



# International Tobacco Control South-East Asia Survey

## Wave 1 ITC SEA Technical Report (2005)

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# 1. Introduction

## Background

The International Tobacco Control (ITC) Study is a prospective cohort survey designed to evaluate national level tobacco control policies. The ITC Study has so far been administered in seven different countries: the United States, Canada, Australia, the United Kingdom, and Ireland as well as Thailand and Malaysia. The first wave of the survey was conducted in Thailand and Malaysia in January-March of 2005.

## Main Objectives

The objectives of the ITC Survey in South-East Asia are:

### 1) To examine the prevalence and patterns of smoking behaviour among Thais and Malaysians.

This study will provide among the best estimates of current smoking behaviour in Malaysia and Thailand. It will also provide very detailed information about smokers' quitting behaviour, consumption patterns, and other important aspects of smoking behaviour.

### 2) To examine the impact of specific tobacco control policies that are implemented in Thailand and Malaysia during the next 5 years.

The ITC survey has several sections that are intended to evaluate the impact of specific policies, such as health warning labels on cigarette packs, anti-smoking campaigns, and price/taxation increases. As a result, the survey is able to examine to what extent policies change smoking behaviour and attitudes towards smoking.

### 3) To compare smoking behaviour and the impact of policies between Malaysia, Thailand, and other ITC countries.

Because most of the questions are the same, we are able to compare patterns of smoking and impacts of policies in the populations of Malaysia and Thailand, with those of the other countries.

### 4) To measure the uptake of tobacco use among young people.

The ITC survey in South-East Asia is being conducted with youth respondents (aged 13-17) and will therefore be able to identify factors that affect the likelihood of smoking uptake among young people, with an emphasis on policies that may decrease or increase the likelihood of smoking.

## Survey Design

The ITC Survey is a longitudinal cohort study. In other words, the respondents who participate in this survey will be re-contacted in the future to answer follow-up surveys. The plan at the time of Wave 1 was to re-contact the respondents for follow-up surveys in 2 years and then in 4 years.

## **The Research Team**

The survey has been conducted in Malaysia by researchers at the National Poison Centre, Universiti Sains Malaysia (USM), with the cooperation of the Malaysian Ministry of Health. The survey has been conducted in Thailand by researchers at the Institute for Population and Social Research, Mahidol University with assistance from two consultants in Thailand as well as the Thai Health Foundation. The research teams in Malaysia and Thailand are collaborating with an international team of researchers in Australia (The Cancer Council of Victoria), Canada (The University of Waterloo), and the United States (Roswell Park Cancer Institute).

## 2. The Sampling Design

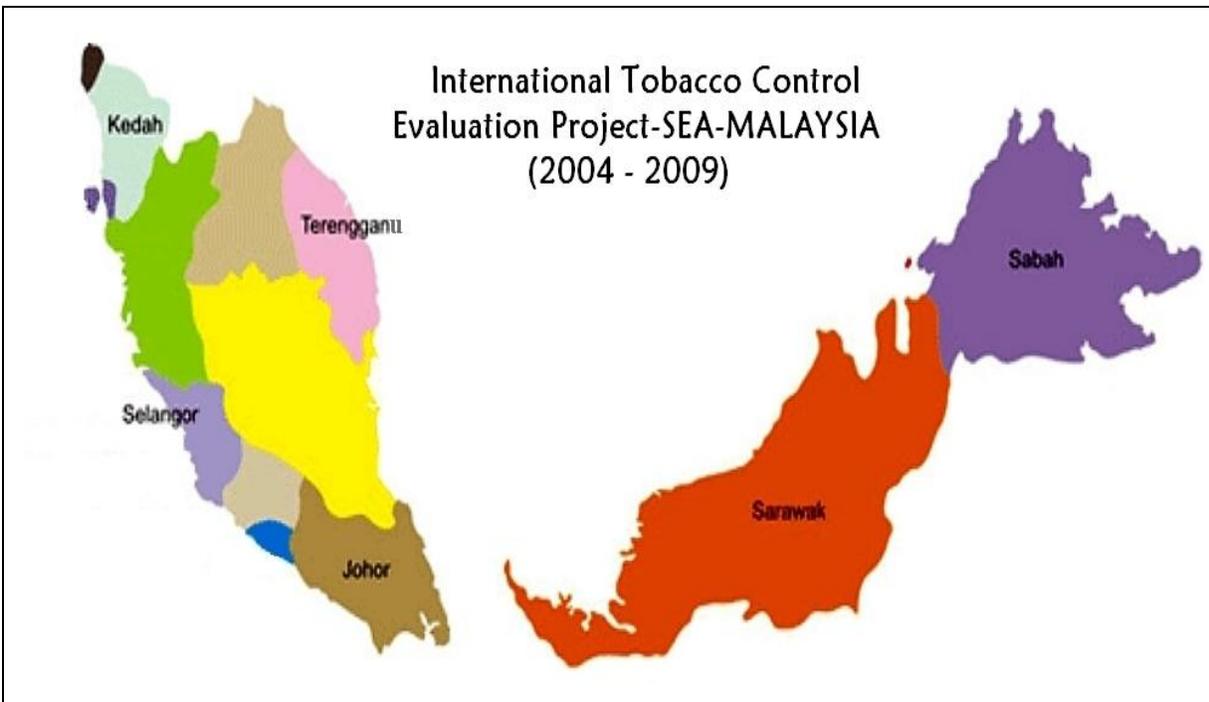
### Target Population

Eligible adult respondents in each country included youth smokers and non-smokers between the ages of 13 and 17, as well as adult smokers and, in Malaysia, non-smokers) 18 years of age and older. Individuals in jail and those living in institutions were ineligible for the survey. In Malaysia, a maximum of 4 respondents were selected from each household (one female adult smoker, one male adult smoker, one adult non-smoker, and one youth respondent). Respondents were drawn from six states in Malaysia, one state per zone:

- Kedah
- Selangor
- Johore
- Terengganu
- Sabah
- Sarawak

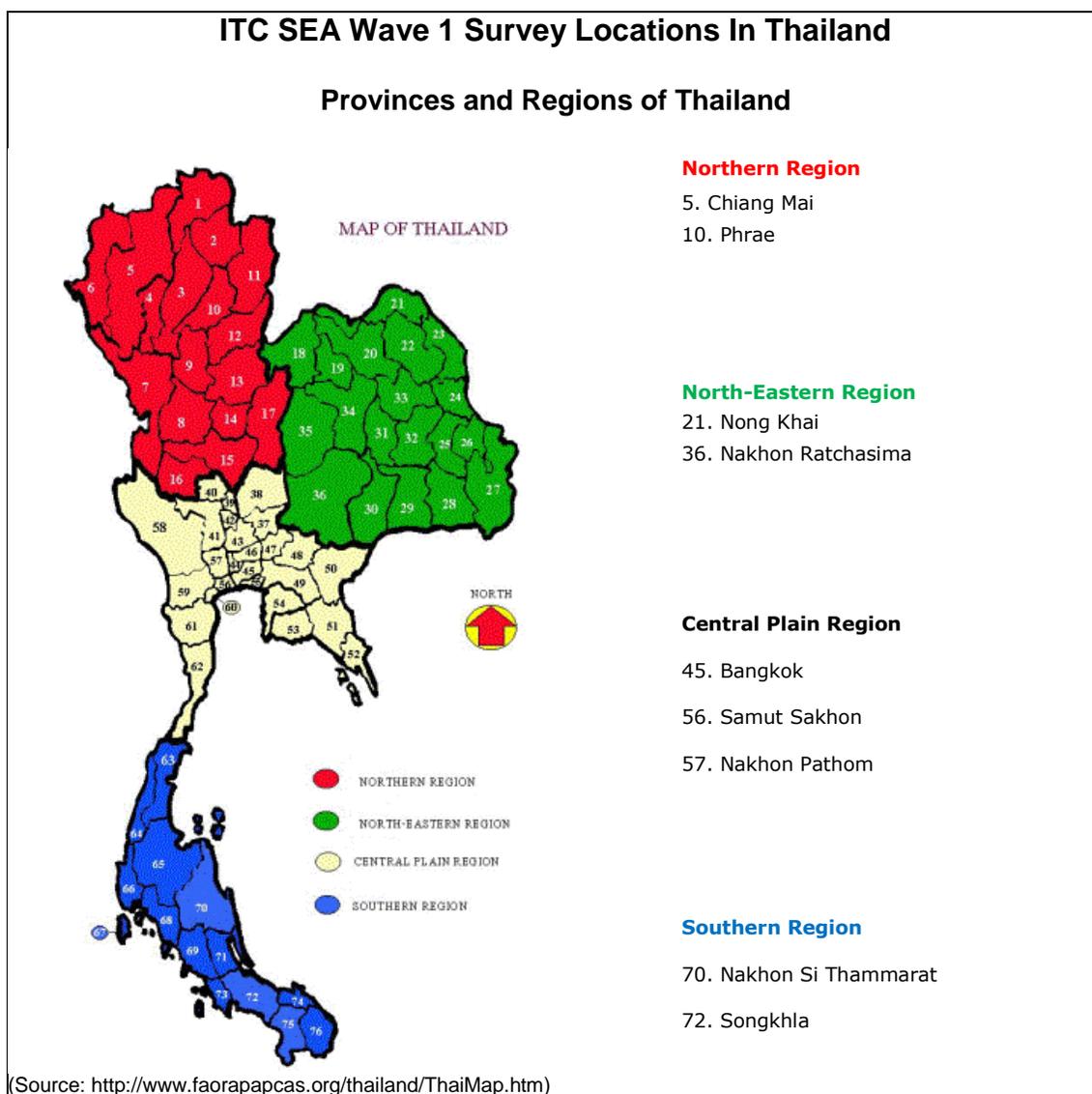
### ITC SEA Wave 1 Survey Locations in Malaysia

#### States in Malaysia



In Thailand, a maximum of 3 respondents were selected from each household (one female adult smoker, one male adult smoker, and one youth respondent). Respondents were drawn from:

- Northern Region
  - Chiang Mai
  - Phrae
- North-Eastern Region
  - Nong Khai
  - Nakhon Ratchasima
- Central Plain Region
  - Bangkok
  - Samut Sakhon
  - Nakhon Pathom
- Southern Region
  - Nakhon Si Thammarat
  - Songkhla



## Sample Size

The sample was designed to include in each country:

- 2,000 Adult Smokers (aged 18 years+, smoke at least weekly)
- 1,000 youths (aged 13-17, both smokers and non-smokers)

In Malaysia the sample was designed also to include:

- 1,500 Adult Non-smokers (aged 18 years+, smoke less than weekly or not at all)

The achieved adult smoker sample consisted of 2000 from Thailand (1846 men and 154 women) and 2004 from Malaysia (1906 men and 98 women). As well, 1560 non-smokers were sampled from Malaysia. The youth sample consisted of 1000 youth between the ages of 13 and 17 from Thailand (522 boys and 478 girls) and 1009 youth from the same age group in Malaysia (495 boys and 514 girls).

## Stages of Sampling

In each country the sampling scheme for households was a stratified multi-stage design, with inclusion probabilities proportional to size at the first few stages in each stratum. The next-to-last stage units were clusters of dwellings, each cluster having a quota of adult smokers, youth and (in Malaysia) adult non-smokers to be filled. For details see Appendix A.

## Eligible Types of Dwellings

### Private Homes

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

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

### Private Home AND Business

A private home and business is any dwelling that serves both as a business and the usual place of residence, such as in the case of a business operating out of the home.

### Dwellings Not Eligible

Surveys were not conducted in dwellings that are Businesses only or with individuals living in Institutions, such as hospitals, nursing homes, jails, or religious institutions.

### Definition of a Household

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

1. one person living alone

2. a family sharing the same dwelling
3. a group of people who are not related but share the same dwelling

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

## 3. Protocols and Quality Control

### Collection Methods

Data were collected through household surveys.

- Adults responded to a “face-to-face” survey.
- Youth completed a self-administered (paper and pencil) questionnaire.

### Main Components of the Survey

The ITC Survey protocol consisted of four main steps:

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

### Length of the interview

The interview for the survey took a total of approximately 50 minutes to complete for adult smokers, 30 minutes for adolescents, and 10 minutes for non-smoking adults.

### Attempts to Enumerate

A maximum of 4 attempts were made to enumerate each household.

### Participant Gift / Remuneration

In Malaysia, as a token of thanks for completing the longer surveys, adult smokers and youth participants received a gift (a t-shirt) in exchange for their time. (Adult non-smokers in Malaysia did not receive a t-shirt given the short duration of their survey.) In Thailand, adult smokers received 300 Baht and youth participants received 150 Baht. In some Thai provinces, community leaders and village headmen were sought out for their help and cooperation. They accompanied the team during the fieldwork. A token amount of USD30.00 (approximately 985 Baht) was given to each leader or village headman for their assistance.

### Private interviews

Adult participants were interviewed alone whenever possible. If another person insisted on being present, the agreement of the respondent was necessary in order to proceed with the interview. Adolescents completed the questionnaire in private.

## **Proxy Interviews**

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

## **Respondent Not Available**

If a respondent was unavailable, an appointment time (hard appointment) was made to interview that respondent.

## **Fieldwork Teams**

Fieldwork teams consisted of several interviewers working in teams of two, as well as a Field Supervisor. (Interviewers were instructed to work in pairs at all times, for reasons of safety and efficiency.) There were a total of 75 interviewers and 17 Field Supervisors in Malaysia, and 36 interviewers and 5 Field Supervisors in Thailand. The number of interviewers and Field Supervisors assigned to each stratum varied according to the size of that stratum.

In Thailand, the Field Supervisors reported to the principal investigators at the Institute for Population and Social Research, Mahidol University. The principal investigators paid monitoring visits to the field. In the rural region, field supervisors approached community leaders and village headmen before and during the survey fieldwork to seek permission and gather support to contact village people for the study. Before the survey, a letter is sent to a village to request the community leader or village headman to prepare household listing of his/her village as well as to inform the villagers about the survey work. The role of the community leaders or village headmen was to ask their villagers to provide full cooperation to the survey interviewers. The significant assistance provided by the community leaders and village headmen contributed enormously to the success of gathering information from the rural region.

In Malaysia, Health Officers and Health Inspectors from the Ministry of Health (MOH) assisted in transporting the data collectors to the field sites (using MOH vehicles). In some areas, e.g in Selangor, Health Inspectors helped with the scouting /searching for addresses prior to interviews. Staff from the Poison Centre at USM were sent to each of the states to provide quality checks and to collect the completed questionnaires. The investigators at USM traveled to each of the states to check on progress and motivate the staff. At other times, updates of progress were provided daily to investigators of the team at USM via phone calls.

## **Monitoring & Quality Assurance**

To ensure the accuracy and quality of the ITC survey, the field work was monitored in several ways.

The Field Supervisor travelled with each interview team and provided regular feedback to the interviewers. The Field Supervisor ensured that the survey protocol and data collection standards were being closely followed. Field Supervisors could monitor interviews and provide regular feedback to interviewers.

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

## Identification Numbers

Field supervisors were instructed to ensure household and respondent identification numbers were being properly filled out.

## Progress Reports

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

Thus the Field Supervisors were responsible for providing regular updates to the investigator teams, and for consulting with the investigators on problems encountered (e.g. sample cluster turned out to be non-existent, or permission to sample in selected area denied).

## Interviewer Training

In Thailand, training of interviewers and field supervisor took place over four days. Interviewers were trained in the objectives of the study, sample selection, survey procedures, questionnaire contents, interviewing methods and ethical procedures during the first two days. On the third and fourth days interviewers received training in interviewing under field conditions. In Malaysia, a similar program of training was designed to be carried out in 3 to 4 days with the field workers in each selected state.

## Interviewing Aids

In some cases, the response options are the same for several questions in a row. "Response cards" were provided that could be shown to respondents to save time and to facilitate ease of interviewing. For example, there were several questions which asked the respondents the intensity of their attitudes.

## Household Enumeration

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

## Identifying Eligible members

There were three or four different categories of eligible respondents in a household

- 1) Adult Male Smokers
- 2) Adult Female Smoker
- 3) Adult Non-smokers (in Malaysia)
- 4) Youth

## Selection of household members

In a case of more than one eligible household member in a category, one of these was selected using a randomization technique, the Kish Grid. See Appendix B. Substitutions were permitted only for selected household members who would be absent during the entire fieldwork period at the survey location, or could not speak the language of the survey, or for problems of physical or mental health were unable to participate.

### **Information and Consent**

Once a respondent was selected, the information letter was provided and the consent form administered.

### **Handling Multiple Respondents at the Same Time**

Generally, if a youth respondent was selected and available, one interviewer started the youth respondent on the survey, while the other dealt with the adults. Once the youth respondent began to fill out the questionnaire, the second interviewer could return to survey a second adult. An interviewer could not interview two adults at the same time.

### **Language**

The survey was conducted in the Thai language in Thailand, and in Malay or English in Malaysia. Potential respondents were ineligible if they were not able to be interviewed in one of the languages of the survey. Some problems were encountered with expressing some of the questions in local dialect in Malaysia, e.g. questions with the word “encourage”.

### **Training Manuals**

An English manual on how to enumerate a household and conduct a survey interview were written to train survey interviewers before the survey fieldwork begins. The English language manual was translated into Malay for Malaysia and Thai for Thailand.

## 4. Disposition Codes and Response Rates

### 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 4<sup>th</sup> visit. (A maximum of 4 attempts were made to enumerate each household.) See the first page of the Household Enumeration Form in Appendix B.

- 1 Could not find
- 2 Vacant Dwelling/Lot
- 3 Not a Household (e.g. Business)
- 4 Threat to Safety
- 5 No Contact – Weather Conditions
- 6 No Answer – 4 Attempts
- 7 No Answer – Survey Period Ends
- 8 Household Refusal
- 9 Language Barrier
- 10 Enumeration Prevented for Other Reasons (specify)
- 11 Enumerated

### Outcome Codes: Individual

Individual outcomes codes were to be assigned to EVERY ONE ENUMERATED FOR THE SURVEY ON THE HOUSEHOLD ENUMERATION FORM. See the second page of the Household Enumeration Form in Appendix B.

- 15 Not Selected
- 16 Incomplete
- 17 Refusal
- 18 Proxy Refusal
- 19 Absent for Survey Period
- 20 Language Barrier
- 21 Health/Mentally Incapable
- 22 Missed (after 4 attempts)
- 23 Complete

### Respondent ID

The Respondent ID is a combination of the long ID written on page 1 of the Enumeration Form + the LQ (Dwelling ID) + the respondent ID.

### Response Rate Calculations

In Thailand, only forms for which at least one successful interview was completed were retained. In Malaysia, enumeration data were retained for all households, but resources have not so far been available to enter them. Thus response rates have not been calculated. The following are the calculations which would be used if the data were available.

Region	Frame sample	Contacted	Not eligible	Non-response	Interviewed
Bangkok		460	144	55	261
North-East		1824	844	62	918
North		692	250	0	442
Central		813	258	0	555
South		418	71	53	294
Total		4207	1567	170	2470

Household accessibility rate:  $(6+7+8+9+10+11)/(1+4+5+6+7+8+9+10+11)$

Household contact rate:  $(8+9+10+11)/(6+7+8+9+10+11)$

Household enumeration rate, given contact:  $(11)/(8+9+10+11)$

Household agreement rate, given contact:  $11/((8+11))$

Individual response rate, given selected:  $23/(16+17+18+22+23)$

In Malaysia, these would be of interest by ethnicity; in both countries, they would be of interest by region.

Summary data on household dispositions for the two countries are as follows:

No contact rates are available from Wave 1 in Thailand. The table above shows a relatively high rate of eligibility of households ( $2640/4207 = 0.628$ ) and a high household cooperation rate ( $2470/2640=0.936$ ). The combined eligibility and cooperation rate was  $2470/4207=0.587$ .

## Household dispositions in Malaysia

Note: In Malaysia, the counts for the EBs where no maps or addresses were available are not included.

State	Frame sample	Contacted			Interviewed
Johore	1601	1352			524
Kedah	1588	1451			425
Selangor	3330	2819			918
Terengganu	1829	1489			435
Sabah	960	839			290
Sarawak	900	747			229
Total	10208	8697			2821

The contact rate in Malaysia from the table above was  $8697/10208=0.852$ . The eligibility counts are not available, but the combined household eligibility and cooperation rate was  $2821/8697= 0.324$ . The combined rate is substantially lower in Malaysia than Thailand, reflecting a more urbanized and heterogeneous population.

Note that the number of households interviewed in Malaysia was higher, as is expected because adult non-smokers as well as smokers were eligible at the beginning of fieldwork.

## 5. Weight construction

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

### Computation of household weights HWT

Step H1: For each enumerated household, a cluster (ED or VI) level (Thailand) or enumeration block (EB) level (Malaysia) weight  $HW1$  has been computed.

In Malaysia,

$$HW1 = H_{EB} / h_{EB}$$

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

Similarly, in Thailand, including Bangkok

$$HW1 = H_{ED} / h_{ED} \text{ (urban)} \quad \text{or} \quad H_{VI} / h_{VI} \text{ (rural)}.$$

Note: This step requires that the number of households in the cluster or EB be known, at least approximately. Where it was necessary to implement a random walk sampling scheme, as occasionally happened in Malaysia, the number has had to be estimated. In the absence of an estimate from the fieldworkers, we have taken  $H_{EB}$  to be an average number of households per EB for the community (CD), where available.

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

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

In Malaysia,

$$HWT = N_{ruralS} \times HW1 / (nn \times H_{EB} \times NUMBAR)$$

or

$$HWT = N_{urbanS} \times HW1 / (nn \times H_{EB} \times NUMBAR)$$

where  $NUMBAR = (\sum_{AD} (HW1 \times NUM)) / \sum_{AD} HW1$ ,

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

$$nn = n_{AD} \times n_{EB}$$

where  $n_{AD}$  is the number of districts taken from the rural part or the number of cities taken from the urban part of the state;  $n_{EB}$  is the number of  $EB$ s sampled in the  $AD$ .

For each enumerated household in Bangkok,

$$HWT = HW1 \times (\sum_{dis} N_{ED,dis} / \Pi_{dis}) / n_{ED}$$

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

$$\Pi_{dis} = 13 \times N_{dis} / N_{Bangkok}$$

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

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

$$HWT = HW1 \times N_{urbanP} / [N_{ED} \times nn]$$

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

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

Note that for Malaysia, raw prevalence estimates in a state can be computed by taking the sum over all enumerated households in the state of the number of people in the household in each refined category: male adult smoker, male adult non-smoker, female adult smoker, female adult non-smoker.

For Thailand, we do not have the same kind of prevalence estimates from Wave 1, since non-smokers are not part of the sample.

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

Step I1: Each interviewed individual has been given a household level weight  $W1$ . This is interpreted as the number of people in the same household in the same sampling category.

In Malaysia:

- 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
- for an adult non-smoker,  $W1$  is the number of adult non-smokers in the same household
- for an adolescent aged 13-17,  $W1$  is the number of adolescents aged 13-17 in the same household.

Note:  $W1$  as defined above does not necessarily sum within the household to the number of people aged 13 and over in the household, since there may be one or more sampling categories present from which no one was interviewed.

In fact, we have capped the value of  $W1$  at 2 to reduce the potential variability of the weights. Step I1a ensures that each individual still represents a correct number at the EB level.

In Thailand, let  $W1 = 1$  for each respondent. This is correct whenever the respondent is the only eligible person in his/her sampling category in the household. It is too low when the respondent has been selected as one of several. However, complete data for the adjustment were not available at the time of calculation.

Step I1a: Each interviewed individual in Malaysia has been given an adjusted household level weight  $W1a$ . This adjustment guarantees that the prevalence estimates based on the HWTs and on the final individual weights will be the same.

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

Let  $W1AMS_{EB}$ ,  $W1AFS_{EB}$ ,  $W1AMNS_{EB}$ ,  $W1AFNS_{EB}$  and  $W1Y_{EB}$  be respectively the sums of  $W1$  for all interviewed adult male smokers, adult female smokers, adult male non-smokers, adult female non-smokers and adolescents in the EB.

- for an adult male smoker,  $W1a$  will be given by

$$W1a = AMS_{EB} \times W1 / W1AMS_{EB}$$

- similarly for the other refined categories

In one stratum, Sarawak rural, this step resulted in a large increase in weight variability, and we therefore set  $W1a = W1$  in that stratum.

Step I1a is not applicable in Thailand. For Thailand,

$$W1a = W1.$$

Step I2: Each interviewed individual has been given a preliminary state or province level weight  $W4$ . For an individual in a rural area  $W4$  will be thought of as the number of people in the same state or province in rural areas and the same refined category represented by that individual. Similarly, each interviewed individual in an urban area has been given a state or province/Bangkok level weight  $W4$ .

This will be thought of as the number of people in the same state or province/Bangkok in urban areas and the same refined category represented by that individual. The weight  $W4$  is given by

$$W4 = HWT \times W1a.$$

Calibration of individual weights at the state or province level

Step C1: For Malaysia, each interviewed individual in an urban area has been given a calibrated state-level weight

$$W4a = W4 \times N_{urbanS,dem} / W4_{urbanS,dem}$$

where  $N_{urbanS,dem}$  is the known number of people in the urban part of the state with same gender and age category (adult vs youth) as the individual, and  $W4_{urbanS,dem}$  is the sum of the  $W4$  weights for interviewed individuals in the urban part of the same state, with same gender and age category (regardless of smoking status).

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

$$W4a = W4 \times N_{ruralS,dem} / W4_{ruralS,dem}$$

where  $N_{ruralS,dem}$  is the known number of people in the rural part of the state with same gender and age category (adult vs youth) as the individual, and  $W4_{ruralS,dem}$  is the sum of the  $W4$  weights for interviewed individuals in the rural part of the same state, with same gender and age category (regardless of smoking status).

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

$$W4a = W4.$$

Raising of individual level weights to the zone or region level

Step I3: Each interviewed individual has been given a zone or region level weight  $W6$ . This represents the number of people in the same stratum and the same refined category represented by that individual. (This weight  $W6$  is a last-stage “basic” survey weight for the individual, in the sense that  $W6$  can also be thought of as the number of people in the entire country represented by that individual.)

In Malaysia, urban parts,  $W6$  is

$$W6 = N_{urbanZ,dem} \times W4a / W4a_{urbanZ,dem}$$

where  $N_{urbanZ,dem}$  is the known number of people in the urban part of the zone with same gender and ethnicity and age category (adult vs. youth) as the individual, and  $W4a_{urbanZ,dem}$  is the sum of the  $W4a$

weights for interviewed individuals in the urban part of the same zone, with same gender and ethnicity and age category (should be same as  $N_{urbanS, dem}$  above).

In Malaysia, rural parts, W6 is

$$W6 = N_{ruralZ, dem} \times W4a / W4a_{ruralZ, dem}$$

where  $N_{ruralZ, dem}$  is the known number of people in the rural part of the zone with same gender and ethnicity as the individual, and  $W4a_{ruralZ, dem}$  is the sum of the  $W4a$  weights for interviewed individuals in the rural part of the same zone, with same gender and ethnicity (should be same as  $N_{ruralS, dem}$  above).

In Thailand, we have first calculated W5, which is  $W4a$  in the case of Bangkok, and which in the cases of the provinces is

$$W5 = W4a \times N_{region} / (2 \times N_{province}),$$

where the  $N$  variables are population sizes used in the probability proportional to size sampling.

Then for an adolescent, W6 is given by

$$W6 = N_{region,y} \times W5 / W5_{region,y}$$

where  $N_{region,y}$  is the number of adolescents in the region (or Bangkok) and  $W5_{region,y}$  is the sum of W5 over adolescents in the sample in the region.

For an adult smoker,

$$W6 = N_{region,smokdem} \times W5 / W5_{region,smokdem}$$

where  $N_{region,smokdem}$  is the number of adult smokers in the region (or Bangkok) with the same gender as the respondent, and  $W5_{region,smokdem}$  is the sum of the W5 over sampled adult smokers in the region with the same gender as the respondent.

## Rescaling

Finally, the weights in the two countries have been rescaled within each sampling category (youth, adult smokers, adult non-smokers) to sum to national sample sizes, for use in pooled analyses.

The formula used for each country is as follows:

$$\text{Rescaled weight } RWT = n_c \times W6 / (\sum_c W6),$$

where  $n_c$  is the actual (i.e. unweighted) size of the country subsample for the sampling category, and  $\sum_c W6$  denotes a sum over that subsample of the original weights.

A similar rescaling is applied to the state level weights in Malaysia.

#### Note on ethnicity calibration in Malaysia

Malaysia has a large non-Malay population in some urban areas. Because of the clustered nature of the sampling plan and differential response rates, the different ethnic groups (Malay, Chinese, Indian and Other) were not sampled in proportion to their numbers, either at the state level or the zone level. For descriptive purposes we have calibrated the final individual weights ( $W_6$ ) by ethnicity as well as by gender and age category. However, because the ethnicity calibration adds a great deal to the variability of the weights, we have not used ethnicity in calibrating the state level weights.

In modeling, we recommend using the final rescaled weights for Thailand, and the rescaled state level weights in Malaysia, and always entertaining ethnicity as a variable in the analysis.

#### References

**ITC SEA Wave 1 Training Manual in English.**

**ITC SEA Wave 1 Training Manual for Thailand (translated into Thai).**

**ITC SEA Wave 1 Training Manual for Malaysia (translated into Malay).**

#### **References for Thai population and smoker data:**

Population Data: 1% sample of the 2000 Thailand Housing and Population Census

Smoking data: The 2004 Survey of Cigarette Smoking and Alcoholic Drinking Behaviour. National Statistical Office, Ministry of Information and Communications Technology.

#### **Reference for Malaysia population data:**

Department of Statistics Malaysia. Population and housing census of Malaysia 2000: Population distribution and basic demographic characteristics. Kuala Lumpur: Department of Statistics Malaysia, 2001.

## Appendix A: ITC- SEA Sampling Plan

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

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

In Malaysia, two urban districts and two rural districts were selected within each state with probability proportional to size, and each pair of districts was pooled. In Thailand, "districts" were taken to coincide with the urban and rural sections of the provinces. In each country, sub-districts and communities were selected within urban and rural districts, with probability proportional to population size. Each selected last-stage unit was divided conceptually into clusters of size about 300 dwellings, and sampling of these provided a total of about 125 sampled clusters in each country. Each cluster was given a quota of about 16 adult smokers, and a corresponding quota of non-smokers and youth. In Malaysia, the basis of the frame was provided by the Ministry of Health, and where necessary, the cluster quotas were divided among several sub-clusters or Enumeration Blocks (EBs) of 80-120 dwellings each. A sample of 30 addresses was taken from each EB.

Households were selected within each EB or cluster using systematic sampling methods in Malaysia and enumeration followed by simple random sampling in Thailand. Sampling within a cluster proceeded until the respondent quota in each sampling category was filled. Once a potentially eligible household was identified and contacted, interviewers enumerated all household members. In Thailand, a maximum of 3 respondents were selected from each household: one female adult smoker, one male adult smoker, and one youth respondent. In Malaysia, one adult non-smoker per household was also surveyed, for a maximum of 4 respondents per household. In households with more than one eligible respondent per quota cell, respondents were randomly selected by using a variant of the Kish Grid.<sup>1</sup>

Complete disposition counts are not available for attempts to enumerate households and interview individuals. However, summaries of field reports give some indication of success rates. In Thailand, 4207 households were contacted and 2470 yielded interviews, for a combined eligibility and cooperation rate of  $2470/4207 = 0.587$ ; in Malaysia, the same calculation gives a combined eligibility and cooperation rate of  $2821/8697 = 0.324$ , reflecting a more urbanized and heterogeneous population.

### Data collection

Adult respondents were interviewed face-to-face, in interviews taking about 50 minutes for smokers and 10 minutes for non-smokers.

Youth respondents completed a 30-minute self-administered (i.e., paper and pencil) questionnaire. In Malaysia, questionnaires were available in either English or Malay; in Thailand, all respondents completed surveys in Thai. Youth respondents were instructed to complete the survey in a "private area" to ensure privacy from family members, and were instructed to seal the survey in an envelope in order to maintain confidentiality and to encourage truthful reporting. Parental permission and youth consent were ascertained prior to surveying. Youth respondents were provided with a t-shirt in

appreciation for their time.

The surveys were conducted between January and March 2005. In Malaysia, the study was administered by experienced interviewers from the Ministry of Health and from the National Poison Centre (University Sains Malaysia); fieldwork in Thailand was completed by experienced interviewers from the Institute for Population Health Research (University of Mahidol). All survey questions and study procedures were standardized as far as possible across the two countries. Additional information on the research design and survey methodology is available.

## References

The following table sets out the preliminary “theoretical” design.

Country	Malaysia	Thailand
Cluster quotas (approximately; can be adjusted so that overall quotas are met)	16 adult smokers; 8 adolescents; 12 adult non-smokers About 3 “enumeration blocks” per cluster, each with a quota of 5 or 6 adult smokers, 3 or 4 adult non-smokers, 2 or 3 youth	16 adults; 8 adolescents:
Approximate number of clusters	2000/16=125 clusters; 400 EBs	2000/16=125
Primary stratification	6 Zones, each with 1, 2 or 3 states	4 Regions, Bangkok; each region divided into provinces
Stratum representatives	1 state per zone, selected with probability proportional to population size	2 provinces per region; Bangkok itself
Secondary stratification	Urban/rural within zones; 12 altogether	Urban/rural within selected provinces; 8 plus 1 for Bangkok
Sample allocation to strata for adult smokers (total 2000)	Number of individuals proportional to population size	Number of individuals proportional to population size
Stratum allocations (numbers of adult smokers); non-Bangkok	1U 165, 1R 105; 2U 410, 2R 250; 3U 230, 3R 140; 4U 185, 4R 115; 5U 135, 5R 85; 6U 110, 6R 70	NorthU 76, NorthR 294, NEU 116, NER 564, CentU 164, CentR 312, SouthU 60, SouthR 204
Allocation to Bangkok	N/a	210
Pseudo-PSUs	Two urban districts (cities) selected within each state (except for Zones 3 and 4 which have only one each) with probability proportional	Urban and rural parts of selected provinces; Bangkok; 8 + 1 in all

	to size. Two rural districts selected within each state with probability proportional to size, then pooled. 10 urban; 6 rural	
Sample allocation to PSUs	Same as sample allocation to corresponding strata	Same as sample allocation to corresponding strata
Secondary sampling units: rural	2 or 3 subdistricts selected within each pseudo-PSU, with probability proportional to size (Ethnic composition of the rural part of the sample checked)	2 districts selected within each pseudo-PSU, with probability proportional to size
Secondary sampling units: urban, non-Bangkok	2 enumeration districts selected within each selected city in Zones 1, 2, 5, 6 using probability proportional to size; 4 enumeration districts selected within each selected city in Zones 3, 4 with probability proportional to size.	4 districts selected within each pseudo-PSU, with probability proportional to size
Number of cities visited, non-Bangkok	10	8
Secondary units: Bangkok	N/a	13 enumeration districts, selected with probability proportional to size
Tertiary sampling units: rural	2 communities selected within each secondary sampling unit, with probability proportional to size	2 tambons selected within each secondary sampling unit, with probability proportional to size; except in NE rural part, where 4 tambons per SSU are taken
Number of communities: rural	24	20
Division into clusters (urban and rural)	Divide each selected last-stage unit into clusters of size about 300 dwellings, made of 3 EBs of 80-120 dwellings each.	Divide each selected last-stage unit into clusters of size about 300 dwellings.
Selection of clusters: rural	Select 3n EBs in each tertiary unit at random, where n is approximately the PSU sample allocation divided by 64. Values of n are 1R 1 or 2; 2R 4; 3R 2; 4R 2; 5R 1; 6R 1	Select n clusters in each tertiary unit at random, where n is approximately the PSU sample allocation divided by 64. Values of n are NorthR 4 or 5; Ner 9; CentR 5; SouthR 3. Alternative: take 4

		communities in NER, with 4 or 5 clusters in each.
Number of rural clusters	About 47	About 86
Selection of clusters: urban , non-Bangkok	Select 3n EBs in each secondary unit at random, where n is approximately the PSU sample allocation divided by 64. Values of n are 1U 2 or 3; 2U 6 or 7; 3U 3 or 4; 4U 3; 5U 2; 6U 2	Select n clusters in each secondary unit at random, where n is approximately the PSU sample allocation divided by 64. Values of n are NorthU 1; NEU 2; CentU 2 or 3; SU 1
Number of urban clusters, non-Bangkok	About 78	About 26
Selection of clusters: Bangkok	N/a	Select 1 cluster at random in each selected ED; 13 clusters altogether; sample size 13x16 approx 210.
Household sampling	For each selected cluster, select 1 in 4 dwellings systematically and interview until quotas are filled	For each selected cluster, list the dwellings in random order and interview until quotas are filled

The essentials of this design were carried out in both countries. In Malaysia, the final sample included households from 265 urban EBs (88 "clusters") and 143 rural EBs (48 "clusters"). In Thailand, the final sample included households from 13 clusters in Bangkok, 28 urban clusters outside Bangkok, and 87 rural clusters.

### Departures from the original design: Malaysia

In some cases, despite covering all the 30 sampled addresses within an EB it was not possible to fill the quota of 5 or 6 adult smokers. For example, one EB in Miri, Sarawak contained only 2 adult smokers, due to a low prevalence of smoking) and another in Kedah contained only 4 adult smokers). In those cases it was decided to increase the quota in other selected EBs within the sub district by one or two adult smokers.

In certain other areas, very high refusals within the 30 sampled addresses made it impossible to complete the quota. In those cases it was decided to sample other addresses within the same EB where possible.

A few EBs with security problems (e.g terrorism) or occupation predominantly by non-citizens were replaced with new EBs. Similarly, EBs where it turned out that the residential part had been completely demolished, EBs which were completely flooded, and EBs that turned out to be very remote (many hours away on foot or by boat) were replaced with new EBs.

In EBs with no housing maps, (e.g Batu in Selangor), a walk with random starting point, and random choices when turning points were reached, was carried out, and one in four dwellings sampled systematically.

A difficulty was encountered in an urban area in the state of Selangor namely USJ in the Municipality of Subang Jaya, an upper middle class urban community. The team had randomly selected 32 EBs from this area, from which they had planned to select: 170 smokers, 128 non-smokers, 85 adolescents. After covering 30 EBs, they had managed to obtain 107 smokers, 109 non-smokers and 64 adolescents, even after taking additional addresses within each EB. The smoking rate was low, and the rate of refusal relatively high in this area. With no time to obtain maps of additional EBs, it was decided to turn to non-selected housing areas in the same municipality using the "random walk" method described in the previous paragraph. These housing areas were comprised of well organized building blocks of double storey terrace houses or apartments.

Other difficulties which did not lead to departures from the design were also noted. There were some problems entering dwellings in the states of Johore and Selangor, especially those of Chinese households. Possible reasons included preparations for the Chinese New Year Festival, and confusion with an anti dengue program going on at the same time. (The fieldworkers were using MOH vehicles.) Searching for rural dwellings was sometimes found to be difficult as the houses were scattered far apart without proper sign boards to the places. It was necessary to ask local people (including local children) to point out the houses and the roads.

### **Departures from the original design: Thailand**

In Bangkok one cluster had to be changed as the cluster consisted of one very large dormitory. Permission to enter the dormitory was not provided. There fore an adjacent cluster was randomly selected as a substitute. In two clusters, one in Bangkok and one in the South, only 6 eligible adolescent respondents could be interviewed. In each case an additional two adolescents were sampled from a nearby cluster that had already been sampled for the study.

In four of the eight selected provinces, only one urban district was available for selection. In the remaining four pseudo-PSU, two urban districts were selected with probability proportional to size.

During fieldwork 3 urban clusters that should have been included in the sampling frame were inadvertently excluded (2 urban clusters in Ban Pwae district of Samut Songkhran and 1 urban district in Hat Yai district of Songkhla). This mistake was not discovered until after the completion of fieldwork. The number of completed urban interviews, by region, was close to that targeted even with the dropped clusters because of the rounding up of the required clusters within regions.

In the Northern, Central and Southern regions, 2 tambons (sub-districts) were selected within each secondary sampling unit, with probability proportional to size. In the Northeast, 4 tambons were selected in each SSU, except for Pho Tak district of Nong Khai province, in which there were only 3 tambons. In this district, all 3 tambons were selected.

In the North, Northeast and Central Regions two villages were randomly selected from each tambon. Where the target number of villages to be selected in a region was greater than the number obtained from selecting two villages per tambon, extra villages were allocated by randomly selecting sampled tambons and randomly allocating additional villages. Therefore, some tambons had three villages sampled. In the South, the number of targeted villages was allocated to tambons within regions by probability proportional to size.

## Appendix B: Household Enumeration Form and Kish Grid Instructions

### SELECTION OF PARTICIPANTS FROM A HOUSEHOLD USING THE KISH GRID

(These instructions and the example are for Malaysia; the Thailand document is similar.)

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

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

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

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

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

In the example below, for Malaysia, consider each of the 4 categories in turn. (Suppose no quotas are filled.)

- 1) You select “R” for certain, since he is the only male adult smoker.
- 2) There are no female adult smokers.
- 3) You must choose between “O” and “Y” for the adult non-smoker. Since there are two, you take row #2 of the grid. Since the first adult age, namely the age of “R”, ends in 3, you take column #3 of the grid. The entry in row #2, column #3 is 2. Thus you select “Y”, who is listed second among adult non-smokers. You now put an X beside the age of “R”.
- 4) You must choose between “B” and “I” for the adolescent. Again you look at row #2, since there are two adolescents to choose from. The next adult age is that of “O”, and the last digit is 5. Thus you take column #5 of the grid. The entry in row #2, column #5 is 1. Thus you select “B”, who is listed first among the adolescents.

You have now selected “R”, “Y”, “B”.

Household Enumeration Form for Malaysia (in Malay)

**BORANG A PENILAIAN KEMPEN 'TAK NAK' DAN TINJAUAN POLISI PENGAWALAN**  
**TEMBAKAU ANTARABANGSA**  
**BORANG SOAL SELIDIK ISIRUMAH**

Borang Lengkap:   
 ID Penemubual:  -

1

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

Maklumat Untuk berhubung:  
 Nama Ketua Isirumah: \_\_\_\_\_ Jumlah ahli dalam isirumah:   
 Alamat: \_\_\_\_\_ Poskod: \_\_\_\_\_  
 Telefon Rumah:   H/P:    
 Nama Pemberi Maklumat: \_\_\_\_\_

2

**REKOD LAWATAN – PERINGKAT ISIRUMAH (DIISI SELEPAS TEMUBUAL)**

Bil. Lawatan	Tarikh	Masa	Komen	Temujanji	
				Tarikh	Masa
1				-	-
2					
3					
4					

3

**Etnik (Bulatkan):**

- 1 Melayu
- 2 Cina
- 3 India
- 4 Lain-lain
- 5 Tidak Pasti

4

**Kod Keputusan Akhir Isirumah (Bulatkan 1 sahaja):**

1 TK tidak dapat dikesan	7 Tiada jawapan (tempoh kajian tamat)
2 TK kosong	8 Isirumah enggan bekerjasama
3 Bukan TK (cth. perniagaan)	9 Masalah bahasa
4 Ancaman keselamatan	10 Lain-lain sebab (nyatakan) _____
5 Masalah cuaca	11 Berjaya menemuramah isirumah
6 Responden gagal dihubungi (selepas 4 kali lawatan)	

5

**JIKA ISIRUMAH ENGGAN BEKERJASAMA:**

i) Berapa orangkah yang berumur 18 tahun ke atas dalam rumah ini?	
ii) Berapa orangkah antara mereka yang merokok sekurang-kurangnya sekali dalam seminggu?	

Kish Grid for Malaysia (in Malay)

**BORANG B**

**BORANG PEMILIHAN RESPONDEN**

TK:

No	NAMA DEWASA* (Berumur 18 tahun dan ke atas)	Umur	Jantina L / P	Status Merokok P / BP	Dipilih Y / T	Komen	Kod
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
NAMA REMAJA (Berumur 13 – 17 tahun)							
1				TB			
2				TB			
3				TB			
4				TB			
5				TB			

\*Bulatkan nombor pemberi maklumat

TB – Tidak berkaitan

7	Bilangan kanak-kanak berumur 5 tahun ke bawah dalam rumah ini.	
	Bilangan kanak-kanak berumur antara 6-12 tahun dalam rumah ini.	

ID Responden	Bil. Yang Layak	Kategori*	Nama Responden Yang Terpilih	Temubual Selesai (✓)	ID Penemubual
1		PL			
2		PP			
3		BP			
4		R			

\* PL – Perokok Lelaki; PP – Perokok Perempuan; BP – Bukan Perokok; R - Remaja

**KISH GRID**

No	1	2	3	4	5	6	7	8	9	0
1	1	1	1	1	1	1	1	1	1	1
2	1	2	2	1	1	2	2	1	1	2
3	3	1	2	3	2	3	1	1	2	3
4	1	2	3	4	2	3	4	1	2	3
5	3	4	5	1	2	3	4	5	1	2

10	<b>Kod Keputusan Akhir Individu: (Bulatkan 1)</b>
	15 Tidak terpilih
	16 Tidak lengkap
	17 Enggan bekerjasama
	18 Tidak mendapat kebenaran keluarga
	19 Tiada di rumah dalam tempoh kajian
	20 Masalah bahasa
	21 Masalah kesihatan / mental
	22 Dikecualikan (selepas 4 kali gagal dihubungi)
	23 Berjaya ditemubual

## Appendix C: Sample of Postcard for Malaysia

### POSTCARD FOR PARTICIPANT TO NOTIFY A CHANGE OF ADDRESS AND CONTACT DETAILS

FRONT

<b>Affix stamp</b>
<b>To: Dr. Maizurah Omar Co-Investigator for ITC-SEA project National Poison Centre Universiti Sains Malaysia 11800 Penang</b>

BACK

<b>Notification of Change of Address and Contact Details</b>	
<b>Date:</b> .....	
<b>Name:</b> .....	
<b>Please be informed that my new address and contact details effective from date:</b> ...../...../..... are as follows:	
<b>Address:</b>	
.....	
.....	
.....	
..... <b>Postcode:</b> .....	
<b>Tel:</b> .....	<b>Mobile:</b> .....

## Appendix D: Sample of Flash Card for Thailand

ข้อ 71-96



1. ไม่เห็นด้วยอย่างยิ่ง



2. ไม่เห็นด้วย



3. เฉย ๆ



4. เห็นด้วย



5. เห็นด้วย อย่างยิ่ง

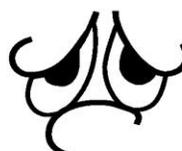
ข้อ 59



1. ไม่กังวล



2. กังวลบ้าง



3. กังวลมาก

## Appendix E: Sample of Youth Consent Letter and Form for Malaysia (in Malay)



Kementerian Kesihatan Malaysia



Pusat Racun Negara  
Universiti Sains Malaysia

### Penilaian Kempen 'Tak Nak'

Dan

### Tinjauan Polisi Pengawalan Tembakau Antarabangsa

BORANG MAKLUMAT PENGLIBATAN REMAJA

ID:	<input type="text"/>								
	Bandar/ Mukim	Negeri	DP	DB	BP	Strata	UB	TK	ID-R

#### PENYELIDIK :

Kementerian Kesihatan Malaysia

- Dr. Yahya Hj Baba, Pengarah Bahagian Pendidikan Kesihatan, Kementerian Kesihatan Malaysia.
- En. Norddin Daud, Ketua Penolong Pengarah, Bahagian Pendidikan Kesihatan, Kementerian Kesihatan Malaysia
- Pn Haniza Mohd Anuar, Pegawai Penyelidik, Institut Penyelidikan Sistem Kesihatan, Kementerian Kesihatan Malaysia
- Dr. Zariah Md Zain, Ketua Penolong Pengarah, Bahagian Kawalan Penyakit, Kementerian Kesihatan Malaysia.
- En. Edmund Ewe, Pengurus Projek, Yayasan Promosi Kesihatan, Kementerian Kesihatan Malaysia.

Pusat Racun Negara Malaysia

- Profesor Madya Dr. Rahmat Awang, Pengarah Pusat Racun Negara, Universiti Sains Malaysia.
- Dr. Maizurah Omar, Pusat Racun Negara, Universiti Sains Malaysia.
- Profesor Madya Dr. Foong Kin, Pusat Penyelidikan Dadah dan Ubat- ubatan, Universiti Sains Malaysia.
- En. Razak Lajis, Pusat Racun Negara, Universiti Sains Malaysia.

## PENGENALAN

Anda dipelawa untuk menyertai satu kajian penyelidikan yang melibatkan anda untuk melengkapkan satu borang soal selidik bertulis pada hari ini dan kemudian terlibat dalam dua lagi kajian dalam jangkamasa satu atau dua tahun kemudian. Kakitangan penyelidikan akan membekalkan satu borang soal selidik untuk dilengkapkan oleh anda sendiri dan dikembalikan dalam sampul surat yang bertutup.

## TUJUAN KAJIAN

Tujuan kajian ini ialah untuk :-

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

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

## KELAYAKAN PENYERTAAN

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

## PROSEDUR KAJIAN

Anda akan diberi satu set borang soal selidik dan diminta supaya melengkapkannya dengan sempurna. Masa untuk melengkapkan borang soal selidik akan mengambil lebih kurang 30 minit. Borang soal selidik yang telah lengkap dimasukkan dalam sampul surat bertutup sebelum diserahkan kembali kepada pegawai penyelidik. Anda akan diminta melengkapkan borang soal selidik dua kali lagi dalam jangkamasa satu atau dua tahun lagi.

## RISIKO

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

## PENYERTAAN DALAM KAJIAN

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

## FAEDAH KAJIAN

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

## PERTANYAAN

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

Kementerian Kesihatan Malaysia di  
En. Norddin Daud      Tel : 012 287 4968  
Penyelidik Bersama di Pusat Racun Negara, Universiti Sains Malaysia.  
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Dr. Maizurah Omar  
Dr. Foong Kin,  
Dr. Rahmat Awang

Sekiranya anda masih mempunyai kemusykilan setelah berbincang dengan mana–mana penyelidik diatas, anda juga boleh menghubungi

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

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

Profesor Zabidi Azhar Mohd. Hussin, Pengerusi Jawatankuasa Penyelidikan dan Etika, Pusat Pengajian Sains Perubatan, Universiti Sains Malaysia, 16150 Kubang Kerian, Kelantan.

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

Ms. Woody Macpherson, Head, Research Management Unit, The Cancer Council Victoria, 1 Rathdowne St. Carlton VIC 3053 Australia. Tel : (+613) 9635-5100.

#### KERAHSIAAN

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

#### TANDATANGAN

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



Kementerian Kesihatan Malaysia



Pusat Racun Negara  
Universiti Sains Malaysia

## Penilaian Kempen 'Tak Nak'

Dan

## Tinjauan Polisi Pengawalan Tembakau Antarabangsa

### BORANG KEIZINAN REMAJA

#### PENYELIDIK :

##### Kementerian Kesihatan Malaysia

- Dr. Yahya Hj Baba, Pengarah Bahagian Pendidikan Kesihatan, Kementerian Kesihatan Malaysia
- En. Norddin Daud, Ketua Penolong Pengarah, Bahagian Pendidikan Kesihatan, Kementerian Kesihatan
- Pn Haniza Mohd Anuar, Pegawai Penyelidik, Institut Penyelidikan Sistem Kesihatan, Kementerian Kesihatan Malaysia
- Dr. Zariah Md Zain, Ketua Penolong Pengarah, Bahagian Kawalan Penyakit, Kementerian Kesihatan Malaysia
- En. Edmund Ewe, Pengurus Projek, Yayasan Promosi Kesihatan, Kementerian Kesihatan Malaysia

##### Pusat Racun Negara Malaysia

- Profesor Madya Dr. Rahmat Awang, Pengarah Pusat Racun Negara, Universiti Sains Malaysia.
- Dr. Maizurah Omar, Pusat Racun Negara, Universiti Sains Malaysia.
- Profesor Madya Dr. Foong Kin, Pusat Penyelidikan Dadah dan Ubat- ubatan, Universiti Sains Malaysia.
- En. Razak Lajis, Pusat Racun Negara, Universiti Sains Malaysia.

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

*Setelah menandatangani kertas ini, saya mengesahkan perkara berikut :-*

- Projek ini dilaksanakan bagi tujuan penyelidikan.
- Penglibatan dalam penyelidikan ini adalah secara sukarela dan saya bebas untuk menarik diri pada bila bila masa atau bebas menarik balik sebarang maklumat yang telah diberikan.
- Penglibatan dalam penyelidikan pada hari ini melibatkan mengisi sendiri soal selidik kajian dan mengambil masa lebih kurang 30 minit dan akan diulangi sekali lagi dalam jangkamasa satu atau dua tahun dari sekarang.

- Hanya mereka yang terlibat dalam penyelidikan ini boleh menggunakan sebarang maklumat yang saya berikan.
- Semua maklumat yang saya berikan harus dianggap sebagai “SULIT” tertakluk kepada keperluan perundangan dan batasan.
- Saya telah membaca semua maklumat dalam borang maklumat penglibatan remaja dan borang memberi keizinan yang meliputi maklumat berkaitan risiko dan telahpun diberi masa yang secukupnya untuk memikirkan mengenainya.
- Semua pertanyaan telah dijawab sebaik mungkin.
- Saya secara sukarela bersetuju untuk melibatkan diri dalam kajian ini, mematuhi prosidur kajian dan memberikan maklumat sesuai dengan yang diminta.
- Saya telah menerima satu salinan maklumat remaja dan borang memberi keizinan untuk disimpan oleh saya.

_____	_____
NAMA REMAJA	NAMA SINGKATAN
_____	_____
NO. KAD PENGENALAN REMAJA	NO.K/P ( <b>lama</b> )
_____	_____
TANDATANGAN REMAJA	TARIKH ( <b>ddMMyy</b> )
_____	_____
NAMA & TANDATANGAN INDIVIDU YANG MENGENDALIKAN KEIZINAN	TARIKH ( <b>ddMMyy</b> )
_____	_____
NAMA & TANDATANGAN WAKIL SAH IBU/BAPA/PENJAGA	TARIKH ( <b>ddMMyy</b> )

ALAMAT TERKINI

ALAMAT \_\_\_\_\_

\_\_\_\_\_ POSKOD \_\_\_\_\_

TEL \_\_\_\_\_ H/P \_\_\_\_\_

Nota:

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

Sila beritahu kumpulan penyelidik dengan menggunakan poskad yang dibekalkan sekiranya berlaku sebarang perubahan sebelum kajian berakhir.

## Appendix F: Sample of the Wave 1 Adult Smoker Survey Questionnaire in Thai



**โครงการ International Tobacco Control Policy Survey (Thailand)**  
**การสำรวจระดับประเทศ รอบที่ 1 (พ.ศ. 2548)**

ดำเนินการโดย : สถาบันวิจัยประชากรและสังคม มหาวิทยาลัยมหิดล

ร่วมกับ ID

สถาบันมะเร็งแห่งชาติ ราชอาณาจักรไทย ประเทศออสเตรเลีย จังหวัด \_\_\_\_\_

และ อำเภอ \_\_\_\_\_

มหาวิทยาลัยวอเทอร์ลู ประเทศแคนาดา ตำบล \_\_\_\_\_

หมู่บ้าน \_\_\_\_\_

ลำดับครัวเรือน \_\_\_\_\_

แบบสอบถามสำหรับผู้สูบบุหรี่ (Adult Smoker) ลำดับบุคคล \_\_\_\_\_

ชื่อหัวหน้าครัวเรือน \_\_\_\_\_

ชื่อผู้ให้สัมภาษณ์ \_\_\_\_\_

อยู่บ้านเลขที่ \_\_\_\_\_ หมู่ที่ \_\_\_\_\_ หมู่บ้านชื่อ \_\_\_\_\_

ตำบล \_\_\_\_\_ อำเภอ \_\_\_\_\_ จังหวัด \_\_\_\_\_

หมายเลขโทรศัพท์ บ้าน \_\_\_\_\_ มือถือ \_\_\_\_\_

ทำเลที่ตั้ง 1. เมือง 2. ชนบท

**พนักงานสัมภาษณ์ : บันทึกผลความพยายามติดต่อขอสัมภาษณ์**

ครั้งที่	วัน/เดือน/ปี	เวลา	บันทึกผลการติดต่อ	นัดครั้งต่อไป	
				วัน/เดือน/ปี	เวลา
1.					
2.					
3.					
4.					

เริ่มสัมภาษณ์เวลา _____	จบการสัมภาษณ์เวลา _____	รวม _____	นาที _____
พนักงานสัมภาษณ์ _____	วันที่ _____ เดือน _____	พ.ศ. 2548	
ผู้ควบคุมงานสนาม _____	วันที่ _____ เดือน _____	พ.ศ. 2548	
ผู้ตรวจแบบสอบถาม _____	วันที่ _____ เดือน _____	พ.ศ. 2548	
ผู้ลงรหัส _____	วันที่ _____ เดือน _____	พ.ศ. 2548	



## Appendix H: Pictures of Survey Fieldwork in Thailand



<sup>i</sup> Kish L. (1949) A procedure for objective respondent selection within the household. *Journal of the American Statistical Association* 44, 380-387.