URUGUAY

WAVE 2 and 3
TECHNICAL REPORT

December 2012

International Tobacco Control
Policy Evaluation Project

ITC Uruguay Country Investigators

Dr. Marcelo Boado (Principal Investigator, Universidad de la República, Facultad de Ciencias Sociales)
Dr. Eduardo Bianco (Director, Centro de Investigación para la Epidemia del Tabaquismo)
Mr. Dardo Curti (Economist, Centro de Investigación para la Epidemia del Tabaquismo)
Lic. Soledad Bonapelch (Fieldwork Chief, Wave 2)
Lic. Fernanda Apud (Supervisor, Wave 2; Fieldwork Chief, Wave 3)
Lic. Cecilia Alonso (Supervisor, Wave 2)
Natalia Cardozo (Supervisor, Wave 3)
Lic. Paola Castillo (Supervisor, Wave 2)
Lic. Paula Florit (Supervisor, Wave 3)
Lic. Ricardo Soria (Supervisor, Wave 3)
Lic. Alejandro Vignolo (Supervisor, Wave 3)
Pilar Parada (Supervisor, Wave 3; Data Entry, Waves 2 & 3)
Lic. Natalia Moreira (Dataset Design, Waves 2 & 3)
Ruy Blanco (Data Entry, Wave 2)
Lic. Cinthya Buffa (Data Entry, Waves 2 & 3)

International Planning Group

Dr. Geoffrey T. Fong (Dept. of Psychology, University of Waterloo)
Dr. Mary Thompson (Dept. of Statistics and Actuarial Science, University of Waterloo,)
Dr. K. Michael Cummings (Medical University of South Carolina)

Dr. James Thrasher (University of South Carolina)
Dr. Ernesto Sebrié (Roswell Park Cancer Institute)
Dr. Christian Boudreau (Dept. of Statistics and Actuarial Science, University of Waterloo)
Mi Yan (Data Analyst, University of Waterloo)
Janine Ouimet (Project Manager, University of Waterloo)
Amanda Duncan (Project Manager, University of Waterloo)
Mary McNally (Project Manager, University of Waterloo)
Dr. Anne C. K. Quah (Research Scientist, University of Waterloo)

Funding

The ITC Uruguay Project has received funding support from:

- International Development Research Center (IDRC), Canada
- Ontario Institute for Cancer Research (OICR), Canada
- U. S. National Cancer Institute (P50 CA111236, P01 CA138389)
- Canadian Institutes of Health Research (MOP 115016)

Suggested Citation

ITC Project. (2013, January). I*TC Uruguay Waves 2 to 3 (2008-2011) Technical Report*. University of Waterloo, Waterloo, Ontario, Canada; Universidad de la Republica, Montevideo, Uruguay; Centro de Investigacion para la Epidemia del Tabaquismo, Montevideo, Uruguay; University of South Carolina, Columbia, South Carolina, United States.

Table of Contents

Preface to Waves 2 and 3 ITC Uruguay Technical Report

This report documents the methodology used in the second and third waves of the International Tobacco Control Policy Evaluation Survey carried out in 2008 and 2010 in Uruguay. The second wave was conducted approximately 21 months after the first wave, and the third wave was conducted approximately 24 months after the second.

For the most part, the format of this report is similar to the Wave 1 technical report. However, there are a number of changes in content and method in the subsequent waves:

1. Respondents from the first and second waves were recontacted to participate in the subsequent surveys.
2. New respondents were recruited to replace dropouts, using an extension of the Wave 1 sampling design.
3. The survey was expanded in Wave 2 to include respondents in the inland cities of Salto, Maldonado, Durazno, and Rivera, recruiting new participants using a sampling design similar to that used in Wave 1 in Montevideo.
4. A recontact protocol was developed.
5. New screeners and questionnaires were developed.

1. Introduction

1.1 Background

The International Tobacco Control (ITC) Project is a prospective cohort survey designed to evaluate national level tobacco control policies. Since the ITC Project began in 2002, the ITC survey has been administered in 22 countries: Canada, United States, United Kingdom, Australia, Ireland, Thailand, Malaysia, South Korea, Uruguay, Mexico, China, New Zealand, France, Germany, the Netherlands, Bangladesh, Brazil, Mauritius, Bhutan, Kenya, Zambia, and India.

Wave 1 of the ITC Uruguay Survey was conducted in November-December of 2006; Wave 2 was conducted between September 2008 and February 2009; and Wave 3 was conducted from October 2010 to January 2011. The information contained in this report relates to Waves 2 and 3.

The objectives of the ITC Uruguay Survey are:

- **To examine patterns of behaviour and opinion associated with the use of tobacco by adults in Uruguay.**

  The study will provide very detailed information about the behaviour and the opinions of smokers, as well as their consumption patterns and other important aspects of tobacco use.

- **To examine the impact of specific tobacco control policies that have been, and will be, implemented in Uruguay from 2006 onward.**

  The ITC survey is comprised of several sections designed to evaluate the impact of certain tobacco control policies, such as the health warnings on cigarette packages, advertising campaigns that promote quitting, and cigarette tax increases. The survey will examine how policies can modify the behaviour of smokers.

- **To compare smoking behaviour and the impact of policies between Uruguay and other ITC countries.**

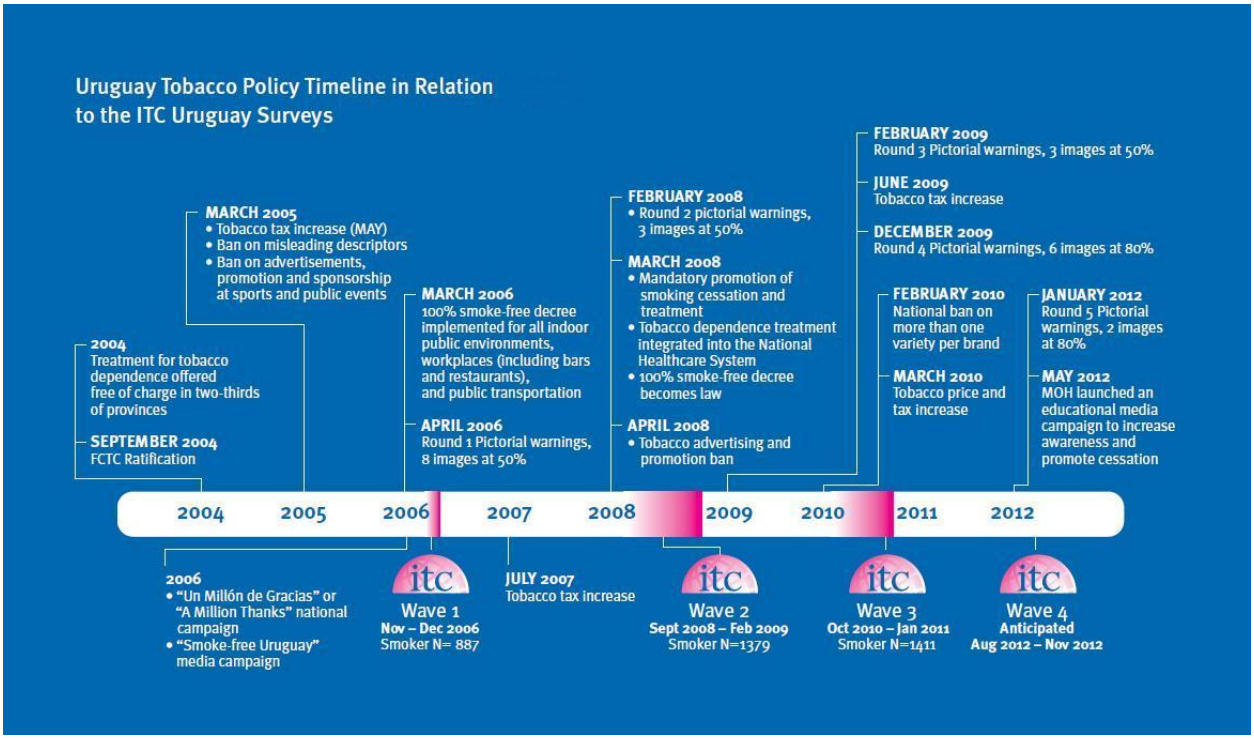
  The ITC Survey asks similar questions in the other 21 countries, thus allowing a comparison of the policies and the pattern of tobacco use between Uruguay and the other participating countries.

1.2 Survey Design

The ITC Uruguay Survey is a national survey conducted by the Tobacco Epidemic Research Center (*Centro de Investigación para la Epidemia del Tabaquismo*, or CIET) in Montevideo, Uruguay, in collaboration with the ITC Uruguay Project team, based at the University of Waterloo in Canada.

The ITC Survey is a longitudinal cohort study. In other words, the respondents who participate in this survey are recontacted in subsequent waves to answer follow-up surveys. Figure 1 shows the timeline of the ITC Uruguay project. The longitudinal cohort design allows studies arising from the survey data to address research questions of greater precision and complexity because the same individuals are tracked over time, and their responses to tobacco control policies, tobacco industry activities, and other important aspects of tobacco use can be linked to potential changes in behavior over time. Cohort designs can measure policy impact in a more fine-grained, individual-level way, in comparison with repeat cross-sectional designs (having separate samples of respondents at multiple points in time). The International Agency for Research on Cancer (IARC) Cancer Prevention Handbook, *Methods for Evaluating Tobacco Control Policies* (2008), provides background on the advantages of cohort designs in the evaluation of policies.

Figure 1. ITC Uruguay Project Timeline



1.3 The Research Team

The ITC Uruguay Survey has been conducted in Uruguay by researchers from CIET and Universidad de la República. The research team in Uruguay collaborates with an international team of researchers in Canada (The University of Waterloo) and the United States (University of South Carolina, Medical University of South Carolina and Roswell Park Cancer Institute).

2. Sampling Design

2.1 Target Population

Eligible adult respondents for the ITC Uruguay Survey include adult smokers 18 years of age and older who have smoked more than 100 cigarettes in their lifetime and who have smoked at least one cigarette in the past week. Individuals in jail and those living in institutions were ineligible for the survey. A maximum of 2 respondents from each household were selected (one female adult smoker and one male adult smoker).

In Waves 2 and 3, respondents were drawn from a set of households not only in Montevideo, but also in the cities of Salto, Maldonado, Durazno, and Rivera, which were added to the sample framework. Figure 2 shows a map of Uruguay with the cities included in the fieldwork.

Figure 2. ITC Uruguay Waves 2 & 3 Sampling Areas

2.2 Sample size

The ITC Uruguay Project was first designed to include a sample of approximately 1000 adult smokers. Ultimately, the adult smoker sample in Wave 1 consisted of 887 legitimate participants, all residents of Montevideo.

In Wave 2, the final results showed that the interviewers followed up successfully (within 4 visits) in 585 cases of the 887 interviewees from 2006, and 302 cases were lost. For replenishment respondents, the interviewers successfully surveyed 794 smokers, from a sample of 1144 households across 5 cities, thereby producing a total of 1379 respondents for Wave 2.

In Wave 3, the interviewers successfully recontacted 971 participants of the 1379 cases from Wave 2. Total replenishment from all cities resulted in 440 new cases, for a total of 1411 participants. Table 1 summarizes the sample sizes in Waves 1 through 3.

Table 1. Total Unique Respondents Interviewed by Waves

Type	Montevideo			Inland Cities			Total		
Wave 1	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Recruited at Wave 1	416	471	887	-	-	-	416	471	887
Wave 2	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Recruited at Wave 1	271	314	585	-	-	-	271	314	585
Recruited at Wave 2	183	209	392	224	178	402	407	387	794
Total	*454*	*523*	*977*	*224*	*178*	*402*	*678*	*701*	*1379*
Wave 3	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Recruited at Wave 1	196	230	426	-	-	-	196	230	426
Recruited at Wave 2	119	135	254	162	129	291	281	264	545
Recruited at Wave 3	159	168	327	56	57	113	215	225	440
Total	*474*	*533*	*1007*	*218*	*186*	*404*	*692*	*719*	*1411*

2.3 Sampling Frame

The sampling frame included the set of households in Montevideo, Salto, Rivera, Maldonado, and Durazno, according to the Census Frame 2004 from the National Institute of Statistics of Uruguay. In Montevideo in 2004 there were 470,214 households with a total of 1,240,545

inhabitants; in the inland cities combined there were 92,046 households with a total of 266,545 inhabitants.

2.4 Sampling Plans

The sampling scheme for all new respondents in the Uruguay study consisted of a stratified multi-stage design. The primary strata are secciones in each city which correspond to the census tracts. Each seccione is divided into segmentos, and each segmento is divided into manzanas. At the first stage of sampling, 159 segmentos were selected by stratified random sampling from 25 secciones, with allocation proportional to secciones population size, At the second stage, between 1 and 6 manzanas (urban blocks) were randomly selected within each seccion. Only one manzana was selected from each selected segmento. From each selected manzana, 6 dwellings were chosen at random and enumerated. An average of close to one interview per household was assumed, but the sample of dwellings was extended when necessary to recruit 6 smokers from the manzana. Interviews were conducted individually with up to 2 participants per household, 1 make and 1 female smoker.

Since not all households are smoker households, it was necessary to select and enumerate a greater number of households in order to interview approximately 1000 smoker participants in each wave.

In Wave 2, efforts were made to recontact and interview all respondents in Montevideo from Wave 1 whether they were still smoking or had quit. Overall, 585 respondents of 887 were retained.

In Wave 3, efforts were made to recontact and interview all respondents from Wave 2 in all 5 cities, whether they were still smoking or had quit. The interviewers were successful in retaining 971 of 1379 smokers and ex-smokers from Wave 2.

Table 2 shows the retention rates by gender for Waves 2 and 3.

Table 2: Wave 1-2 and 2-3 Retention Rates by Gender

Gender	Wave 1-2			Wave 2-3		
	Wave 1 (N)	Wave 2 re-contacted	Retention Rate (%)	Wave 2 (N)	Wave 3 re-contacted	Retention Rate (%)
Male	416	271	65.1%	678	477	70.4%
Female	471	314	66.7%	701	494	70.5%
Total	*887*	*585*	*66.0%*	*1379*	*971*	*70.4%*

Replenishment sampling for Waves 2 and 3 was based on the same multi-stage stratified random sampling scheme prepared for Wave 1. Information about household members 18

years of age and older within each selected household was recorded on the Household Enumeration Form, regardless of whether the household was inhabited by smokers or non-smokers.

In Wave 2, a goal was established to maintain the socio-economic homogeneity of the panel, so therefore every lost case was replaced by a randomly selected case from a new manzana of the same socioeconomic level. In order to accomplish this, a dataset was obtained from the Observatorio Social de la Intendencia Municipal de Montevideo, which presented the mean Household Income by manzana in each census tract (segmento) of all cities (based on Encuesta Nacional Ampliada de Hogares, Extended National Household Survey). From this, every manzana of the sampling frame was classified into one of 6 economic levels. This labor-intensive procedure was not followed in Wave 3.

2.4.1 Wave 2 Sampling Plan

The sample size at Wave 1 was originally 1002. However, during the Wave 2 fieldwork, it was found that approximately 109 of the Wave 1 cases were fictitious – not corresponding to actual people. These were clustered to a large extent in manzanas. The manzanas containing entirely fictitious data had to be removed from the Wave 1 dataset, and the weights recalculated. Altogether 10 out of 204 manzanas, and 9 segmentos (census tracts), were removed.

In addition, there were also six respondents who confessed that they had misrepresented their smoking status at Wave 1 to receive the incentive, and these cases were dropped, leading to a total of 115 dropped people (from 108 households and 28 manzanas). Therefore the retention rate for Wave 2 was 585/887=65.95%.

The number of new manzanas chosen for Wave 2 in Montevideo reflected the number of respondents needed in the seccion crossed with economic level, divided by 6. Segmentos used in Wave 1 were not excluded. Thus there are 31 segmentos from Wave 1 represented in Wave 2 with two or more manzanas (29 with two manzanas, 1 with three manzanas, and 1 with six manzanas). Nine segmentos were lost at Wave 2 by attrition, in addition to those removed, leaving 141 Wave 1 segmentos remaining in Wave 2.

In the replenishment phase, the interviewers again sampled up to 2 individuals in each household, one male and one female adult smoker. This sampling resulted in 392 replenishment recruits from the city of Montevideo in Wave 2. In this wave, there were also 402 smokers recruited from the inland cities of Salto, Maldonado, Rivera, and Durazno, from a total of 996 enumerated households. Their sample sizes were allocated proportional to population size, resulting in sample sizes of 150, 102, 96 and 54 respectively. The sampling design was similar to the Wave 1 sampling design in Montevideo.

Table 3: New Respondents in Wave 2 by Gender and Sampling Area

Cities	Male	Female	Total cases
Montevideo	183	209	392
Salto	93	57	*150*
Maldonado	52	50	*102*
Rivera	50	46	*96*
Durazno	28	26	*54*
Total	***406***	***388***	***794***

2.4.2 Wave 3 Sampling Plan

In Montevideo the interviewers successfully followed up with 680 of the 977 respondents who were interviewed in 2008. Of these, 85 were ex-smokers. In the inland cities of Maldonado, Durazno, Salto and Rivera, the interviewers retained 291 of the 402 smokers who were interviewed in 2008. Table 4 portrays the Wave 3 retention rate. See Table 2 above for the retention rate by gender.

Table 4: Wave 3 Retention Rate by Sampling Area

City	Wave 2 (N)	Number of persons re-contacted in Wave 3	Retention Rate
Montevideo	977	680	69.6%
Durazno	54	39	72.2%
Maldonado	102	72	70.6%
Rivera	96	65	67.7%
Salto	150	115	76.7%
Total	*1379*	*971*	*70.4%*

In the inland cities, replenishment of lost respondents was carried out within each seccion. The replenishment respondents were obtained from new manzanas drawn from the segmentos used in Wave 2, to maintain the regularity of the sampling design in those cities. Potential new manzanas for a seccion were drawn with probability proportional to size from within the the Wave 2 segmentos. The measure of size consisted of the number of dwellings in the manzana as indicated on the 2004 sampling frame.

In Montevideo, the efforts made at Wave 2 to replace lost respondents from the same income stratum were successful, but were labour intensive, and resulted in a more dispersed sample with less smooth selection probabilities than intended. It was decided for Wave 3 to try to concentrate the sample replenishment in the segmentos used in Wave 2. Thus, in each seccion, new manzanas were drawn with probability proportional to size from the collection of unused manzanas in the segmentos used in Wave 2.

Once again, the interviewers sampled up to 2 individuals in each household in the replenishment phase, one male and one female adult smoker. Replenishment rates by gender are shown in Table 5. The replenishment resulted in 440 new participants in Wave 3, 327 cases in Montevideo and 113 cases in the inland cities. The replenishment rates by sample area are listed below in Table 6.

Table 5: Wave 3 Replenishment Rate by Gender

Gender	Wave 3 (N)	Wave 3 replenishment	Replenishment Rate (%)
Male	692	215	31.1%
Female	719	225	31.3%
Total	*1411*	*440*	*31.2%*

Table 6: Wave 3 Replenishment Rate by Sample Area

City	Wave 3 (N)	Wave 3 Replenishment	Replenishment Rate (%)
Montevideo	1007	327	32.5%
Durazno	54	15	27.8%
Maldonado	104	32	30.8%
Rivera	96	31	32.3%
Salto	150	35	23.3%
Total	*1411*	*440*	*31.2%*

2.5 Household Eligibility

Dwellings were eligible if they were **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. That person may be:

- a family member
- a tenant or boarder
- an employee

For the purposes of this survey, private homes in Uruguay included: independent homes, duplexes, apartments and private homes out of which a business was run. Independent homes are considered those that do not share a wall, roof or entrance with another dwelling. Duplexes may share a wall or roof with another dwelling, but are distinct from the other dwelling by having separate facilities. Apartments are private homes within a collection of similar dwellings, all located in the same building. Private homes where businesses were a part of the home were still eligible for inclusion, as long as the dwelling was not solely for the purposes of the business. Surveys were not conducted in dwellings that were strictly businesses or with individuals living in institutions such as hospitals, nursing homes, jails, or religious institutions.

For the purposes of this survey a household is defined as "any person or group of persons living in a dwelling that share meal expenses with other persons in that dwelling". It may consist of:

- One person living alone;
- A family sharing the same dwelling;
- A group of people who are not related but share the same dwelling.

2.6 Sample Profile

Tables 7 and 8 below give a description of the samples interviewed in Waves 2 and 3 respectively. The frequencies and percentages in the following tables contain unweighted data.

Table 7: Demographic Characteristics of ITC Uruguay Survey Respondents Participating at Wave 2

Characteristic	Montevideo		Inland Cities	
	Freq.	%	Freq.	%
Sex				
Male	454	46.47	224	55.72
Female	523	53.53	178	44.28
Age				
18 – 24	191	19.55	73	18.16
25 – 39	309	31.63	139	34.58
40 – 54	294	30.09	116	28.86
55+	183	18.73	74	18.41
Smoking status				
Daily smoker	811	83.01	368	91.54
Non-daily smoker	81	8.29	34	8.46
Quitter	85	8.70	-	-
Marital status				
Married	370	37.87	162	40.30
Separated	36	3.68	15	3.73
Divorced	86	8.80	27	6.72
Widowed	45	4.61	13	3.23
Domestic partnership	161	16.48	80	19.90
Single	279	28.56	105	26.12
Highest level of education				
Low	549	56.31	289	71.89
Moderate	235	24.10	70	17.41
High	191	19.59	43	10.70
Annual income (UYU)				
Low (≤ 7,000)	313	32.04	198	49.25
Moderate (7,001 – 30,000)	467	47.80	166	41.29
High (> 30,000)	104	10.64	14	3.48
Not stated	92	9.52	21	5.97

Table 8: Demographic Characteristics of ITC Uruguay Survey Respondents Participating at Wave 3

Characteristic	Montevideo		Inland Cities	
	Freq.	%	Freq.	%
Sex				
Male	474	47.07	218	53.96
Female	533	52.93	186	46.04
Age				
18 – 24	166	16.48	68	16.83
25 – 39	340	33.76	130	32.18
40 – 54	305	30.29	129	31.93
55+	196	19.46	77	19.06
Smoking status				
Daily smoker	798	79.25	312	77.81
Non-daily smoker	78	7.75	36	8.98
Quitter	131	13.01	56	13.86
Marital status				
Married	371	36.84	157	38.86
Separated	44	4.37	23	5.69
Divorced	106	10.53	43	10.64
Widowed	42	4.17	12	2.97
Domestic partnership	180	17.87	87	21.53
Single	264	26.22	82	20.30
Highest level of education				
Low	534	53.03	243	60.15
Moderate	248	24.63	114	28.22
High	225	22.34	47	11.63
Annual income (UYU)				
Low (⩽7,000)	174	17.28	120	29.70
Moderate (7,001 – 30,000)	536	53.23	192	47.52
High (> 30,000)	195	19.36	39	9.65
Not reported	102	10.13	53	13.12

3. Survey Development and Content

3.1 Survey Development and Translation

The Wave 1 ITC Uruguay Survey questionnaire was based on that of the ITC Mexico Survey. The surveys were revised using both the original English and the Mexican Spanish translation to create surveys using Uruguayan Spanish. The translated surveys were then reviewed by team members who were bilingual in English and Spanish, including those with knowledge of Uruguayan linguistic nuances. This bilingual committee resolved discrepancies and checked nuances by discussion. This committee method of translation is known to be generally superior to traditional double translation methods and is being employed throughout the ITC countries in the development of ITC surveys. Minor revisions to the Wave 1 survey were made in preparation for both Waves 2 and 3.

3.2 Other Documentation

In addition, the ITC Uruguay Project developed forms to document the ancillary information needed to conduct the survey:

- Recontact Visit Form
- Household Enumeration Sheet
- Respondent Consent Forms

Copies of the forms can be found in the Appendices of this report.

In-depth training manuals were also developed for the interviewers to train them in the rigorous protocols necessary to conduct the ITC survey.

3.3 Types of Surveys

Three versions of the questionnaire were developed and used for fieldwork for Waves 2 and 3. The greater number of surveys was required to account for two new types of respondents participating at Waves 2 and 3 – those who had already participated in the previous wave (recontact smokers and recontact quitters). Those who were being newly recruited to replace the respondents from the previous waves who were lost to attrition (replenishment smokers) were interviewed with the basic survey developed for Wave 1.

Copies of the ITC Uruguay Wave 2 and Wave 3 Survey questionnaires are available at www.itcproject.org. The resulting three survey types, the participant type to whom the survey would be administered, and the average length of each type of survey is provided in Table 2.

Table 9: Waves 2 and 3 Survey Characteristics

Types of Survey at Waves 2 and 3	Participant Characteristics	Average Time (Mins)
1. Recontact Smoker Survey	Smokers who participated in Wave 1 or 2 and were still smoking at the time of the following wave.	50-55
2. Recontact Quitter Survey	Smokers who participated in Wave 1 or 2, but had quit smoking by the time of the following wave.	30-35
3. Replenishment Smoker Survey	Smokers who were newly recruited into the cohort at Wave 2 or 3 to replace a participant from Wave 1 or 2 who had dropped out or become ineligible.	55

3.4 Survey Content

Respondents who were smokers were asked the following types of survey questions:

1. Smoking- and cessation-relevant questions: smoking history and frequency, as well as current smoking behaviour and dependence, and quitting behaviours.
2. Knowledge and basic beliefs about smoking: knowledge of the health effects of smoking and important beliefs relevant to smoking and quitting, perceived risk, and perceived severity of tobacco-related diseases.
3. Policy-relevant questions: awareness of, impact of, and beliefs relevant for each of the FCTC demand reduction policy domains (warning labels, taxation/price, advertising/ promotion, smoke-free policies, light/mild descriptors).
4. Other important psychosocial predictors of smoking behaviour and potential moderator variables (e.g., normative beliefs, self-efficacy, intentions to quit).
5. Individual difference variables relevant to smoking (e.g., depression, stress, time perspective).
6. Demographics (e.g., age, gender, marital status, income, education).

Respondents who were ex-smokers were asked parallel survey questions from the categories listed above. Question phrasing was revised where necessary for the ex-smoker context. The inclusion of ex-smoker survey items is important in allowing accurate interpretation of survey results for the entire population of Uruguay.

Replenishment smokers, after confirming their eligibility for this survey with smoking criteria questions, were asked the same set of questions as the Recontact smokers, with appropriate rewording for those questions which refer to the previous survey for Recontact smokers.

Between Waves 1, 2 and 3, each questionnaire type was updated to ensure that it was relevant for the target respondent within the context of the tobacco control landscape in Uruguay.

4. ITC Uruguay Survey Protocols

4.1 Protocol for Recontact Respondents

The ITC Uruguay Survey Recontact protocol consists of the following steps:

- Confirmation of household information collected at the previous wave using the Household Recontact Form.
- Accurate identification of the recontact survey respondent(s) in the household.
- Completion of the Consent Form (WCF).
- Use of screener to determine the correct recontact survey to administer.
- Completion of the survey questionnaire.
- Providing compensation: a 100-peso telephone card.

4.1.1 Contacting the Survey Respondent

The interviewer was given a Household Recontact Form (Appendix B) or each respondent from a previous wave which includes contact information. The form was used to record each visit made to the respondent until the survey is completed or the case considered lost (up to 4 visits must be attempted at varying times and days of the week). When the respondent is re-contacted for the current wave, the household and personal information is confirmed.

4.1.2 Replenishment Survey Interview

Questions which determine smoking status were asked of the respondent. If the criteria for Smoker are not met, they were given the Quitter survey.

Once the survey type was determined, consent was obtained from each participant.The consenting participant was interviewed independently of any other respondents in the home, using a standardized consent form that was reviewed and cleared by ethics committees at the University of Waterloo.

4.1.3 Token of Appreciation and Conclusion

At the end of each survey interview, the interviewer thanked the participant for his/her participation. The interviewer then checked to ensure that the participant had been provided with a copy of his/her signed consent form, and ensured that any of the participant's questions or concerns had been addressed to his/her satisfaction.

As a token of thanks for completing the surveys, each participant was given a telephone card worth 100 pesos to compensate him/her for participating.

4.2 Protocols for New Recruitment or Replenishment

The ITC Uruguay Survey new recruitment (in the inland cities at Wave 2) and replenishment (in Waves 2 and 3) protocols consisted of the following steps:

- Map sketching of the selected manzanas
- Random selection of the dwellings for first attempt contact
- Household enumeration (including demographic information of household members)
- Selection of eligible participants
- Contact with eligible participants
- Consent
- Main questionnaire
- Exit and compensation

4.2.1 Household selection and enumeration, including demographic information

At each dwelling, before replenishment respondents were selected, information was collected about the household, including a roster of all household members (with age, gender, and smoking status of adults.) This information could be obtained from any **adult** member of the household. The time required to complete the *Household Enumeration Form* was 2-5 minutes.

The household selection and enumeration protocol was as follows:

1. The Data Management Centre (DMC) from the University of Waterloo provided a list of randomly selected blocks (manzanas) from every city included in the study to the CIET fieldwork team.
2. CIET's fieldwork team assigned interviewers to the manzanas in which they would be working. The interviewers were not allowed to select manzanas or households using their own criteria.
3. Six households were selected for initial contact, using a random selection procedure
4. The interviewers went to the newly selected households, in the (random) order in which the households had been selected. Enumeration of the households continued until enough respondents had been recruited to be interviewed. A maximum of 4 attempts were made to enumerate each household.

   If a member of the household agreed to participate in the enumeration of his/her household, then information about all adults in the home (i.e. at least 18 years of age) was collected. Information collected including the gender, age, and smoking status of each adult and the number of children residing in the dwelling..
5. After enumerating a household, the interviewer used the selection criteria to determine if any members of the household were eligible to participate in the ITC Uruguay Survey. The criteria and protocol for participant selection and consent are described in Section 4.2.2 below.

If a member of the household refused to participate in enumeration, the interviewer would then request the following two pieces of information:

1) The number of children in each enumerated household, and
2) The smoking status of all adults living within the dwelling.

6. Enumerators kept careful records of which dwellings were visited, the outcome of each visit, and whether or not a listing or an interview was obtained.

4.2.2 Survey Participant Selection and Consent

- In each manzana, a quota of 6 completed smoker interviews was normally expected.
- Respondents were selected based on their smoking status and gender.
- Within each enumerated household, a maximum of two respondents could be interviewed – a male smoker and a female smoker.
- If there were several respondents from each category (i.e. male smokers) willing to participate in the survey then the next birthday method was used, and the adult whose birthday appeared next in the calendar year was selected.
- A substitution from the same household was allowed only if a selected respondent had outcome code I04 (Language Barrier), I05 (Physically/Mentally Incapable), or I06 (Person would be away for the entire survey period). Refer to Section 5 for details on Individual Outcome Codes.
- In the case of a refusal by an individual who had been selected as a potential survey respondent for a given quota category (e.g. male smoker), the interviewer recorded the outcome code as I08 (Refusal), and moved on to the next household to fill the category quota Substitution from the same household was not permitted in the case of a refusal.

4.2.3 Replenishment Survey Interview

- Consent was obtained from each participant and each eligible, consenting participant was interviewed independently of one another, using a standardized consent form that was reviewed and cleared by ethics committees at the University of Waterloo and the Uruguay Ministry of Public Health.
- If a selected potential survey respondent identified through the household enumeration process was unavailable to complete the survey, the interviewer would return on at least three separate subsequent occasions at different times (i.e., during the day on a weekday, in the evening on a weekday, and during the day and evening on the weekend.) If the interviewer was unable to connect with the selected potential respondent after 4 attempts, then the individual was assigned an individual outcome code of I09 (Lost contact after 4 visits.)

.

4.2.4 Token of Appreciation and Conclusion

- At the end of each survey interview, the interviewer thanked the participant for his/her participation. The interviewer then checked to ensure that the participant had been provided with a copy of his/her signed consent form, and ensured that any of the participant's questions or concerns had been addressed to his/her satisfaction.
- As a token of thanks for completing the surveys, each participant was given a telephone card worth 100 pesos to compensate him/her for participating.

4.3 Fieldwork Teams

The Fieldwork Team consisted of two levels, the Management Team and the interviewers. The Wave 2 Management Team included the Principal Investigator, 1 - 2 Fieldwork Chiefs, and 3 -5 Supervisors. There were a total of up to 60 interviewers in Uruguay during Waves 2 and 3. The number of interviewers and field supervisors assigned to each stratum varied according to the size of that stratum. Interviewers were instructed to work in pairs at all times, for reasons of safety and efficiency.

4.4 Monitoring & Quality Assurance

To ensure the accuracy and quality of the ITC survey, the field work was very closely monitored by the PI and Supervising staff. Interviewers were asked to give a listing of the landline or cell phone numbers of all enumerated households included in the sample to their Supervisors. All Recontact Smokers, Recontact Quitters, and Replenishment Smokers were contacted by the Supervisors through a face-to-face visit or a phone call to ensure that the visit information was documented correctly by the Interviewers and that the token of appreciation was given. When necessary, respondents were re-called to fill in missing information at any stage of the fieldwork.

Fifty percent of the replenishment sample households which did not contain smokers were phoned to check identities and for validation of the screening procedures.

5. Disposition Codes

5.1 Enumeration Outcome Codes: Household

The list of Household Outcome codes on the enumeration form represent FINAL dispositions, to be assigned either when the household is enumerated or after the 4th visit. (A maximum of 4 attempts were made to enumerate each household.) See the first page of the Household Enumeration Form in Appendix A.

01 – The dwelling was not found.
02 – The dwelling is not inhabited.
03 – The address does not correspond to a dwelling.
04 – The place is not safe for the interviewer.
05 – There was no contact after four visits.
06 – There was no contact - the maximum quota was reached.
07 – Contacted persons refused to respond.
08 – Language barrier.
09 – There was no adult found to be able to answer (adult persons with a physical or mental disability).
10 – The household could not be enumerated for other reasons. Specify:
11 – The household was enumerated.

5.2 Enumeration Outcome Codes: Individual

Individual outcomes codes were to be assigned to everyone enumerated for the survey on the household enumeration form. See the second page of the Household Enumeration Form in Appendix A.

01 – Completed interview.
02 – Incomplete interview (started but did not conclude).
03 – Person is not eligible.
04 – Language barrier.
05 – Mental / physical disability.
06 – Individual not available during the whole interview period.
07 – Proxy refusal.
08 – Individual refusal.
09 – Lost contact (after 4 visits).
10 – Reached maximum number per block group.

5.3 Recontact Outcome Codes: Individual

Individual outcomes codes were also assigned to participant with whom recontact was attempted for the survey on the household recontact form. See the front page of the Household Recontact Form in Appendix B.

01 – Completed interview.
02 – Incomplete interview (started but did not conclude).
03 – Person does not live at the address – there is no information to find him/her.

04 – Person does not live at the address – there is information to find him/her, but contact was not established.
05 – Mental / Physical disability.
06 – Individual not available during the whole interview period.
07 – Proxy refusal.
08 – Individual refusal.
09 – Lost contact (after 4 visits).

5.4 Recontact Outcome Codes: Household

If a recontacted respondent no longer lived at the residence from the previous wave, outcome codes were assigned based on the follow up to find them at a new location. Information about the new address was requested from the contact person at the previous address. See the second page of the Household Recontact Form in Appendix B.

1- Person did not live there and there is no information to locate them
2- Person did live there, but there is no information to locate them
3- New address outside of town
4- The new dwelling was not located
5- The new dwelling was located, but the person was not selected for the interview
6- The new dwelling was located and the person selected

5.5 Respondent ID

Each new participant was assigned an 8-digit number, which was a combination of the 2-digit City Code, the 5-digit Household Number, and the 1-digit Member Number. This number was recorded to ensure that each participant had a unique identification number, which could be referred to for recontact and also to indicate the location of the respondent within the districts of Uruguay.

6. Weights Construction

6.1 ITC Uruguay Weights Wave 2

The description of the construction of the weights for Wave 1 is found in the Wave 1 technical report [Ref.]

For households and respondents present at Waves 1 and 2, longitudinal Wave 1-Wave 2 household and individual weights were constructed. For all Wave 2 respondents a cross-sectional weight was constructed.

6.1.1 Longitudinal Wave 1 – Wave 2 weights

The longitudinal weights were based on the interviewed household weights IHWT from Wave 1. For those households which were still interview households in Wave 2, IHWT was rescaled to sum to the total of the IHWTs at Wave 1 within each segmento. This produced for those households a Wave 1-Wave 2 weight labeled IHWT12.

For each Wave 1 respondent still present in Wave 2, IHWT12 was multiplied by the within household weight W1 from Wave 1, producing a preliminary longitudinal weight W12WTT. These W12WTT weights were then calibrated to sum to the Wave 1 cross sectional weight (W1XWT) totals for age group (18-24, 25-44, 45-54, 55+) and gender within Montevideo. This produced the longitudinal weights W12WT for individuals. These longitudinal weights have variable name *bDE52921v* in the final dataset.

These longitudinal weights were rescaled to sum to sample size, for use in analyses across countries. The rescaled weights have variable name *bDE52951v* in the final data set.

6.1.2 Wave 2 cross-sectional weights

For each interviewed household an interviewed household weight IHWT2 was first constructed.

For any interviewed household in a Wave 1 manzana, a preliminary weight was constructed which is the same as the manzana (common) value of *IHWT* from Wave 1, multiplied by the number $h_{i\ m1}$ of households interviewed in the manzana in Wave 1, divided by the number $h_{i\ m2}$ of households interviewed in the manzana in Wave 2; then multiplied by the number $m_{s\ w1}$ of manzanas selected in the segmento in Wave 1, divided by the number $m_{s\ w2}$ of manzanas used in the segmento in Wave 2; then multiplied by the number $a_{s\ w1}$ of segmentos sampled in the seccion in Wave 1, and divided by the number $a_{s\ w2}$ of segmentos sampled in the seccion in the entire MVD Wave 2 data; then rescaled to sum to $\sum_{h} IHWT_{h}$, the sum over households of the interview household weights *IHWT* in Wave 1:

$$IHWT12 = \frac{a_{secW1}}{a_{secW2}} \frac{m_{SCW1}}{m_{SCW2}} \frac{h_{inmW1}}{h_{inmW2}} IHWT_{nmn} \ ,$$

$$IHWT22 = IHWT12 * \frac{W1EST}{\sum IHWT12} \ .$$

For an interviewed household in a manzana newly drawn in Wave 2, a modification of the Wave 1 method was used to compute the household weights. This method is described in the Wave 1 ITC Uruguay Technical Report (2007).

That is, for each enumerated household in a newly drawn manzana, let

$$HW2 = H_{SEG} / h_{eSEG}$$

where H_{SEG} is the number of households in the segmento, and h_{eSEG} is the number of enumerated households in the segmento.

Then let

$$PHWT = N_{sec*ses} \times HW2 / n_{sec*ses}$$

where number of segmentos in the seccion crossed with economic level, and number of segmentos sampled in the seccion crossed with economic level. (In cities other than Montevideo, there was just a single economic level.)

Then, let

$$EHWT = PHWT \times H_{city} / \sum_j PHWT_j$$

where H_{cit} is the number of households in the city (470310 from the 2008 frame in the case of Montevideo), and the sum is over enumerated households.

In the inland cities, the *EHWT* weights can be used to estimate the prevalence of smoking in the city, by gender.

For example,

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

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

Finally, for each interview household let

$$IHWT22 = EHWT \times \frac{h_{esma}}{h_{ima}},$$

where h_{ima} is the number of households in the manzana with an interview, and h_{esma} is the number of enumerated smoker households in the manzana. (The ratio should be close to 1.)

There were 9 manzanas with $h_{esma} < h_{ima}$, and for these the ratio was set equal to 1.

Note: Some households with interviews were not recorded as smoker households. These were corrected to be indicated as smoker households.

In Montevideo let

$$IHWT2 = \frac{h_{iC2}}{h_{iC2} + h_{iR2}} IHWT22$$ for recontact interview households, and

$$IHWT2 = \frac{h_{iR2}}{h_{iC2} + h_{iR2}} IHWT22$$ for replenishment interview households,

where h_{iC2} is the number of Wave 2 recontact interview households and h_{iR2} is the number of Wave 2 replenishment interview households in the city.

In the inland cities set $IHWT2 = IHWT22$.

We then proceeded to compute individual cross-sectional weights.

Individuals who were interviewed at Wave 1 retained their household level weight W1.
Each newly interviewed individual was also given a household level weight W1:

- for an adult male smoker, W1 is the number of adult male smokers in the same household
- for an adult female smoker, W1 is the number of adult female smokers in the same household.

Then each interviewed individual was given a preliminary city level weight W42 which is thought of as the number of people in the same city represented by that individual.

$$W42 = IHWT22 \times W1.$$

Summing W42 over all individuals interviewed (or all replenishment individuals interviewed in Montevideo) gives an estimate of the number of smokers in the city.

	Sum of W6 (W4) in Wave 1	Sum of W42 for re-contacts in Montevideo Waves 1-2	Sum of W42 for replenishment respondents in Montevideo Wave 2
	467496.28	441107.09	295349.39

Because no possibility of calibration by external benchmarks was available, the final weights W62 were the values of W42 in the four inland cities, and in Montevideo were given as follows:

for recontact respondents

for replenishment respondents

where n is the number of recontact respondents in Montevideo, $n_{\sim}$ is the number of replenishment respondents in Montevideo.

The inflation cross-sectional weight W62 is called *bDE52915v* in the final data set.

	Sum of W6 (W4) in Wave 1	Sum of W62 in Montevideo Wave 2
	467696.28	382624.98

6.1.3 Rescaling

Finally, the weights in the five cities were rescaled within each sampling category to sum to city sample sizes, for use in pooled analyses within Uruguay in which city is a covariate. (Gender and age group should normally be used as covariates also.)

The formula used for each city is as follows:

Rescaled weight $RWT2 = n_{CW2} \times W62 / (\sum_C W62)$,

where n_{CW2} is the actual (i.e. unweighted) size of the Wave 2 city subsample, and $\sum_C W62$ denotes a sum over that subsample of the original weights.

These rescaled cross-sectional weights have variable name bDE52919v in the final data set.

6.2 ITC Uruguay Weights Wave 3

For households and respondents present at Waves 1, 2 and 3 longitudinal Wave 1-Wave 2-Wave 3 household and individual weights were constructed. For households and respondents

present at Waves 2 and 3 longitudinal Wave 2-Wave 3 household and individual weights were constructed. For all Wave 3 respondents a cross-sectional weight was constructed.

6.2.1 Longitudinal Wave 1 – Wave 2 – Wave 3 weights

The first set of longitudinal weights was based on the interviewed household weights IHWT from Wave 1. For those households which were still interview households in Wave 3, the weight IHWT was rescaled to sum to the total of the IHWTs at Wave 1 within each 23egment. This produced for those households a Wave 1-Wave 2 – Wave 3 weight labeled IHWT123.

For each Wave 1 respondent still present in Wave 3, IHWT123 was multiplied by the within household weight W1 from Wave 1, producing a preliminary longitudinal weight W123WTT. These W123WTT weights were then calibrated to sum to the Wave 1 cross sectional weight (W1XWT) totals for age group (18-24, 25-44, 45-54, 55+) and gender within Montevideo. This produced the longitudinal weights W123WT for individuals. These (inflation) longitudinal weights have variable name *cDE52921v* in the final dataset

The (inflation) longitudinal weights were rescaled to sum to sample size within Montevideo, to produce weights useful for comparative analyses. This version of the rescaled weights has variable name *cDE52951v* in the final data set.

6.2.2 Longitudinal Wave 2 – Wave 3 weights

This second set of longitudinal weights was based on the cross-sectional interviewed household weights IHWT2 from Wave 2. For those households which were still interview households in Wave 3, the weight IHWT2 was rescaled to sum to the total of the IHWT2 at Wave 2 within each segmento. This produced for those households a Wave 2 – Wave 3 weight labeled IHWT23.

For each Wave 2 respondent still present in Wave 3, the weight IHWT23 was multiplied by the within household weight W1 from Wave 2, producing a preliminary longitudinal weight W23WTT. These W23WTT weights were then calibrated to sum to the Wave 2 cross sectional weight (W62) totals for age group (18-24, 25-44, 45-54, 55+) and gender within city. This produced the longitudinal weights W23WT for individuals. These (inflation) longitudinal weights have variable name *cDE52923v* in the final dataset

These (inflation) longitudinal weights were rescaled to sum to sample size within city, to produce weights useful for analysis where city, gender and age group are covariates. The rescaled weights have variable name *cDE52953v* in the final data set.

6.2.3 Wave 3 cross-sectional weights

For each interviewed household an interviewed household weight IHWT3 was constructed first.

For any interviewed household in a Wave 2 manzana, which would be a Wave 2 household, a preliminary weight was constructed which is the same as the manzana value of *IHWT2* from Wave 2, multiplied by the number h_{imaW2} of households interviewed in the manzana in Wave 2,

divided by the number h_{imaW3} of households interviewed in the manzana in Wave 3; then multiplied by the number m_{SGW2} of manzanas selected in the segmento in Wave 2, divided by the number m_{SGW3} of manzanas used (whether old or new) in the segmento in Wave 3; then multiplied by the number a_{secW2} of segmentos sampled in the seccion in Wave 2, and divided by the number a_{secW3} of segmentos sampled in the seccion in the entire Wave 3 data; then rescaled to sum to $W2EST$, the sum over households of interview household weights *IHWT2* in Wave 2:

$$IHWT13 = \frac{a_{secW2}}{a_{secW3}} \frac{m_{SGW2}}{m_{SGW3}} \frac{h_{imaW2}}{h_{imaW3}} IHWT2_{man} ,$$

$$IHWT33 = IHWT13 * \frac{W2EST}{\sum IHWT13} .$$

For an interviewed household in a manzana newly drawn in Wave 3, the same procedure was used as in Wave 2 to compute the household weights.

That is, for each enumerated household in a newly drawn manzana, let

$$HW2 = H_{SEG} / h_{eSEG}$$

where H_{SEG} is the number of households in the segmento, and h_{eSEG} is the number of enumerated households in the segmento.

Then let

$$PHWT = N_{sec} \times HW2 / n_{sec}$$

where N_{sec} = number of segmentos in the seccion, and n_{sec} = number of segmentos sampled in the seccion.

Then, let

$$EHWT = PHWT \times H_{city} / \sum_j PHWT_j$$

where H_{city} is the number of households in the city (470310 from the 2008 frame in the case of Montevideo), and the sum is over enumerated households in the city.

Finally, for each interview household let

$$IHWT33 = EHWT \times \frac{h_{esma}}{h_{ima}} ,$$

where h_{ima} is the number of households in the manzana with an interview, and h_{esma} is the number of enumerated smoker households in the manzana. (The ratio should be close to 1.)

Then set

$$IHWB = \frac{h_{iC3}}{h_{iC3} + h_{iR3}} IHWB3$$ for recontact interview households, and

$$IHWB = \frac{h_{iR3}}{h_{iC3} + h_{iR3}} IHWB3$$ for replenishment interview households,

where h_{iC3} is the number of Wave 3 recontact interview households and h_{iR3} is the number of Wave 3 replenishment interview households in the city.

The individual cross-sectional weights were then computed.

Individuals who were interviewed at Wave 1 retained their household level weight W1.
Each newly interviewed individual was also given a household level weight W1:

- for an adult male smoker, W1 is the number of adult male smokers in the same household
- for an adult female smoker, W1 is the number of adult female smokers in the same household.

Then each interviewed individual was given a preliminary city level weight W43 which is thought of as the number of people in the same city represented by that individual.

$$W43 = IHWT3 \times W1 .$$

Summing W43 over all individuals interviewed gives an estimate of the number of smokers in the city.

Because there was no possibility of calibration to external benchmarks at this time the final inflation weight $W63 = W43$ for each individual.

The inflation cross-sectional weight W63 is called *cDE52915v* in the final data set.

City	Sum of W6 (W4) in Wave 1	Sum of W62 in Wave 2	Sum of W63 in Wave 3
Montevideo	467696.28	382624.98	385373.34
Durazno		7926.30	8694.09
Maldonado		18798.49	19883.81
Rivera		9807.54	12279.26
Salto		15261.93	17868.42

6.2.4 Rescaling

Finally, the cross-sectional weights in the five cities were rescaled within each sampling category to sum to city sample sizes, for use in pooled analyses in which city, gender and age group are covariates.

The formula used for each city is as follows:

Rescaled weight $RWT3 = n_{CW3} \times W63 / (\sum_C W63)$,

where n_{CW3} is the actual (i.e. unweighted) size of the Wave 3 city subsample, and $\sum_C W63$ denotes a sum over that subsample of the original weights.

The rescaled cross-sectional weights have variable name *cDE52919v* in the final data set.

6.2.5 Note on the two types of cross-sectional weights

Within Uruguay, for descriptive purposes relating to the population of 2 or more cities (e.g. the union of the four inland cities) the inflation cross-sectional weights should be used, rather than the rescaled weights. For descriptive purposes relating to the population of a single city, the two weights will give the same results. For analytic purposes such as a regression analysis where city is included as an explanatory variable in the model, it is appropriate (and more efficient) to use the rescaled weights.

Appendix A: Wave 2 Household Enumeration Form

Ciet Uruguay
Centro de Investigación de la epidemia de tabaquismo

ITC 2R 2008
FORMATO DE ENUMERACIÓN DE HOGARES

FORMATO COMPLETO ☐

1. IDENTIFICACIÓN GEOGRÁFICA

DEPTO |__|__|__| CIUDAD .....

SECCION |__|__|__|

SEGMENTO |__|__|__|

MANZANA ... |__|__|__|

3. FOLIO DE LA VIVIENDA

|__|__|__|__|__|__|__|__|__|__|__|

4. CONTROL DE CUESTIONARIO

NÚMERO PROGRESIVO DE VIVIENDA.....|__|__|__|__|

HOGAR.....|__|__| DE |__|__| DE LA VIVIENDA

2. DIRECCIÓN DE LA VIVIENDA

_____
(CALLE, AVENIDA, CALLEJÓN, CARRETARA, CAMINO, BOULEVARD, KM)

_____ (NÚMERO) _____ (APTO) _____ (BARRIO, UNIDAD HABITACIONAL) |__|__|__|__|__|__| (CÓDIGO POSTAL)

5. NÚMERO DE HABITANTES

NÚMERO **DE TODOS** MIEMBROS DEL HOGAR .....|__|__|__|

6. NOMBRE DEL JEFE(A)

_____
_____

7. DATOS DE CONTACTO

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
TELEFONO DE CASA

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
CELULAR

_____
NOMBRE CONTACTO

8. DATOS SOBRE VISITAS PARA ENUMERAR EL HOGAR

# DE VISITA	ID ENCST-ADOR	FECHA DÍA	FECHA MES	FECHA AÑO	HORA	NOTAS	PRÓXIMA CITA DÍA	PRÓXIMA CITA MES	PRÓXIMA CITA HORA
01	|__|__||__|__|	|__|__|	|__|__|	08	|__|__|:|__|__|		|__|__|	|__|__|	|__|__|:|__|__|
02	|__|__||__|__|	|__|__|	|__|__|	08	|__|__|:|__|__|		|__|__|	|__|__|	|__|__|:|__|__|
03	|__|__||__|__|	|__|__|	|__|__|	08	|__|__|:|__|__|		|__|__|	|__|__|	|__|__|:|__|__|
04	|__|__||__|__|	|__|__|	|__|__|	08	|__|__|:|__|__|		|__|__|	|__|__|	|__|__|:|__|__|

9. CÓDIGOS DE RESULTADO DE HOGARES (CIRCULE UNO)

01 – NO SE PUDO LOCALIZAR EL HOGAR
02 – VIVIENDA O LOTE DESOCUPADO
03 – DIRECCIÓN NO CORRESPONDE HOGAR
04 – LUGAR INSEGURO PARA ENCUESTADOR(A)
05 – NO SE ESTABLECIÓ CONTACTO – TRAS 4 INTENTOS
06 - NO SE ESTABLECIÓ CONTACTO – SE ALCANZÓ LA CUOTA
07 –SE REHUSARON A RESPONDER
08 – BARRERAS DE LENGUAJE
09 –NADIE CAPAZ DE RESPONDER
10 – NO SE PUDO ENUMERAR EL HOGAR POR OTRAS RAZONES
11 – HOGAR ENUMERADO

10. SE REHUSA A RESPONDER:

1. ¿CUÁNTAS PERSONAS DE 18 AÑOS O MÁS VIVEN EN SU HOGAR? |__|__|__|
2. ¿CUÁNTAS DE ESTAS PERSONAS NORMALMENTE FUMAN? |__|__|__|

MÓDULO ENUMERACIÓN DE MIEMBROS ADULTOS (>=18) DEL HOGAR

11. LISTADO DE MIEMBROS ADULTOS DEL HOGAR

ID PER-SONA	NOMBRE DE LA PERSONA ADULTA	SEXO (H/M)	EDAD	FECHA NACIMIENTO	¿VIVE EN EL HOGAR?	¿FUMA > UNA VEZ LA SEMANA?	ELEGIBLE
01			|_|_|				
02			|_|_|				
03			|_|_|				
04			|_|_|				
05			|_|_|				
06			|_|_|				
07			|_|_|				
08			|_|_|				
Vive en hogar en los últimos 30 días Si 1 No 2		Fuma > una vez por semana Si 1 No 2				SEXO Masc 1 Fem 2	
> 18 años + Vive en hogar en los últimos 30 días + Fuma > una vez por semana = Elegible =1, Otro caso=0							

ENCUESTADOR SELECCIONE A LA PERSONA ENTRE LOS MIEMBROS ELEGIBLES, EL CRITERIO ES LA FECHA DE CUMPLEAÑOS MÁS RECIENTEMENTE CELEBRADO ANTES DE LA PRIMERA VISITA

12. LISTA DE PERSONAS SELECCIONADAS*

ID PER-SONA	NOMBRE DE LA PERSONA ADULTA	RE-SUL-TADO	ID ENCUES TADOR	NOTAS
|_|_|		|_|_|	|_|_|	
|_|_|		|_|_|	|_|_|	
* |_|_|		|_|_|	|_|_|	
* |_|_|		|_|_|	|_|_|	

*Las dos filas extras son para sustituir una persona seleccionada por otra. Sólo se permite en caso de que la persona seleccionada tenga uno de los siguientes códigos de resultado:
03 – No Elegible
04 – Barrera de lenguaje
05 – Discapacidad mental/física
06 – No estará por todo el periodo de la encuesta

13. CÓDIGOS DE RESULTADO DE PERSONAS SELECCIONADAS PARA PARTICIPAR

01 – ENTREVISTA COMPLETA	05 – DISCAPACIDAD MENTAL/FÍSICA	08 – LA PERSONA SE REHUSA A PARTICIPAR
02 – ENTREVISTA INCOMPLETA (SE INICIÓ PERO NO SE PUDO CONCLUIR)	06 – LA PERSONA NO ESTARÁ POR TODO EL PERIODO DE LA ENCUESTA	09 – SE PERDIÓ CONTACTO (TRAS 4 INTENTOS)
03 – INFORMANTE NO ELEGIBLE ()	07 – OTRO MIEMBRO DEL HOGAR DICE QUE LA PERSONA SE REHUSA A PARTICIPAR	10 – SE ENTREVISTÓ A OTRO REEMPLAZO ANTES DE ENTREVISTAR A LA PERSONA
04 – BARRERA DE LENGUAJE		

Appendix B: Wave 3 Household Enumeration Form

ciet Uruguay
Centro de Investigación de la epidemia de tabaquismo

ITC 3W 2010
FORMATO DE ENUMERACIÓN DE HOGARES

FORMATO COMPLETO ☐

1. IDENTIFICACIÓN GEOGRÁFICA

DEPTO |__|__| **CIUDAD** .....

SECCION |__|__|

SEGMENTO |__|__|

MANZANA ... |__|__|

3. FOLIO DE LA VIVIENDA

|__|__|__|__|__|__|__|__|__|__|

4. CONTROL DE CUESTIONARIO

NÚMERO PROGRESIVO DE VIVIENDA.....|__|__|__|

HOGAR.....|__| DE |__|
DE LA VIVIENDA

2. DIRECCIÓN DE LA VIVIENDA

_____
(CALLE, AVENIDA, CALLEJÓN, CARRETARA, CAMINO, BOULEVARD, KM)

_____ _____ _____ |__|__|__|__|__|
(NÚMERO) (APTO) (BARRIO, UNIDAD HABITACIONAL) (CÓDIGO POSTAL)

5. NÚMERO DE HABITANTES

NÚMERO DE TODOS MIEMBROS DEL HOGAR .....|__|__|

6. NOMBRE DEL JEFE(A)

_____
_____

7. DATOS DE CONTACTO

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
TELEFONO DE CASA

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
CELULAR

_____
NOMBRE CONTACTO

8. DATOS SOBRE VISITAS PARA ENUMERAR EL HOGAR

# DE VISITA	ID ENCST-ADOR	FECHA DÍA	FECHA MES	FECHA AÑO	HORA	NOTAS	PRÓXIMA CITA DÍA	PRÓXIMA CITA MES	PRÓXIMA CITA HORA
01	|__|__|	|__|__|	|__|__|	08	|__|__|:|__|__|		|__|__|	|__|__|	|__|__|:|__|__|
02	|__|__|	|__|__|	|__|__|	08	|__|__|:|__|__|		|__|__|	|__|__|	|__|__|:|__|__|
03	|__|__|	|__|__|	|__|__|	08	|__|__|:|__|__|		|__|__|	|__|__|	|__|__|:|__|__|
04	|__|__|	|__|__|	|__|__|	08	|__|__|:|__|__|		|__|__|	|__|__|	|__|__|:|__|__|

9. CÓDIGOS DE RESULTADO DE HOGARES (CIRCULE UNO)

01 – NO SE PUDO LOCALIZAR EL HOGAR
02 – VIVIENDA O LOTE DESOCUPADO
03 – DIRECCIÓN NO CORRESPONDE HOGAR
04 – LUGAR INSEGURO PARA ENCUESTADOR(A)
05 – NO SE ESTABLECIÓ CONTACTO – TRAS 4 INTENTOS
06 - NO SE ESTABLECIÓ CONTACTO – SE ALCANZÓ LA CUOTA
07 –SE REHUSARON A RESPONDER
08 – BARRERAS DE LENGUAJE
09 –NADIE CAPAZ DE RESPONDER
10 – NO SE PUDO ENUMERAR EL HOGAR POR OTRAS RAZONES
11 – HOGAR ENUMERADO

10. SE REHUSA A RESPONDER:

1. ¿CUÁNTAS PERSONAS DE 18 AÑOS O MÁS VIVEN EN SU HOGAR? |__|__|
2. ¿CUÁNTAS DE ESTAS PERSONAS NORMALMENTE FUMAN? |__|__|

MÓDULO ENUMERACIÓN DE MIEMBROS ADULTOS (>=18) DEL HOGAR

11. LISTADO DE MIEMBROS ADULTOS DEL HOGAR

ID PERSONA	NOMBRE DE LA PERSONA ADULTA	SEXO (H/M)	EDAD	FECHA NACIMIENTO	¿VIVE EN EL HOGAR?	¿FUMA > UNA VEZ LA SEMANA?	ELEGIBLE
01			__				
02			__				
03			__				
04			__				
05			__				
06			__				
07			__				
08			__				
Vive en hogar en los últimos 30 días Si 1 No 2		Fuma > una vez por semana Si 1 No 2				SEXO Masc 1 Fem 2	
> 18 años + Vive en hogar en los últimos 30 días + Fuma > una vez por semana = Elegible =1, Otro caso=0							

ENCUESTADOR SELECCIONE A LA PERSONA ENTRE LOS MIEMBROS ELEGIBLES, EL CRITERIO ES LA FECHA DE CUMPLEAÑOS MÁS RECIENTEMENTE CELEBRADO ANTES DE LA PRIMERA VISITA

12. LISTA DE PERSONAS SELECCIONADAS*

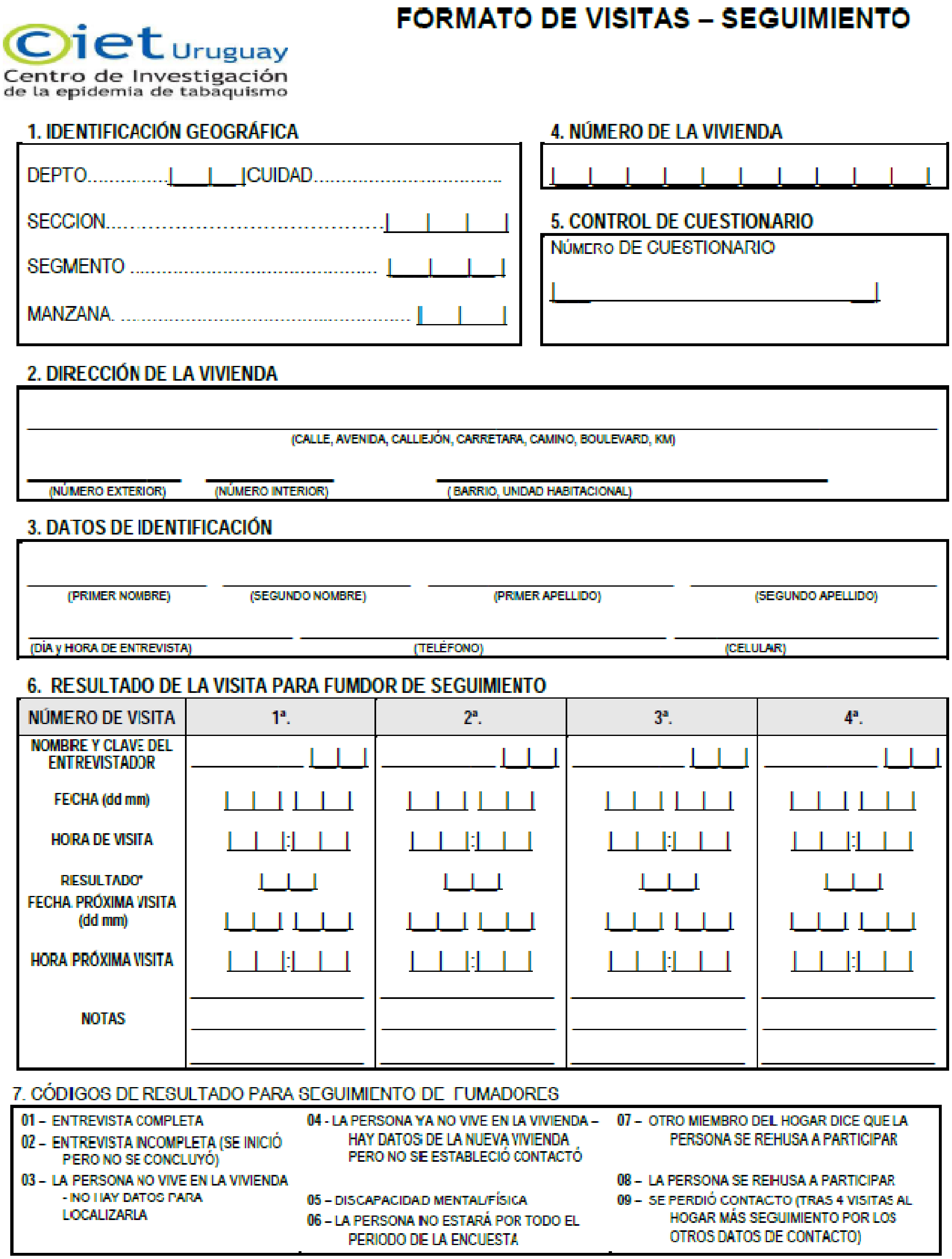
ID PERSONA	NOMBRE DE LA PERSONA ADULTA	RESULTADO	ID ENCUESTADOR	NOTAS
__		__	__	
__		__	__	
* __		__	__	
* __		__	__	

*Las dos filas extras son para sustituir una persona seleccionada por otra. Sólo se permite en caso de que la persona seleccionada tenga uno de los siguientes códigos de resultado:
03 – No Elegible
04 – Barrera de lenguaje
05 – Discapacidad mental/física
06 – No estará por todo el periodo de la encuesta

13. CÓDIGOS DE RESULTADO DE PERSONAS SELECCIONADAS PARA PARTICIPAR

01 – ENTREVISTA COMPLETA
02 – ENTREVISTA INCOMPLETA (SE INICIÓ PERO NO SE PUDO CONCLUIR)
03 – INFORMANTE NO ELEGIBLE ()
04 – BARRERA DE LENGUAJE
05 – DISCAPACIDAD MENTAL/FÍSICA
06 – LA PERSONA NO ESTARÁ POR TODO EL PERIODO DE LA ENCUESTA
07 – OTRO MIEMBRO DEL HOGAR DICE QUE LA PERSONA SE REHUSA A PARTICIPAR
08 – LA PERSONA SE REHUSA A PARTICIPAR
09 – SE PERDIÓ CONTACTO (TRAS 4 INTENTOS)
10 – SE ENTREVISTÓ A OTRO REEMPLAZO ANTES DE ENTREVISTAR A LA PERSONA

Appendix C: Wave 2 Follow Up Visit Form



Ciet Uruguay
Centro de Investigación
de la epidemia de tabaquismo

FORMATO DE VISITAS – SEGUIMIENTO

1. IDENTIFICACIÓN GEOGRÁFICA

DEPTO.............. |__|__| CUIDAD..................................

SECCION.. |__|__|__|

SEGMENTO .... |__|__|__|

MANZANA. .... |__|__|__|

4. NÚMERO DE LA VIVIENDA

|__|__|__|__|__|__|__|__|__|__|

5. CONTROL DE CUESTIONARIO

NÚMERO DE CUESTIONARIO

|________________________|

2. DIRECCIÓN DE LA VIVIENDA

(CALLE, AVENIDA, CALLIEJÓN, CARRETARA, CAMINO, BOULEVARD, KM)

(NÚMERO EXTERIOR) (NÚMERO INTERIOR) (BARRIO, UNIDAD HABITACIONAL)

3. DATOS DE IDENTIFICACIÓN

(PRIMER NOMBRE) (SEGUNDO NOMBRE) (PRIMER APELLIDO) (SEGUNDO APELLIDO)

(DÍA y HORA DE ENTREVISTA) (TELÉFONO) (CELULAR)

6. RESULTADO DE LA VISITA PARA FUMDOR DE SEGUIMIENTO

NÚMERO DE VISITA	1ª.	2ª.	3ª.	4ª.
NOMBRE Y CLAVE DEL ENTREVISTADOR				
FECHA (dd mm)				
HORA DE VISITA	:	:	:	:
RESULTADO*				
FECHA PRÓXIMA VISITA (dd mm)				
HORA PRÓXIMA VISITA	:	:	:	:
NOTAS				

7. CÓDIGOS DE RESULTADO PARA SEGUIMIENTO DE FUMADORES

01 – ENTREVISTA COMPLETA
02 – ENTREVISTA INCOMPLETA (SE INICIÓ PERO NO SE CONCLUYÓ)
03 – LA PERSONA NO VIVE EN LA VIVIENDA - NO HAY DATOS PARA LOCALIZARLA
04 - LA PERSONA YA NO VIVE EN LA VIVIENDA – HAY DATOS DE LA NUEVA VIVIENDA PERO NO SE ESTABLECIÓ CONTACTÓ
05 – DISCAPACIDAD MENTAL/FÍSICA
06 – LA PERSONA NO ESTARÁ POR TODO EL PERIODO DE LA ENCUESTA
07 – OTRO MIEMBRO DEL HOGAR DICE QUE LA PERSONA SE REHUSA A PARTICIPAR
08 – LA PERSONA SE REHUSA A PARTICIPAR
09 – SE PERDIÓ CONTACTO (TRAS 4 VISITAS AL HOGAR MÁS SEGUIMIENTO POR LOS OTROS DATOS DE CONTACTO)

MÓDULO B. GUIÓN Y FORMATO PARA PARTICIPANTE DE SEGUIMIENTO QUE YA NO VIVE EN LA VIVIENDA INDICADA EN EL FORMATO DE VISITAS - SEGUIMIENTO

DÍGALE AL RESIDENTE DE LA VIVIENDA: Quisiera preguntarle sobre_____ _____, que participó en nuestra encuesta en el 2006, porque le dijimos que volveríamos a entrevistarle este año.

1. ¿Vivía _____ en esta vivienda en el 2006? ***[CIRCULE RESPUESTA]***

1. SÍ **2.** NO, NO VIVÍA EN LA VIVIENDA → PASE a 4 **3.** NO SABE, PERO ES POSIBLE QUE VIVÍA → PASE a 4

2. ¿Sabe cuándo se mudó _____ del hogar? **1.** SÍ: |___|___| - |___|___| - |___|___|___|___| **2.** NO
Día *Mes* *Año*

3. ¿Por qué se mudó _____del hogar? ***[CIRCULE RESPUESTA]***

1. MATRIMONIO **2.** TRABAJO **3.** ESTUDIO **4.** OTRO_____ **9.** NO SABE

4. ¿Sabe dónde puedo localizar a _____? ***[CIRCULE RESPUESTA]***

1. SÍ **2.** NO → ***(TERMINAR CONTACTO Y DARLE EL FORMATO A LA SUPERVISORA)***

↓_____ _____ _____
(Calle, avenida, callejón, carretera, camino, etc.) *(Núm. Exterior)* *(Núm. interior)*

_____
(Barrio, unidad habitacional, etc.)

Ciudad_____ Departamento _____

5. ¿Podría proporcionarme su número telefónico?
TELÉFONO _____ CELULAR _____

SIGA LOS SIGUIENTES PASOS, CIRCULANDO LAS RESPUESTAS:

6. ¿LA PERSONA AUSENTE SE ENCUENTRA EN LA MISMA LOCALIDAD?
1. SÍ → ***[BÚSQUELA]*** 2. NO → ***[DAR FORMATO A LA SUPERVISORA]*** 9. NO SABE → ***[INDAGUE CON LOS VECINOS DEL LUGAR.]***

7. ¿LOCALIZÓ EL DOMICILIO?
1. SÍ 2. NO → ***[INDAGUE CON LOS VECINOS DEL LUGAR.]***

8. ¿LOCALIZÓ A LA PERSONA?
1. SÍ → ***[APLIQUE EL CUESTIONARIO]*** 2. NO → ***[DAR FORMATO A LA SUPERVISORA]***

9. CIRCÚLE UN CÓDIGO DE RESULTADO PARA PARTICIPANTES DE SEGUIMIENTO QUE NO VIVEN EN LA VIVIENDA INDICADA:

1. RESIDENTE DICE QUE LA PERSONA NO VIVIÓ EN LA VIVIENDA - NO HAY DATOS PARA LOCALIZARLA
2. RESIDENTE DICE QUE LA PERSONA VIVIÓ EN LA VIVIENDA - NO HAY DATOS PARA LOCALIZARLA
3. NUEVO DOMICILIO FUERA DE LA LOCALIDAD.
4. NO SE LOCALIZÓ EL NUEVO DOMICILIO
5. SÍ SE LOCALIZÓ EL NUEVO DOMICILIO, PERO NO A LA PERSONA SELECCIONADA.
6. SÍ SE LOCALIZÓ A LA PERSONA SELECCIONADA → CODIFICAR RESULTADO, RECUADRO 7, FORMATO DE VISITAS - SEGUIMIENTO

Appendix D: Wave 3 Follow Up Visit Form

ciet Uruguay
Centro de Investigación
de la epidemia de tabaquismo

FORMULARIO DE VISITAS – SEGUIMIENTO

1. IDENTIFICACIÓN GEOGRÁFICA

DEPTO CIUDAD

SECC SEGM MANZ

ENCUESTADOR _____

2. NÚMERO DE CUESTIONARIO

3. TARJETA Y Nº DE PERSONA

4. DIRECCIÓN DE LA VIVIENDA

_____(BARRIO,) _

5. DATOS DE IDENTIFICACIÓN PARTICIPANTE

Actualmente, ¿fuma cigarrillos todos los días? ¿unos días sí y otros no? ¿o ha dejado de fumar?

1. Fumador | 2. Ex Fumador

6. DATOS COMPLEMENTARIOS PARTICIPANTE

Teléfono actual: Celular actual:

Otro teléfono:

7. RESULTADO DE LA VISITA PARA FUMDOR DE SEGUIMIENTO

NÚMERO DE VISITA	1ª.	2ª.	3ª.	4ª.
NOMBRE Y CLAVE DEL ENTREVISTADOR	_____ |_|_|_|	_____ |_|_|_|	_____ |_|_|_|	_____ |_|_|_|
FECHA (dd mm)	|_|_| |_|_|	|_|_| |_|_|	|_|_| |_|_|	|_|_| |_|_|
HORA DE VISITA	|_|_|:|_|_|	|_|_|:|_|_|	|_|_|:|_|_|	|_|_|:|_|_|
RESULTADO*	|_|_|_|	|_|_|_|	|_|_|_|	|_|_|_|
FECHA PRÓXIMA VISITA (dd mm)	|_|_| |_|_|	|_|_| |_|_|	|_|_| |_|_|	|_|_| |_|_|
HORA PRÓXIMA VISITA	|_|_|:|_|_|	|_|_|:|_|_|	|_|_|:|_|_|	|_|_|:|_|_|

8. CÓDIGOS DE RESULTADO PARA FUMADORES DE SEGUIMIENTO

01 – ENTREVISTA COMPLETA
02 – ENTREVISTA INCOMPLETA (SE INICIÓ PERO NO SE CONCLUYÓ)
03 – LA PERSONA NO VIVE EN LA VIVIENDA - NO HAY DATOS PARA LOCALIZARLA
04 - LA PERSONA YA NO VIVE EN LA VIVIENDA – HAY DATOS DE LA NUEVA VIVIENDA PERO NO SE ESTABLECIÓ CONTACTO
05 – DISCAPACIDAD MENTAL/FÍSICA
06 – LA PERSONA NO ESTARÁ POR TODO EL PERIODO DE LA ENCUESTA
07 – OTRO MIEMBRO DEL HOGAR DICE QUE LA PERSONA SE REHUSA A PARTICIPAR
08 – LA PERSONA SE REHUSA A PARTICIPAR
09 – SE PERDIÓ CONTACTO (TRAS 4 VISITAS AL HOGAR MÁS SEGUIMIENTO POR LOS OTROS DATOS DE CONTACTO)

MÓDULO B. FORMULARIO PARA PARTICIPANTE QUE YA NO VIVE EN LA VIVIENDA VISITADA EN EL FORMULARIO DE VISITAS - SEGUIMIENTO

AL RESIDENTE DE LA VIVIENDA:

Quisiera preguntarle por _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _, que participó en nuestra encuesta en el 2008.

1. ¿Vivía _ en esta vivienda en el 2008? ***[marque]***

1. SÍ 2. NO, NO VIVÍA EN LA VIVIENDA → (pase a 4) 3. NO SABE, PERO ES POSIBLE QUE VIVIERA → (pase a 4)

2. ¿Sabe cuándo se mudó _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ del hogar? 1. SÍ: |__|__| - |__|__|__|__| 2. NO
Mes *Año*

3. ¿Por qué se mudó _ del hogar? ***[marque]***

1. MATRIMONIO 2. TRABAJO 3. ESTUDIO 4. OTRO_____ 9. NO SABE

4. ¿Sabe dónde puedo localizar a _?

1. SÍ 2. NO → *(Recabe teléfono de Informante en 5a, y de los 2 vecinos)*

↓ _____ _____ _____
(Calle, avenida, callejón, carretera, camino, etc.) *(Núm. Exterior)* *(Núm. interior)*

Barrio _____ Telefono_____

Ciudad _____ Departamento _____

5.a ¿Sr/a _____ Podría darme su número telefónico?
TELÉFONO _____ CELULAR _____

5.b ¿Sr/a _____ Podría darme su número telefónico?
TELÉFONO _____ CELULAR _____

5.c ¿Sr/a _____ Podría darme su número telefónico?
TELÉFONO _____ CELULAR _____

SIGA LOS SIGUIENTES PASOS, (marque)

6. ¿LA PERSONA AUSENTE SE ENCUENTRA EN LA MISMA LOCALIDAD?
1. SÍ → *[BÚSQUE LA, INDAGUE CON LOS VECINOS DEL LUGAR.]* 2. NO → *[CONTACTE LA SUPERVISION]*

7. ¿LOCALIZÓ EL DOMICILIO?
1. SÍ 2. NO → *[INDAGUE CON LOS VECINOS DEL LUGAR]*

8. ¿LOCALIZÓ A LA PERSONA?
1. SÍ → *[APLIQUE CUESTIONARIO]* 2. NO → *[CONTACTE LA SUPERVISION]*

9.MARQUE RESULTADO PARA PARTICIPANTES QUE YA NO VIVEN EN LA VIVIENDA VISITADA:

1. RESIDENTE DICE QUE LA PERSONA NO VIVIO EN LA VIVIENDA - NO HAY DATOS PARA LOCALIZARLA
2. RESIDENTE DICE QUE LA PERSONA VIVIÓ EN LA VIVIENDA - NO HAY DATOS PARA LOCALIZARLA
3. NUEVO DOMICILIO FUERA DE LA LOCALIDAD.
4. NO SE LOCALIZÓ EL NUEVO DOMICILIO
5. SÍ SE LOCALIZÓ EL NUEVO DOMICILIO, PERO NO A LA PERSONA SELECCIONADA.
6. SÍ SE LOCALIZÓ A LA PERSONA SELECCIONADA → CODIFICAR RESULTADO, RECUADRO 7, FORMATO DE VISITAS - SEGUIMIENTO

OBSERVACIONES

Appendix E: Wave 2 Consent Form

Ciet Uruguay
Centro de Investigación
de la epidemia de tabaquismo

Montevideo 1° de Setiembre de 2008.

"EVALUACION DEL IMPACTO DEL CONVENIO MARCO PARA EL CONTROL DEL TABACO DE LA OMS EN URUGUAY."

¿De qué se trata esta investigación?
Se le invita a participar en la 2ª parte de la investigación "EVALUACION DEL IMPACTO DEL CONVENIO MARCO PARA EL CONTROL DEL TABACO DE LA OMS EN URUGUAY."; que realizan investigadores *del Centro de Investigación para la Epidemia del Tabaquismo (CIET)*. El propósito es explorar las experiencias y percepciones de fumadores hacia las políticas de control del tabaquismo. Las personas elegibles a participar tienen más de 18 años de edad, que han fumado más de 100 cigarrillos en su vida, y que han fumado al menos un cigarrillo en la semana pasada.

¿En qué consiste su participación?
En responder a un nuevo formulario con una serie de preguntas sobre sus experiencias de fumar cigarrillos, de los precios y lugares donde compra los cigarrillos, publicidad y promociones del cigarrillo, las compañías tabacaleras, daños y componentes del cigarrillo, y las advertencias en las cajillas de cigarrillos. El entrevistador le leerá a usted las preguntas y él entrará y archivará sus respuestas directamente en una computadora. Calculamos que la entrevista durará 35 minutos. En 1 o 2 años volveríamos a entrevistarle, si Ud. gusta participar nuevamente, para oir otras opiniones suyas sobre estos temas.

¿Cuáles son los riesgos y los beneficios de participar?
No hay ningún riesgo por participar en esta investigación. Todos los datos que nos dé serán confidenciales y anónimos de acuerdo a la ley 16616. Para proteger su confidencialidad, se le asignará a usted un número de identificación y la información se archivará con ese número.

¿Hay costos de participar?
No hay ningún costo por participar en la entrevista. Se le regalará una tarjeta telefónica con valor de $100 Pesos en reconocimiento de su participación.

¿Y los derechos y la confidencialidad de los y las participantes?
Si está usted de acuerdo participará en esta investigación de forma completamente voluntaria, tendrá derecho a cambiar la opinión de su consentimiento o a dejar de participar en cualquier momento sin problema. En el transcurso de la entrevista tiene el derecho a negarse responder a cualquier pregunta.

Si tengo alguna duda, ¿con quien puedo comunicarme?
Si usted tiene cualquiera duda sobre el proyecto puede comunicarse con el **Investigador Responsable, Dr. Marcelo Boado, o con la Jefa de Operativo Lic. Soledad Bonapelch, al teléfono del CIET, 7113351, de 13 a 19 hs. Le dejaremos una copia de esta carta de consentimiento para los fines que considere pertinentes.**

Acepto participar en el estudio SI_____ NO_____

Nombre y firma del participante _____Fecha _____

Nombre y firma del entrevistador_____Fecha _____

Eduardo Bianco
Presidente - CIET

Carlos Ma. Maggiolo 469/601 - Montevideo - Uruguay - C.P. 11300 - Telefonos (5982) 710 0207 - (5982) 711 3351 - ciet.uy@gmail.com

Appendix F: Wave 3 Consent Form

Ciet Uruguay
Centro de Investigación
para la epidemia del tabaquismo

Montevideo, 1° de Octubre de 2010.

"EVALUACION DEL IMPACTO DEL CONVENIO MARCO PARA EL CONTROL DEL TABACO DE LA OMS EN URUGUAY."

¿De qué se trata esta investigación?
Se le invita a participar en la 3ª parte de la investigación "EVALUACION DEL IMPACTO DEL CONVENIO MARCO PARA EL CONTROL DEL TABACO DE LA OMS EN URUGUAY."; que realizan investigadores *del Centro de Investigación para la Epidemia del Tabaquismo (CIET)*. El propósito es explorar las experiencias y percepciones de fumadores hacia las políticas de control del tabaquismo. Las personas elegibles a participar tienen más de 18 años de edad, que han fumado más de 100 cigarrillos en su vida, y que han fumado al menos un cigarrillo en la semana pasada.

¿En qué consiste su participación?
En responder a un nuevo formulario con una serie de preguntas sobre sus experiencias de fumar cigarrillos, de los precios y lugares donde compra los cigarrillos, publicidad y promociones del cigarrillo, las compañías tabacaleras, daños y componentes del cigarrillo, y las advertencias en las cajillas de cigarrillos. El entrevistador le leerá a usted las preguntas y él entrará y archivará sus respuestas directamente en una computadora. Calculamos que la entrevista durará 35 minutos. En 1 o 2 años volveríamos a entrevistarle, si Ud. gusta participar nuevamente, para oír otras opiniones suyas sobre estos temas.

¿Cuáles son los riesgos y los beneficios de participar?
No hay ningún riesgo por participar en esta investigación. Todos los datos que nos dé serán confidenciales y anónimos de acuerdo a la ley 16.616. Para proteger su confidencialidad, se le asignará a usted un número de identificación y la información se archivará con ese número.

¿Hay costos de participar?
No hay ningún costo por participar en la entrevista. Se le regalará una tarjeta telefónica con valor de $100 Pesos en reconocimiento de su participación.

¿Y los derechos y la confidencialidad de los y las participantes?
Si está usted de acuerdo participará en esta investigación de forma completamente voluntaria, tendrá derecho a cambiar la opinión de su consentimiento o a dejar de participar en cualquier momento sin problema. En el transcurso de la entrevista tiene el derecho a negarse responder a cualquier pregunta.

Si tengo alguna duda, ¿con quien puedo comunicarme?
Si usted tiene cualquiera duda sobre el proyecto puede comunicarse con el **Investigador Responsable, Dr. Marcelo Boado, o con la Jefa de Operativo Fernanda Apud, al teléfono del CIET, 27113351-271000207, de 10 a 20 hs. Le dejaremos una copia de esta carta de consentimiento para los fines que considere pertinentes.**

Acepto participar en el estudio SI_____ NO_____

Nombre y firma del participante _____Fecha _____

Nombre y firma del entrevistador_____Fecha _____

Eduardo Bianco
Presidente - CIET

Carlos Ma. Maggiolo 469/601 - Montevideo - Uruguay - C.P. 11300 - Teléfonos (598) 2710 0207 - (598) 2711 3351 - www.cieturuguay.org - ciet.uy@gmail.com

Appendix G: Sample of the Wave 3 Adult Smoker Survey for Uruguay

INFORMACIÓN AMPARADA EN EL SECRETO ESTADÍSTICO SEGÚN LEY 16.616

Ciet Uruguay
Centro de Investigación de la epidemia de tabaquismo

ENCUESTA EVALUACIÓN DE POLÍTICAS PARA EL CONTROL DEL TABACO
Montevideo, 2010

CUESTIONARIO SEGUIMIENTO FUMADORES

Sección		Segm		Manz	
Nº de Formulario				Nº de Persona	
Nombre					

1. Pensando en los cigarrillos de tabaco que usted 'arma' y los cigarrillos de cajilla, ¿Fuma cigarrillos todos los días? ¿o unos días sí y otros no?
   - Todos los días (pase a 2) 1
   - Unos días sí y otros días no (pase a 3) 2
   - No sabe (pase a 3) 9

2. En general, ¿cuantos cigarrillos al día fuma, incluyendo los cigarrillos de cajilla y los cigarrillos de tabaco que usted hace a mano?
   - |____|____| **NÚMERO** pase a 4
   - No sabe (pase a 3) 99

3. En general ¿cuantos cigarrillos fuma a la semana?
   - |____|____| **NÚMERO**
   - No sabe 99

4. Desde que hablamos con Ud en hace dos años... ¿Ha tratado de dejar de fumar?
   - Si 1
   - No (pase a 10) 2
   - No sabe (pase a 10) 99

5. Pensando en la última vez que intentó **seriamente** dejar de fumar; Cuánto tiempo pasó sin fumar? **[NO LEA OPCIONES. ANOTE EL NUMERO CORRESPONDIENTE]**
   - |____|____| días 1
   - |____|____| meses 2
   - |____|____| años 3
   - No sabe 99

6. Pensando en la última vez que intentó **seriamente** dejar de fumar; ¿Hace cuánto tiempo volvió a fumar? **[NO LEA OPCIONES. ANOTE EL NUMERO CORRESPONDIENTE]**
   - Hace |____|____| días 1
   - Hace |____|____| meses 2
   - Hace |____|____| años 3
   - No sabe 99

7. ¿La última vez que intentó dejar de fumar recibió algún tipo de ayuda, incluso medicamentos para dejar de fumar?
   - Si 1
   - No (pase a 9) 2
   - No sabe (pase a 9) 9

8 ¿Qué tipo de ayuda recibió?

[MARQUE TODO LO QUE CORRESPONDA	Si	No
a. Sustitutos de nicotina como parches o chicles de nicotina	1	2
b. Otros medicamentos	1	2
c. Dulces o chicles sin nicotina	1	2
d. Consejo Médico	1	2
e. Clínicas para dejar de fumar	1	2
f. Consejo de personas No Médicas	1	2
g. Otro(Especifique)	1	2

9. La última vez que intentó dejar de fumar... ¿lo dejó de golpe, o disminuyó de a poco el número de cigarrillos?
   - De golpe 1
   - Disminuyó poco a poco el número de cigarrillos 2
   - No sabe; no recuerda 9

10. ¿Ud. Fuma solo cigarrillos de cajilla, solo cigarrillos de tabaco armados a mano; o de los dos tipos?
   - Solo cigarrillos de cajilla (pase a 13) 1
   - Solo cigarrillos armados a mano (pase a 12) 2
   - Los dos tipos 3
   - No sabe, No responde 9

11. ¿Pero cual fuma más seguido los cigarrillos de cajilla o los de tabaco que usted arma? **[LEA]**
   - Más los cigarrillos de cajilla (pase a 13) 1
   - Más los cigarrillos hechos a mano 2
   - Los dos igual 3
   - No sabe 9

12. ¿Por qué fuma cigarrillos de tabaco hechos a mano? **[LEA Y MARQUE TODAS RESPUESTAS QUE APLICAN]**
   - Porque son más baratos 1
   - Por el sabor 2
   - Porque son menos dañinos que los cigarrillos normales 3
   - No sabe 9

13 ¿Me puede mostrar una cajilla o paquete de tabaco de la marca que prefiere? Es para saber más información de su marca. ¿La tiene a mano?
   - Si 1
   - No 2

14. ¿Qué marca de cigarrillos o tabaco fuma con mayor frecuencia? **[PONGA LA MARCA]**

   _____

   _____

   _____

   [SI SOLO FUMA CIGARRILLOS HECHOS A MANO → 15h]

15a. ¿Qué tamaño es la marca de cigarrillos que fuma?
   - Tamaño normal (80mm) 1
   - Otro tamaño (100mm) 2
   - No sabe 9

Appendix H: Summary of Tobacco Control Policies in Uruguay

Uruguay has an estimated population of 3,286,314, 95% of whom live in urban areas.[1] In 2011, the GDP per capita was US $15,400.[2] Smoking prevalence estimates published in 2011 indicate that 25% of people aged 15 or older are current smokers.[3] The government of Uruguay has strengthened tobacco control legislation over the last decade, leading to a substantial decline in smoking prevalence; from 39% for males and 28% for females in 2003 to 31% for males and 20% for females in 2009.[3,4] It is estimated that 19.5% of male deaths and 9.5% of female deaths in Uruguay in 2004 were attributable to tobacco use.[5]

Since ratifying the World Health Organization Framework Convention on Tobacco Control on September 9, 2004, Uruguay has continually demonstrated international leadership in implementing strong tobacco control policies. In March 2006 the country became the first in Latin America to ban smoking in enclosed public spaces, including workplaces, public transportation, and the indoor and outdoor premises of healthcare and educational institutions.[3] In June 2009, Uruguay also introduced the world's largest pictorial warnings, covering 80% of the front and back of cigarette packs,[6] and in February 2010 implemented the first ban on differentiated branding in the world. Currently, each brand of tobacco may only sell one variant of its product, and all packaging must be free of misleading descriptors and design elements.[7] Treatment for tobacco dependence has been offered by the National Resources Fund since 2004, and a ban on tobacco advertising, promotion, and sponsorship was introduced in 2008.

Following tax increases in 2007, 2009, and 2010, total tobacco taxes rose to 72.3%, high by regional and international standards.[8] However, as income continued to rise, the high tax-induced decline in cigarette sales started to reverse in 2008 as affordability rose.[9] Illegal cigarette trade, primarily originating in Paraguay, continues to pose a threat to tobacco control in Uruguay.[10] Illicit trade currently makes up an estimated 22% to 25% of the country's cigarette market.[11,12] The country's advertising and promotion restrictions are not comprehensive at this time. A push for more comprehensive restrictions, particularly for a ban on point of sale advertisements is needed.

The 2006 campaign "A Million Thanks" promoting the importance of smoke-free environments was highly successful; 80% of participants surveyed after the campaign, expressed support for the smoke-free laws introduced that year.[13] In addition, findings from the ITC Uruguay Survey show that smoker support for smoke-free regulations has increased substantially from Wave 1 in 2006 (54%) to Wave 3 in 2010 (90%) [14].

Waves 2 and 3 of the ITC Uruguay Survey also provided evidence that policies mandating graphic health warning labels which cover at least 80% of cigarette packages were effective in promoting quitting[14.]

References

[1] Uruguay Instituto Nacional de Estadistica , Censos 2011. Retrieved 10 December 2012 from http://www.ine.gub.uy/censos2011/index.html

[2] Central Intelligence Agency. (2012). Uruguay. *World Fact Book*. Washington, DC: Central Intelligence Agency. https://www.cia.gov/library/publications/the-world-factbook/geos/uy.html

[3] World Health Organization (2011). *WHO report on the global tobacco epidemic, 2011*. Geneva: World Health Organization. Available at: http://www.who.int/tobacco/surveillance/policy/country_profile/ury.pdf

[4] Mackay, J.M., Bettcher, D.W., Minhas, R., & Schotte, K. (2012). Successes and new emerging challenges in tobacco control: Addressing the vector. *Tobacco Control*, *21 (2)*, 77-79.

[5] Sandoya, E., and Bianco, E. (2011). Mortality from tobacco use and secondhand smoke in Uruguay. *Rev Urug Card.* 26:201-206.

[6] Ministry of Public Health Decree No.287 (2009) on Health Warnings. Available at http://www.tobaccocontrollaws.org/files/live/Uruguay/Uruguay%20-%20Decree%20No.%20287_009.pdf.

[7] Reichler S, Goodman REM, Martin, LH, Brillembourg, CE. Uruguay's memorial on jurisdiction. ICSID Case No. ARB/10/7. 2011.

[8] WHO. WHO report on the global tobacco epidemic, 2011: warning about the dangers of tobacco. Geneva: World Health Organization, 2011.

[9] Curti, D. Towards Full Implementation of Article 6 of Framework Convention on Tobacco Control (FCTC), 2012

[10] InterAmerican Heart Foundation. Framework Convention on Tobacco Control: Challenges for Latin America and the Caribbean – A civil society report. InterAmerican Heart Foundation; 2010.

[11] WHO. WHO report on the global tobacco epidemic, 2011: warning about the dangers of tobacco. Geneva: World Health Organization, 2011.

[12] Consumo de cigarrillos de contrabando llega al 25%. (2011, June 8). *El Pais Digital*. Retrieved June 14, 2012, from http://www.elpais.com.uy/110806/pnacio-584790/sociedad/consumo-de-cigarrillos-de-contrabando-llega-al-25-/.

[13] American Cancer Society (2010). *Lessons learned globally: Secondhand smoke mass media campaigns.* Available at: http://www.stopsmokingcampaigns.org

[14] ITC Project (August 2012), *ITC Uruguay National Report, Findings from the Wave 1 to 3 Surveys (2006-2011),* University of Waterloo, Waterloo, Ontario, Canada; Centro de Investigación para la Epidemia del Tabaquismo (CIET Uruguay); Universidad de la Republica, Facultad de Ciencias Sociales.