- Attending a class or group program
- Telephone counseling or quitline
- A smoking cessation website or online program
- A smoking cessation smartphone app
- Nicotine patch
- Nicotine gum
- Nicotine lozenge
- Other medications containing nicotine (inhaler, nasal spray)
- Oral medications such as Tabex or Cytisine
- Nonmedical therapy, such as reflexology, acupuncture, or kineotherapy
- Psychotherapy, such as coding or hypnosis
- Other – Specify: _____
- None of these.
- [don't know]
- [refuse]

3.1.b.15. During the past 30 days, on how many days did you smoke tobacco products in **your home**?
Dropdown box of: 0-30; [don't know]; [refuse]

3.1.b.16. During the past 30 days, on how many days did you smoke tobacco products in **your car**?
Dropdown box of: 0-30; I don't own a car; [don't know]; [refuse]

3.1.b.17. During the past 30 days, on how many days did you smoke tobacco products in the **indoor area where you work**?
Dropdown box of: 0-30; Don't work outside the home OR No indoor areas at my work; [don't know]; [refuse]

3.1.b.18. During the **past 30 days**, on how many days did you smoke tobacco products in an **indoor public place**? Examples of indoor public places are school buildings, stores, restaurants, and sports arenas?
Dropdown box of: 0-30; [don't know]; [refuse]

3.1.b.19. During the **past 30 days**, on how many days did you smoke tobacco products in an **outdoor public place**? Examples of outdoor public places are school grounds, parking lots, stadiums, and parks?
Dropdown box of: 0-30; [don't know]; [refuse]

3.1.b.20. If someone around you asked you to put out your cigarette in a place where smoking is **allowed**, how likely would you be to put out your cigarette?

- Not at all
- A little
- Somewhat
- Very
- [don't know]
- [refuse]

3.1.b.21. If someone around you asked you to put out your cigarette in a place where smoking is **prohibited**, how likely would you be to put out your cigarette?

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- Not at all
- A little
- Somewhat
- Very
- [don't know]
- [refuse]

3.1.b.22. If there were **small children around you in a public place**, how likely would you be to put out your cigarette?

- Not at all
- A little
- Somewhat
- Very
- [don't know]
- [refuse]

3.1.b.23. In the past 6 months, how often have you been **asked to put out your cigarette** in a public place?

- Never
- Rarely
- Sometimes
- Frequently
- [don't know]
- [refuse]

3.1.b.24. In the past 30 days, how often did **you smoke** in the following locations? You can indicate that you have not been to these locations if that is the case.

	Have not been	Never	Almost never or rarely	Several times a month	Several times a week	Almost daily	Regularly, several hours a day	[don't know]	[refuse]
a. Any government institutions or offices?									
b. Any healthcare facilities, including hospitals and clinics?									
c. Any schools, including kindergartens, primary, and secondary schools?									
d. Any colleges, universities, or vocational schools?									
e. Any private place of employment?									

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f. Any restaurants, cafes or cafeterias?									
g. Any pubs, bars, or night clubs?									
h. Used public transportation, such as trains, buses, or mini-vans?									
i. Any grocery stores?									
j. Any theaters?									
k. Any shopping malls?									
l. Beaches, parks, playgrounds?									
m. The homes of others?									
n. The private cars of others?									

SECTION 4: GENERAL SHSe

Now, we'd like to ask you more about your personal exposure and experiences with secondhand smoke.

4.1. How many of your closest friends (who might include relatives and co-workers) smoke cigarettes? (If necessary, specify that we are talking about any cigarette but not other types of tobacco products.)

- None
- Almost none
- Less than half
- About half
- More than half
- Almost all
- All
- [don't know]
- [refuse]

4.2. How often do you happen to ***inhale other people's smoke?***

- Never
- Almost never or rarely
- Several times a month
- Several times a week
- Almost daily
- Regularly, several hours a day
- [don't know]

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- [refuse]

4.3. In the past 30 days, on how many days did **you breathe the smoke** from someone else's smoking?
Dropdown box of: 0-30; [don't know]; [refuse]

[Condition] per item above: If between 1 and 30 days]

4.4. On a **typical day** that you breathed someone else's smoke, for **how long** do you think you were exposed? (Select Hours if 60 minutes or more and enter estimated hours. Select Minutes if less than 60 minutes and enter estimated minutes.)

_____ hours

_____ minutes

- [don't know]
- [refuse]

4.5. Who are **the primary** sources of secondhand smoke you inhale? (Check up to 3.)

- Spouse/partner/significant other
- Parents
- Siblings
- Children
- Extended family
- Friends
- People at work
- Other
- [don't know]
- [refuse]

SECTION 5: PERSONAL HOME & CAR – SHSe & SMOKE-FREE AIR POLICIES

5.1. How **often does anybody smoke in your home?**

- Never
- Less than monthly
- Monthly
- Every week
- Every day
- [don't know]
- [refuse]

5.2. In the past 30 days, on how many days did **someone smoke in your home?**
Dropdown box of: 0-30; [don't know]; [refuse]

5.3. During the past 30 days, on how many days did **you breathe the smoke** from someone smoking tobacco products in **your home?**

Dropdown box of: 0-30; [don't know]; [refuse]

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5.4. Which of the following statements best describes the **smoking rules in your home**: smoking in your home is allowed, smoking in your home is generally not allowed with certain exceptions, smoking in your home is never allowed, or there are no rules about smoking in your home?

- Allowed
- Not allowed but with exceptions
- Never allowed
- No rules
- [don't know]
- [refuse]

5.5. How much do the people you live with **help to enforce the rules** regarding smoking in the home?

- Not at all
- A little
- Somewhat
- A lot
- We don't have rules about smoking in the home
- [don't know]
- [refuse]

5.6. We want to ask about some specific areas in the home. In what room or rooms **is smoking allowed**?

	No	Yes	N/A
a. Family/living room	0	1	
b. Kitchen	0	1	
c. Bathroom(s)	0	1	
d. Participant's bedroom	0	1	
e. Other adult's bedroom(s)	0	1	
f. Children's bedroom(s)	0	1	
g. Balcony	0	1	
h. Staircases	0	1	
i. Other, specify: _____	0	1	

5.7. Which statement best describes the rules about smoking in **your household vehicles** (cars or trucks)?

- Allowed in all vehicles
- Smoking is sometimes allowed in some vehicles
- Smoking is never allowed in any vehicle
- There are no rules about smoking in the vehicles
- We don't own a vehicle
- [don't know]
- [refuse]

5.8. In the past 30 days, on how many days did **someone smoke in your car**?

Dropdown box of: 0-30; I don't own a car; [don't know]; [refuse]

5.9. During the past 30 days, on how many days did **you breathe the smoke** from someone smoking tobacco products **in your car**?

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Dropdown box of: 0-30; I don't own a car; [don't know]; [refuse]

SECTION 6: WORK – SHSe & SMOKE-FREE AIR POLICIES

6.1. Do you presently work outside of your home?

- No; I am not employed
 - Yes
-

[CONDITION: FOR THOSE EMPLOYED OUTSIDE OF HOME; if 6.1. is yes]

We'd like to get some more information about your workplace.

6.2. Do you usually work indoors, outdoors, or both?

- Indoors
- Outdoors
- Both

6.3. Are there indoor areas in your workplace?

- No
- Yes

6.4. Which of the following best describes ***the policy regarding smoking in indoor areas at your work:*** smoking is permitted everywhere, smoking is permitted only in certain indoor areas, smoking prohibited in all indoor areas, or there is no policy?

- Permitted everywhere
- Permitted only in certain indoor areas
- Prohibited in all indoor areas
- There is no policy
- [don't know]
- [refuse]

6.5. During the past 30 days, on how many days ***has anyone smoked*** in the ***indoor area where you work?***

Dropdown box of: 0-30; No indoor areas in my workplace; [don't know]; [refuse]

SECTION 7: PUBLIC PLACES – SMOKE-FREE AIR POLICIES & PUBLIC SMOKING

Now, we'd like to ask you about your experiences with secondhand smoke in public places.

7.1. During the **past 30 days**, on how many days ***did you breathe the smoke*** from someone who was smoking tobacco products in an ***indoor public place?*** Examples of indoor public places are school buildings, stores, restaurants, and sports arenas. (Do not include your own smoking.)

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Dropdown box of: 0-30; [don't know]; [refuse]

7.2. During the **past 30 days**, on how many days **did you breathe the smoke** from someone who was smoking tobacco products in an **outdoor public place**? Examples of outdoor public places are school grounds, parking lots, stadiums, and parks. (Do not include your own smoking.)

Dropdown box of: 0-30; [don't know]; [refuse]

7.3. Which of the following best describes the **rules** about smoking in **restaurants in the community where you live**?

- Smoking is allowed in all indoor areas
- Smoking is allowed only in some indoor areas
- Smoking is not allowed in any indoor area
- Every restaurant has its own rules
- [don't know]
- [refuse]

7.4. Which of the following best describes the **rules** about smoking **in drinking establishments such as a pub or bar in the community where you live**?

- Smoking is allowed in all indoor areas
- Smoking is allowed only in some indoor areas
- Smoking is not allowed in any indoor area
- Every pub or bar has its own rules
- [don't know]
- [refuse]

7.5. In the past 30 days, how often did **you see anyone** smoke in the following locations? You can indicate that you have not been to these locations if that is the case. (Do not include your own smoking.)

	Have not been	Never	Almost never or rarely	Several times a month	Several times a week	Almost daily	Regularly, several hours a day	[don't know]	[refuse]
a. Any government institutions or offices?									
b. Any healthcare facilities, including hospitals and clinics?									
c. Any schools, including kindergartens, primary, and secondary schools?									
d. Any colleges, universities, or vocational schools?									
e. Any private place of employment?									

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f. Any restaurants, cafes or cafeterias?									
g. Any pubs, bars, or night clubs?									
h. Used public transportation, such as trains, buses, or mini-vans?									
i. Any grocery stores?									
j. Any theaters?									
k. Any shopping malls?									
l. Beaches, parks, playgrounds?									
m. The homes of others?									
n. The private cars of others?									

7.6. Assuming you wanted someone who was smoking around you to put out their cigarette, how likely would you be to ask them to do so in an area where smoking is **allowed**?

- Not at all
- A little
- Somewhat
- Very
- [don't know]
- [refuse]

7.7. Assuming you wanted someone who was smoking around you to put out their cigarette, how likely would you be to ask them to do so in an area where smoking is **prohibited**?

- Not at all
- A little
- Somewhat
- Very
- [don't know]
- [refuse]

7.8. In the past 6 months, how often have you **witnessed** any one being asked to put out their cigarette in an area where smoking is not allowed?

- Never
- Rarely
- Sometimes
- Frequently
- [don't know]
- [refuse]

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7.9. To what extent do you agree that there should be *fin*es for smokers violating smoking bans?

- Not at all
- A little
- Somewhat
- Very much
- [don't know]
- [refuse]

SECTION 8: ATTITUDES & BELIEFS TOWARD SMOKE-FREE POLICIES

Now, we'd like to ask you about how you feel about smoke-free air policies in different areas.

8.1. To what extent do you support or oppose a **complete cigarette smoking ban** in the following settings:

	1 = Strongly oppose	2 = Somewhat oppose	3 = Somewhat support	4 = Strongly support	[88 = Don't know]	[99 = Refuse]
a) Healthcare facilities?						
b) Workplaces?						
c) Government institutions?						
d) Religious institutions?						
e) Indoor areas of primary/secondary schools or kindergartens?						
f) In schoolyards of primary/secondary schools or kindergartens?						
g) Indoor areas of universities, institutes, colleges?						
h) In outdoor areas of university or college campuses?						
i) In restaurants, cafes, and cafeterias?						
j) On the outdoor terrace of restaurants, cafes, and cafeterias?						
k) In bars, pubs, or nightclubs?						
l) On the outdoor terrace of bars, pubs, or nightclubs?						
m) Indoor common areas of apartment or condominium complexes like hallways, lobbies, and stairwells?						
n) Outdoor common areas of apartment or condominium complexes (playgrounds, park benches, etc.)?						
o) Within individual apartment or condo units within a complex?						
p) Public bus or minivan stops?						

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q) In public buses or minivans?						
r) Public subway and train stations?						
s) In public subways and trains?						
t) Taxis?						
u) Within 5 meters of the entrance to public buildings?						
v) Private vehicles when children under age 18 are present?						
w) Playgrounds?						
x) Parks and beaches?						
y) Other public outdoor areas, such as open stadiums?						

8.2. To what extent do you support or oppose a ban on **using electronic cigarettes or heat-not-burn tobacco such as IQOS** in the following settings:

	1 = Strongly oppose	2 = Somewhat oppose	3 = Somewhat support	4 = Strongly support	[88 = Don't know]	[99 = Refuse]
a) Healthcare facilities?						
b) Workplaces?						
c) Government institutions?						
d) Religious institutions?						
e) Indoor areas of primary/secondary schools or kindergartens?						
f) In schoolyards of primary/secondary schools or kindergartens?						
g) Indoor areas of universities, institutes, colleges?						
h) In restaurants, cafes, and cafeterias?						
i) In bars, pubs, or nightclubs?						
j) In public transportation?						

SECTION 9: EXPOSURE TO MESSAGING

9.1. In the past 6 months, how often have you seen any **advertisements or signs promoting cigarettes**, for example on the internet, in social media (such as Facebook), in newspapers, in magazines, on TV, on the radio, on signs, or in leaflets?

- Never
- Rarely
- Sometimes
- Frequently
- [don't know]
- [refuse]

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9.2. In the past 6 months, how often have you noticed information about ***the dangers of smoking cigarettes or information that encourages quitting smoking***, for example on the internet, in social media (such as Facebook), in newspapers, in magazines, on TV, on the radio, on signs, or in leaflets?

- Never
- Rarely
- Sometimes
- Frequently
- [don't know]
- [refuse]

9.3. In the past 6 months, how often have you noticed information about the ***dangers of being exposed to the smoke of others***, for example on the internet, in social media (such as Facebook), in newspapers, in magazines, on TV, on the radio, on signs, or in leaflets?

- Never
- Rarely
- Sometimes
- Frequently
- [don't know]
- [refuse]

9.4. In the past 6 months, how often have you noticed any ***signs*** in public places indicating that “no smoking is allowed”?

- Never
- Rarely
- Sometimes
- Frequently
- [don't know]
- [refuse]

9.5. In the past 6 months, how often have you noticed ***any news stories talking about the harms of secondhand smoke or the importance of public smoke-free air policies in your community***, for example on the internet, in social media (such as Facebook), in newspapers, in magazines, on TV, on the radio, on signs, or in leaflets?

- Never
- Rarely
- Sometimes
- Frequently
- [don't know]
- [refuse]

9.6. In the past 6 months, how often have you noticed ***any news stories talking about the negative aspects of public smoke-free air policies***, for example on the internet, in social media (such as Facebook), in newspapers, in magazines, on TV, on the radio, on signs, or in leaflets?

- Never
- Rarely
- Sometimes
- Frequently

City ID ____ Participant ID ____

- [don't know]
 - [refuse]
-

CONCLUSION

Thank you so much for participating in this survey. The results of this survey are critical to our work.