

SECONDHAND SMOKE EXPOSURE AMONG BAR AND NIGHTCLUB EMPLOYEES (EMPLOYEE QUESTIONNAIRE)

General Instructions:

- *Shaded areas are to be filled by the interviewer*
- *Read all questions, unless specified by a skip pattern*
- *Read all options for each question. Do not read the options “decline to answer” and “Don’t know/Not sure” and avoid using these options as much as possible.*
- *Mark only one option per question, unless specified*

EMP.ID Employee ID: ____ - ____ - ____ - ____ <div style="text-align: center; font-size: small;">Region Country Bar Employee</div>	EMP.IID Interviewer ID: ____ - ____ - ____
EMP.DATE Date Completed: ____ - ____ - ____ <div style="text-align: center; font-size: small;">DD MM YY</div>	EMP.TIME Time of Day: ____ : ____ 24hr format

We would like to ask you some basic questions demographic questions and some questions about smoking and exposure to secondhand smoke. Please let me know if you do not understand any of the questions. Please answer as best as you can.

A. Demographic and Occupational Information

DEM.AGE 1. What is your current age? _____ (in years)
 Decline to answer999

DEM.DOB 2. What is your date of birth? (day/ month/year) ____ / ____ / ____
 Decline to answer 999

DEM.SEX 3. Record sex from observation, ask if necessary:
 Male1
 Female.....2

DEM.EDU 4. How many years did you go to school?
 Less than High School 1
 High School or equivalent 2
 College / University3
 Decline to answer9

DEM.POS 5. What is your current position in this bar / nightclub? (If more than one position, mark the highest position)
 Owner..... 1
 Manager..... 2
 Bartender (including bar back)..... 3
 Waiter (including other table services).....4
 Cook (including other kitchen jobs)5
 Other 6 *DEM.OPO (Specify)* _____
 Decline to answer..... 9

DEM.EMY 6. How long have you been at your current job? _____ years (round off to 0.25, 0.5 or 0.75 years)
 Decline to answer..... 99

DEM.EMD 7. How many days a week do you typically work in this establishment? _____ (number between 1 and 7)

Decline to answer9

DEM.EMH 8. How many hours do you work during a typical shift? _____ hours (1 to 24, usually <16)

Decline to answer..... 99

DEM.OEM 9. Are you currently employed in another job(s)?

Yes 1 DEM.OJO specify other job: _____

No..... 2

B. Smoking Behavior and Secondhand Smoke Exposure

Now, I would like to ask you about your smoking history.

SMK.EXP 10. Have you ever tried or experimented with smoking, even just one puff?

Yes 1

No..... 2 Skip to 17

SMK.100 11. Have you smoked at least 100 cigarettes or the equivalent in your lifetime [100 cigarettes = 5 packs]?

Yes 1

No..... 2 Skip to 17

Don't know/ Not sure..... 7 Skip to 17 (avoid this option as much as possible)

SMK.TOB 12. If yes, what kind of tobacco do or did you smoke the most?

Cigarette with filter..... 1

Cigarette without filter.....2

Other forms of tobacco..... 3 SMK.TYP Specify: _____

(cigar, hand-rolled tobacco, pipe with/without water, etc.)

Don't know/ not sure..... 7

SMK.AGE 13. How old were you when you first started to smoke (cigarettes, pipes, cigars) regularly?

_____ years

Declined to answer..... 999

Don't know/ not sure..... 777

SMK.IYR 14. In the past year, did you smoke tobacco on a daily basis, less than daily, or not at all?

Daily.....1

Less than daily.....2

Not at all.....3

SMK.QIT 15. If you quit smoking (cigarettes / pipes / cigars), how long has it been since you quit?

_____ years

Declined to answer..... 999

Don't know/ not sure..... 777

SMK.NUM 16. On average, how many [manufactured cigarettes, hand-rolled cigarettes, cigars, pipes] do / did you usually smoke each day?

_____ cigarettes / per day

Don't know/ not sure..... 777

SMK.SLT 17. In the past year, did you use smokeless tobacco (snuff, chewing tobacco, or dip) on a daily basis, less than daily, or not at all?

Daily.....1

Less than daily.....2

Not at all.....3
 Don't know/ not sure.....7

The following set of questions is related to exposure to secondhand smoke at home. By secondhand tobacco smoke we mean that you can see and / or smell other people's tobacco smoke, or that you are otherwise aware that tobacco smoke is in the air. First I would like to ask you about how many adults and children live in your home:

SHS.LIV 18. How many adults (18 years and above) live in your home, excluding yourself?

_____ adults

Declined to answer.....999

SHS.LIC 19. How many children (less than 18 years) live in your home?

_____ children

Declined to answer.....999

If no adult or children live in the home, skip to 22

SHS.HMS 20. Do other household members smoke?

Yes, at least one household member smokes..1

No, no other household member smokes.....2 Skip to 23

Don't know / Not sure.....7 Skip to 23

SHS.NMS 21. In total, how many of your other household members smoke (excluding yourself)?

22. For each household member who smokes:

	Relationship of person to interviewee	What kind of tobacco does the member of the household usually smoke?	How many [cigarettes, cigars, pipes] does the member of the household usually smoke?	Do the household members smoke INSIDE THE HOME?
Member 1	<i>SHS.MM1</i> Spouse, partner.....1 Siblings, parents, other family.....2 Friend, roommates...3 Other.....4	<i>SHS.KT1</i> Cigarettes..... 1 Other (cigar, hand-rolled tobacco, pipe, etc.)..... 2 <i>SMK.TH1</i> _____ Don't know / Not sure 7	<i>SHS.QS1</i> _____ cigarettes / day Don't know/not sure..... 777	<i>SHS.QH1</i> Yes.....1 No.....2 Don't know/Not sure7
Member 2	<i>SHS.MM2</i> Spouse, partner.....1 Siblings, parents, other family.....2 Friend, roommates...3 Other.....4	<i>SHS.KT2</i> Cigarettes..... 1 Other (cigar, hand-rolled tobacco, pipe, etc.)..... 2 <i>SMK.TH2</i> _____ Don't know / Not sure 7	<i>SHS.QS2</i> _____ cigarettes / day Don't know/not sure..... 777	<i>SHS.QH2</i> Yes.....1 No.....2 Don't know/Not sure7
Member 3 or more	<i>SHS.MM3</i> Spouse, partner.....1 Siblings, parents, other family.....2 Friend, roommates...3 Other.....4	<i>SHS.KT3</i> Cigarettes..... 1 Other (cigar, hand-rolled tobacco, pipe, etc.)..... 2 <i>SMK.TH3</i> _____ Don't know / Not sure 7	<i>SHS.QS3</i> _____ cigarettes / day Don't know/not sure..... 777	<i>SHS.QH3</i> Yes.....1 No.....2 Don't know/Not sure7

SHS.POL 23. Does your home have rules that restrict smoking indoors in any way?

Yes 1

No..... 2 Skip to 24

Don't know/ Not sure..... 7 Skip to 24 (avoid this option as much as possible)

SHS.SMK 23.1. If yes, please specify your home's indoor smoking rules:

Not allowed in any indoor areas..... 1
Allowed in some indoor areas.....2 Skip to 24
Allowed in all indoor areas.....3 Skip to 24

SHS.SKP 23.2. If smoking is not allowed in any indoor areas, how long has this rule been in place?

_____ years

SHS.ENF 23.3. If smoking is not allowed in any indoor area, is this rule strictly enforced?

Yes 1
No..... 2
Don't know/ Not sure..... 7

The next set of questions I am going to ask you about exposure to secondhand tobacco smoke in general, including exposure at work:

SHS.DDS 24. How many days per week are you usually exposed to secondhand smoke (including work days)?

_____ (number between 0 and 7)
Decline to answer9

SHS.HRS 25. How many hours per day are you usually exposed to secondhand smoke (including work days)?

_____ (number between 0 and 24, usually less than 16)
Decline to answer99

SHS.SML 26. When you go home from work do you have a residual smell of cigarette smoke on your clothes or hair?

Yes 1
No..... 2
Don't know/ Not sure..... 7

C. Employee Health

Now, I would like to ask you some questions about your health.

HEA.ATH 27. Has a doctor or other health professional ever told you that you had asthma?

Yes 1
No..... 2
Don't know/ Not sure..... 7

HEA.RES 28. Has a doctor or other health professional ever told you that you had any other respiratory disease?

Yes 1 HEA.ORD Specify: _____
No..... 2
Don't know/ Not sure..... 7

29. Have you experienced any of the following sensory symptoms in the past 4 weeks?

HEA.RED 29.1. Red or irritated eyes

Yes 1
No..... 2
Don't know/ Not sure..... 7

HEA.RUN 29.2. Runny nose, sneezing, or nose irritation

- Yes 1
- No..... 2
- Don't know/ Not sure..... 7

HEA.SOR 29.3. Sore or scratchy throat

- Yes 1
- No..... 2
- Don't know/ Not sure..... 7

30. Have you experienced any of the following respiratory symptoms in the past 4 weeks?

HEA.WHE 30.1. Wheezing or whistling in chest

- Yes 1
- No..... 2
- Don't know/ Not sure..... 7

HEA.SOB 30.2. Feeling short of breath

- Yes 1
- No..... 2
- Don't know/ Not sure..... 7

HEA.CAM 30.3. Coughing in morning

- Yes 1
- No..... 2
- Don't know/ Not sure..... 7

HEA.CPM 30.4. Coughing during the rest of the day or at night

- Yes 1
- No..... 2
- Don't know/ Not sure..... 7

HEA.PHL 30.5. Bringing up any phlegm

- Yes 1
- No..... 2
- Don't know/ Not sure..... 7

31. To what extent have you experienced the following over the past 4 weeks:

0 = Absent 1 = Mild 2 = Moderate 3 = Severe

<i>HEA.DPM</i>	Depressed mood	0	1	2	3
<i>HEA.ISM</i>	Insomnia	0	1	2	3
<i>HEA.IFA</i>	Irritability, frustration, or anger	0	1	2	3
<i>HEA.ANX</i>	Anxiety	0	1	2	3
<i>HEA.DCO</i>	Difficulty concentrating	0	1	2	3
<i>HEA.RLN</i>	Restlessness	0	1	2	3
<i>HEA.EAT</i>	Increased appetite or weight gain	0	1	2	3

D. Opinion

Finally, I will ask you a few opinion questions.

OPI.BAN 32. Do you think that bars and nightclubs should be smoke-free (smoking not allowed in any indoor areas)?

- Yes (smoking should not be allowed in any indoor areas)..... 1
- No (smoking should be allowed in some or all indoor areas)..... 2
- Does not matter..... 3
- Declined to answer.....9

OPI.SFE 33. Do you prefer to work in a smoke-free establishment?

- Yes 1
- No..... 2
- Does not matter.....3
- Declined to answer.....9

OPI.RSN If yes, which is your main reason?

- Health concerns.....1
- Better air quality.....2
- Both.....3
- Other.....4
- Don't know / not sure.....7

OPI.OTH Specify: _____

If non-smoker, skip 35 and 36

OPI.LAC 34. For current smokers: Do you think that a smoke-free law will help you to quit smoking?

- Yes 1
- No..... 2
- Don't know / not sure 7
- Declined to answer.....9

OPI.LAP 35. For former smokers: Do you think that a smoke-free law will help you to remain a non-smoker?

- Yes 1
- No..... 2
- Don't know / not sure 7
- Declined to answer.....9

Interview is over. Now we are going to proceed to the hair collection. While I get ready, I would like to ask you to fill the following form about exposure to secondhand smoke in different locations. Let me know if you need any help to fill the form. [give the form in the next page to the employee and get ready to collect the hair sample]

**FREQUENCY OF EXPOSURE TO SECONDHAND SMOKE – SELF-REPORTED FORM if interviewed
based not possible**

Employee ID: ____ - ____ - ____ - ____ ***Confirm this matches Subject ID on page 1*

Region Country Bar Employee

Please tell us about any secondhand smoke exposure you may have had during a typical weekday and weekend in each of the locations listed below.

(If you spend 0 hours per day in a location, please check “Not Applicable”)

Think about a typical weekday (Sunday through Thursday) over the past 30 days:

In each of the following places	How many hours per day do you spend in each of these places?	Were you exposed to secondhand smoke?				
		Always <i>1</i>	Often <i>2</i>	Rarely/ Sometimes <i>3</i>	Never <i>4</i>	Not Applicable <i>99</i>
At work	<i>SHS.HW1</i> _____ hours per day	<i>SHS.HW2</i>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home or home of others	<i>SHS.HH1</i> _____ hours per day	<i>SHS.HH2</i>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation vehicle	<i>SHS.HT1</i> _____ hours per day	<i>SHS.HT2</i>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restaurant (other than workplace)	<i>SHS.HR1</i> _____ hours per day	<i>SHS.HR2</i>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bar (other than workplace)	<i>SHS.HA1</i> _____ hours per day	<i>SHS.HA2</i>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other public places*	<i>SHS.HP1</i> _____ hours per day	<i>SHS.HP2</i>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out in the open	<i>SHS.HO1</i> _____ hours per day	<i>SHS.HO2</i>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Other public places include shopping places, government public places, educational facilities, religious facilities, sport facilities, waiting rooms, train / bus stations, etc.

Think about a typical weekend day (Friday and Saturday) over the past 30 days:

In each of the following places	How many hours per day do you spend in each of these places?	Were you exposed to secondhand smoke?				
		Always <i>1</i>	Often <i>2</i>	Rarely/ Sometimes <i>3</i>	Never <i>4</i>	Not Applicable <i>99</i>
At work	<i>SHS.HW3</i> _____ hours per day	<i>SHS.HW4</i>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		<i>SHS.HH4</i>				
Home or home of others	<i>SHS.HH3</i> _____ hours per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<i>SHS.HT4</i>				
Transportation vehicle	<i>SHS.HT3</i> _____ hours per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<i>SHS.HR4</i>				
Restaurant (<u>other than workplace</u>)	<i>SHS.HR3</i> _____ hours per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<i>SHS.HA4</i>				
Bar (<u>other than workplace</u>)	<i>SHS.HA3</i> _____ hours per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<i>SHS.HP4</i>				
Other public places*	<i>SHS.HP3</i> _____ hours per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<i>SHS.HO4</i>				
Out in the open	<i>SHS.HO3</i> _____ hours per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Other public places include shopping places, government public places, educational facilities, religious facilities, sport facilities, waiting rooms, train / bus stations, etc.

PLEASE RETURN TO INTERVIEWER WHEN FINISHED.
THANK YOU!

HAIR SAMPLING

HSS.ID Hair ID: ___ - ___ - ___ - ___ ***Confirm this matches Subject ID on page 1*

HSS.DATE Date of sampling: ___/___/___ HSS.TIME Time: ___:___ (24h format)
DD MM YY

Before collecting the hair, I would like to ask you a couple of questions:

HSS.CTR H.1. Has the hair had any chemical treatment (color or dye, bleach, highlighted, perm or straightened)?

- Yes 1
- No..... 2 Skip to H.2
- Don't know / not sure 7 Skip to H.2
- Declined to answer.....9 Skip to H.2

HSS.AGO If yes, what and how long ago was the last treatment? _____

HSS.CTR Type of chemical treatment: _____

HSS.DCT Date of chemical treatment: ___/___/___
DD MM YY

SMK.30D H.2. In the past 30 days, did you smoke on a daily basis, less than daily, a few puffs or not at all?

- Daily.....1
- Less than daily..... 2
- Only a few puffs..... 3
- Not smoked at all 4

NRT.30D H.3 In the past 30 days, have you ever used nicotine replacement therapy (gum, patch, tablets)?

- Yes 1
- No..... 2
- Don't know / Not sure7

HSS.OBT H.4 To fill by the interviewer: was the hair sample successfully obtained?:

- Yes 1
- No..... 2

HSS.NOT If No, why not?:

- Hair too short / no hair..... 1
- Participant refused providing the sample..... 2
- Other..... 3

HSS.OTH Specify: _____

HSS.COL If Yes, what color is the hair?:

- Black..... 1
- Brown..... 2
- Blond..... 3
- Grey..... 3 [$>10\%$ grey hair]
- White..... 4 [$>80\%$ white hair, otherwise select grey]
- Other..... 5

HSS.COL,OTH Specify: _____

HSS.TYP If Yes, what type is the hair?:

- Straight..... 1
- Wavy..... 2
- Curly..... 3

HSS.COB Other comments and observations related to the hair collection or to the questionnaire overall:
