

# **Request for Proposal (RFP)**

**From Field Agency to Implement the  
Third Round of Global Adult Tobacco Survey (GATS-3)  
in all States and Union Territories of India during 2024-25**

**Group 11: Maharashtra and Goa**

**Bid Document**



(स्थापना / Established in 1956)  
बेहतर भविष्य के लिए क्षमता निर्माण  
Capacity Building for a Better Future

**International Institute for Population Sciences (IIPS)**

*(Deemed to be University)*

Govandi Station Road, Deonar

Mumbai-400088, Maharashtra

Tel: 91-22-42372400; Fax: 91-22-25563257



### Key Events and Dates for Selection of Field Agencies

1	Tender Inviting Authority	The International Institute for Population Sciences, Mumbai
2	Job Requirement	Appointment of Field Agencies for conducting field survey in different states and UTs of India for GATS-3
3	Announcement of Bids for appointment of Field Agencies for GATS-3 2024-25	As per GeM
4	Any query on Bid Document	As per GeM (till 14 days after bid announced) on email: <b>iipsgats3@iipsindia.ac.in</b>
5	Pre-Bid Meeting	As per GeM
7	Last Date of submission of Bid Document	As per GeM
8	Opening of bids, technical evaluation and financial evaluation	To be announced through the GeM portal/IIPS/CPP website
9	Presentation of detailed operational plan by Field Agency	To be announced through IIPS Website
10	Submission of Performance Security, Signing of Contract and submission of Bank Guarantee	To be announced through the IIPS website

**Note:**

- (1) It is mandatory for the Field Agencies to register themselves on the GeM portal and also upload the details about their services as mentioned in the RFP.
- (2) For all the above Key Events and dates - any change the bidders will be notified on IIPS website [www.iipsindia.ac.in/tender](http://www.iipsindia.ac.in/tender).
- (3) **Please note that the Minimum Annual Turnover of Rs.4.00 crores indicated in clause 6 of this document is an essential eligibility criteria for the intending bidders and any other value for Annual Turn Over mentioned elsewhere in this bid document, if any, is only due to technical limitation on GeM portal and hence to be ignored.**

### Checklist of eligibility for opening Technical Bid\*

Sr. No.	Items	Attachment (Yes/No)
1	Certificate of Registration/proof from statutory body	
2	Copy of PAN/TAN Card and GST Registration Certificate	
3	Audited financial statements for Financial Year 2021-22, 2022-23 and 2023-24 with a minimum annual turnover of Rs. 4 crores.	
4	<p>During last seven years, proof of:</p> <ol style="list-style-type: none"> <li>1. Experience of conducting large scale demographic/health surveys for <b>five working years</b> (60 working months) in last 7 years, and</li> <li>2. Experience of having conducted at least one survey covering minimum 10,000 households (HHs) at the national level, surveys such as NFHS, LASI, GATS, IHDS, etc. in last 7 years.</li> </ol> <p><b>(Household survey conducted should be in field face to face interview).</b></p> <p>A copy of work order and completion certificate from appropriate authority for all large-scale surveys should be submitted.</p>	
5	<p>A proof of each core staff as regular/contract payrolls employee or having contract with the FA for a minimum period of 12 months or till the completion of survey whichever is later (on Non-Judicial Stamp paper of Rs. 500/-) for each State /UT applied for.</p> <ul style="list-style-type: none"> <li>• FA should bid for minimum of 6 States/Group of States/UTs and maximum of 10 States/Group of States/UTs. FA who bid for less than 6 (Six) States/Group of States/UTs will not be considered.</li> <li>• If any FA is qualified for more than 6 States/Group of States/UTs, the IIPS will allot maximum of 6 States/Group of States/UTs per FA.</li> </ul> <p>The following information should be mentioned clearly: <b>Certificate of Employment</b> (no. of years); <b>Organization Profile</b> (for any disqualification); and <b>Existence of the organization</b> (criteria: Existence of more than or equal to 5 years and in operational manner). FA should have separate office space and staff/personnel for each state (s) that they are bidding for.</p>	
6	Non-Refundable processing fees** of Rs.10000/- per States/UTs/Group of States/UTs.	
7	Earnest Money Deposit (EMD)** of as per GeM portal per States/UTs/Group of States/UTs.	
8	No-conviction certificate (as per the format provided in Annexure B1).	
9	Declaration that the Field Agency has a sufficient number of Android Tablets to conduct the Survey (as per the provided format in Annexure B2)	
10	<p>An affidavit declaring that the Field Agency is not working with any Tobacco Company in the last ten years (on Non-Judicial Stamp paper of Rs. 500/-).</p> <p>Field Agencies that have been or are currently associated with tobacco companies are barred from applying for the bid.</p>	

11	Registration on the GeM portal (mandatory requirement for participating in the bid process).	
12	The bid must include one technical bid and one financial bid for a group of States/UTs. A self-filled separate evaluation form must be submitted for each individual State/UT within the group.	
<p>*All the above documents with evidences should be uploaded on the GeM portal.  <b>A hardcopy of all documents uploaded in the GeM portal, including EMD and processing fee should also be submitted to IIPS within 7 days after bid closing date in GeM Portal.</b>  **Should be paid through Demand Drafts drawn in favour of the “Director, IIPS” payable at Mumbai. Processing fees and EMD are not required to be submitted by Organizations who are registered with the Central Purchase Organization, National Small Industries Corporation (NSIC), Micro &amp; Small Enterprises (MSEs/MSME) and Department of Industrial Policy &amp; Promotion (DIPP) but they need to furnish the certificate, <b>this exemption is only for Processing Fee and EMD. All other eligibility criteria remain the same.</b></p>		

**Note:**

1. The IIPS will upload bid for 16 State/Group of State/UTs separately.
2. Individual field agencies are eligible to bid for GATS-3, but joint venture or consortium are not eligible to bid.
3. Potential bidders should have sufficient number of Android Tablets (Provided in Annexure A3) for conducting the GATS-3 survey in the allotted States/Group of States/UTs. Bidders should not include additional cost for tablets in the financial bid (Specifications of Android Tablets are given in Annexure D). A bidding agency should have sufficient number of Android Tablets with the prescribed configuration but of only one model/brand for all States they bid for, to ensure uniformity in data collection as well as installation of GSS software.
4. The IIPS reserves the right to modify any terms and conditions pertaining to the RFP for evaluation of technical and financial bids.
5. Potential bidders are requested to visit the IIPS Website regularly for further updates.
6. The IIPS reserves all the rights to cancel bid at any stage of the process.
7. **The Base Price per household for Maharashtra and Goa is Rs. 973/- including GST.**

## LIST OF ACRONYMS

BE	Bachelor of Engineering
CAPI	Computer Assisted Personal Interviewing
CDC	Centers for Disease Control and Prevention
CES	Coverage Evaluation Survey
COTPA	Cigarette and Other Tobacco Products Act
CPP	Central Public Procurement Portal
DBMS	Data Based Management System
DIPP	Department of Industrial Policy and Promotion
DLHS	District Level Household and Facility Survey
EMD	Earnest Money Deposit
EOI	Expression of Interest
FA	Field Agency
FCTC	Framework Convention on Tobacco Control
GATS	Global Adult Tobacco Survey
GDP	Gross Domestic Products
GeM	Government e Marketplace
GFR	General Financial Rules
GPS	Global Positioning System
GYTS	Global Youth Tobacco Survey
HH	Household
IHDS	India Human Development Survey
IIPS	International Institute for Population Sciences
MCA	Master of Computer Application
MCS	Master of Computer Science
MoHFW	Ministry of Health and Family Welfare
MoU	Memorandum of Understanding
MSEs	Micro and Small Enterprises
NFHS	National Family Health Survey
NSIC	National Small Industries Corporation
NSSO	National Sample Survey Organization
NTCP	National Tobacco Control Programme
PBG	Performance Bank Guarantee
PMC	Project Monitoring Committee
PPS	Probability Proportional to Size
PSU	Primary Sampling Unit
RFP	Request for Proposal
RTI	Research Triangle Institute International
TISS	Tata Institute of Social Sciences
TOT	Training of Trainers
UFS	Urban Frame Survey
UT	Union Territory
WHO	World Health Organization

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## 1. INTRODUCTION

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### 1.1 Purpose of Request for Proposal (RFP)

The purpose of this RFP is to appoint Field Agencies (FAs) for conducting the Global Adult Tobacco Survey Round Three (GATS-3) during 2024-25 in all the 28 States and 8 Union Territories (UTs) of India given in **ANNEXURE-A1**.

### 1.2 Background of the Survey

Tobacco use is a major preventable cause of premature deaths and diseases worldwide. According to the Centers for Disease Control and Prevention (CDC, 2020), approximately 5.4 million people die each year due to tobacco-related illnesses. This figure is expected to increase to more than eight million a year by 2030. If current trends continue, tobacco use may kill a billion people by the end of this century. Most of these deaths will be in low and middle-income nations, which would account for almost 80 percent of all tobacco-related deaths. The economic costs of tobacco use are enormous, totaling to more than US\$ 1.4 trillion in health care costs and resulting in lost productivity which is about 1.8 percent of the world's GDP and over 40 percent of what the world spends on school education (WHO, 2017; Goodchild et al., 2018). Across nations, one-half of all smokers will die prematurely as a result of their tobacco use. Tobacco use is the leading preventable risk factor for cardiovascular diseases, cancers, chronic obstructive pulmonary diseases, and oral diseases. Yet tobacco remains the single most widely available and purchasable addictive substance.

The situation in India is more challenging. India is the third-largest producing nation and second-largest consumer of tobacco worldwide. According to the GATS-2, the current use of tobacco in India is 29 percent, ranging from 10 percent in Goa to 65 percent in Tripura (TISS and MoHFW, 2016-17). Mortality due to tobacco in India is estimated at over 1 million per year (Jha et al. 2008). The link between tobacco uses and mortality in India is well established and is similar to the global experience with tobacco use. One feature of tobacco-related mortality in India is the high incidence of oral cancer, exceeding, even that of lung cancer and accounting for almost half of all oral cancers in the world (Gupta 1999).

To address this heavy burden of tobacco, Government of India has been responding through a number of measures. India's attempts at the prohibition of tobacco use started in 1970s; first in this series was "The Cigarettes Act 1975", which made a statutory health warning mandatory on all cigarette packets (Cigarettes Act 1975). Since then, a number of modifications and inclusions have been made in acts related to the issue. During the 1980s and 1990s, both central and state governments imposed further restrictions on tobacco trade, and efforts were initiated to bring forth comprehensive legislation for tobacco control.

To strengthen the implementation of the tobacco control provisions under COTPA and policies of tobacco control mandated under the FCTC, the Government of India launched the National Tobacco Control Programme (NTCP) in 2007-08. The implementation of NTCP was a major leap forward for India and for the first-time dedicated funds were made available to implement tobacco control strategies at the central, state, and sub-state levels. Currently, NTCP is being implemented in all 36 States/Union Territories covering all the districts across the country.

Recognizing the importance of high-quality information on tobacco use to guide its tobacco control policies and programmes, the Indian government has also been one of the first nations to undertake the Global Tobacco Surveys- both the Global Youth Tobacco Survey (GYTS) and Global Adult Tobacco Survey (GATS).

The first round of Global Adult Tobacco Survey (GATS) was conducted during 2009-10 by the International Institute for Population Sciences (IIPS), Mumbai, under the stewardship of Ministry of Health and Family Welfare (MoHFW), Government of India and technical assistance was provided by Centres for Disease Control and Prevention (CDC) Atlanta, the World Health Organization (WHO), the Johns Hopkins Bloomberg School of Public Health, and Research Triangle Institute International (RTI International). The second round of GATS-2 was conducted during 2016-17 by the Tata Institute of Social Sciences (TISS), Mumbai, under the Ministry of Health and Family Welfare (MoHFW), Government of India and technical assistance was provided by Centres for Disease Control and Prevention (CDC) Atlanta, the World Health Organization (WHO), and Research Triangle Institute International (RTI International).

Although other surveys, notably, the NFHS asked questions on tobacco use, it is the Global Adult Tobacco Survey that provides information on the multiple forms of tobacco use, the varying prevalence across states and its diverse determinants.

In 2024-25 the Global Adult Tobacco Survey round three (GATS-3) will be conducted by the International Institute for Population Sciences, Mumbai, under the stewardship of Ministry of Health and Family Welfare (MoHFW), Government of India. Field data collection will be implemented by a group of selected field agencies and Population Research Centres.

### **1.3 Specific Objectives and Scope of GATS-3**

The main objectives of the GATS-3 programme are to obtain reliable estimates of various dimensions of tobacco use for systematic monitoring of adult tobacco use and its key tobacco control indicators. And to contribute to the understanding of the effectiveness of tobacco control measures, based on observed changes in relevant indicators since 2009-10 GATS-1 and 2016-17 GATS-2.

The indicators measured would include; Prevalence of tobacco use (smoking and smokeless tobacco), Prevalence of secondhand exposure to tobacco smoking, Prevalence of tobacco cessation efforts, Economics of tobacco use in terms of monthly expenditures incurred, Awareness and perception of the harmful effects of tobacco use, Awareness of measures to control tobacco use, and Coverage of health communication efforts against tobacco use through different media.

The Global Adult Tobacco Survey round three (GATS-3) will provide National level estimates of all the tobacco related indicators separately for males and females and for rural and urban areas and will also provide State/UT level estimates for males and females without disaggregation into rural and urban areas.

### **1.4 Geographical Coverage**

The Global Adult Tobacco Survey-3 (GATS-3) will be implemented in 28 States and 8 Union Territories (NCT Delhi, Andaman and Nicobar Islands, Lakshadweep, Puducherry, Daman & Diu and Dadra & Nagar Haveli, Chandigarh, Jammu & Kashmir and Ladakh). GATS-3 will provide National level estimates of all the tobacco related indicators separately for males and females and for rural and urban areas and will also provide State/UT level estimate for males and females without disaggregation into rural and urban areas. The **Annexure A1** shows details of sample size by sex and number of PSUs and **Annexure A2** show the grouping of State /Group of States/ UTs.

## 1.5 Sampling Design

The sampling procedure for GATS-3 has been designed in the light of the overall objective of the survey to estimate prevalence of tobacco use, separately among the male and female populations aged 15 years and above at National and State/UT level. The sampling design and sample size will be able to provide National level estimates of all the indicators separately for males and females and for rural and urban areas and to provide State/UT level estimates for males and females without disaggregation into rural and urban areas. GATS-3 survey follows a three-stage stratified sampling in both the urban and rural areas

## 1.6 Sampling Frame

For the first stage of sample selection in rural areas, list of all the villages within a state/UT forms a sampling frame. Before selection, all the villages with less than five households will be removed from the frame. As per Census of India 2011, the proportion of population in these small villages accounted for only 0.02 percent of total rural population. Further, villages with less than 50 households will be merged with the neighboring large village for ensuring sufficient choice for selection of 33 households.

All the villages within a State/ Group of States/UTs have been stratified first into geographical regions, i.e., groups of contiguous districts and then within each region by village size and percentage of scheduled caste/scheduled tribe population. Besides this explicit stratification, female literacy has been used for implicit stratification.

All the NSSO Urban Frame Survey (UFS) blocks from all the urban areas of the State/UT will form a sampling frame for the first stage of selection. All the UFS blocks within a State/UT will be stratified into geographical regions, i.e., groups of contiguous districts. At the second stage of selection, all the households in the selected UFS block will form the sampling frame.

## 1.7 Selection of PSUs

**Rural:** The required number of villages will be selected by systematic probability proportional to size (PPS) sampling with the number of households in each village as the size measure. All the selected large villages with more than 300 households in a sample will be segmented into three or more smaller segments of size of 100-200 households. Then only two segments will be selected by probability proportional to size (PPS) sampling, with the number of households in each segment as the size measure. These two segments together will form one Primary Sampling Unit (PSU).

**Urban:** From each stratum (list of UFS blocks stratified by regions within a State) the required number of UFS blocks will be selected with the number of households in each block as the size measure.

## 1.8 Selection of Households

In all the selected PSUs (villages/village segments in rural areas and selected UFS blocks in urban areas), complete house listing will be carried out. These lists of the households will form a sampling frame for the selection of households. From the list of households, 33 households will be selected by systematic random sampling.

### **1.9 Selection of Individuals within Households**

The 33 selected households in a PSU will be divided into two groups (in proportion to the total sample size of male and female interviews in a state) 1) Households for the interview of a male member, 2) Households for the interview of a female member.

In a selected household, a list of all the male/female members will form the sampling frame for the selection of male/female respondents. From the total number of male/ female members in a household, one individual will be selected at random for the interview.

### **1.10 Survey Implementation Plan**

The entire data collection of GATS-3 will be conducted in all 28 States and 8 Union Territories in India. The details of states sample size by gender and number of PSUs to be covered are given in **Annexure A1** and **A2**. The grouping of the States/Group of States/UTs has been planned in accordance to the local climatic conditions and geographic challenges. In GATS-3, all the Indian States have been organized into 36 States/UTs/Group of States/UTs. The details of groupings of the State/UT/Group of States/UTs are given in **Annexure A2**.

### **1.11 Data Collection Procedure**

Data will be collected through the Android Tablets. IIPS will provide data entry application to be installed in Android Tablets of FAs. With essential data consistency checks built into the programming, data are also likely to be of better quality. Additionally, data will be sent back to the central office at the IIPS, Mumbai more frequently, enabling faster feedbacks to FAs and survey teams on quality or other concerns.

## 2. SCOPE FOR WORK

The implementation of GATS-3 has been prepared on the basis of the following scope of work.

### 2.1 Manpower Recruitments

Each FA will be required to depute their suitably skilled regular/contract employees on the following specialized positions for each State /Group of States/UTs to conduct GATS-3:

#### 2.1.1 State Level-Core Team

Sr. No.	Name of Position	No.	Minimum Qualification	Experience
1	Project Coordinator (Full time) (Per State)	1	Ph.D./Master in Demography/Population Studies/Mathematics/Statistics/Public Health/Social Sciences	At least 5 years of experience in handling (conducting and coordinating) large-scale demographic and health survey as a team leader
2	I.T. Consultant (Full time) (Per State)	1	Master in Computer Sciences/Master in Computer Applications and BE/B. Tech (Computer Science)	At least 5 years of experience in handling large-scale demographic and health survey data and Working experience in any DBMS
3	Statistician/Demographer (Full time) (Per State)	1	Ph.D./M.Phil. /Master in Statistics /Demography/ Bio-Statistics	<ul style="list-style-type: none"><li>• 3 years of experience for Ph.D./M. Phil in handling Large Scale Demographic Survey data</li><li>• 5 years of experience for Master Degree in handling Large Scale Demographic Survey data</li></ul>

Note: States/UTs treated as a single state are Jammu and Kashmir + Ladakh; Gujarat + DNH + DD; Tamil Nadu + Puducherry; Kerala + Lakshadweep; and West Bengal + Andaman & Nicobar Islands.

#### 2.1.2 Team Composition of Field Staff Team

Mapping and Listing Operation				
Sr. No.	Name of Position	No.	Minimum Qualification	Experience
1	Mapper (Per team)	1	Graduate in any discipline (Preferably Social Science/ Geography)	Experience in large scale survey.
2	Lister (Per team)	1	Graduate in any discipline (Preferably Social Science/ Geography)	Experience in large scale survey.

Household Survey				
1	Interviewers (2 Females and 2 Males per team)	4	Graduate in any discipline (Preferably Social Sciences)	Basic computer knowledge and experience in large scale survey.
2	Supervisor (Per team)	1	Graduate in any discipline (Preferably Social Sciences)	Experience in supervising data collection operations in at least one large scale survey.

**Note:** Any personnel of the Field Agency who will be involved in the GATS-3 project should not use/consume smoking or smokeless tobacco during the project activity. If any such personnel are found using any tobacco products during the project activities, his/her services will be discontinued. The Field Agencies should submit an undertaking for this purpose. (Annexure-B3)

## 2.2 Attending Training of Trainers (ToT) Workshops organized by IIPS

IIPS will conduct two ToTs - one for Mapping and Household Listing (ML) and second for the Main Survey. Two persons from each FA will be required to attend mapping and household listing training of trainer. However, in case of ToT for the main survey, FAs must send three (3) core staff members (Project Coordinator, Demographer/Statistician, and IT person) per State/UT/Group of States/UTs. The core staff should be the same as mentioned in the technical proposal. All the Core team members trained by the IIPS for specified activity must be available in the field with specific responsibility of GATS-3 till the completion of the survey. In case of any violation, the IIPS reserves the right to discontinue the contract or charge appropriate penalty.

## 2.3 State Level Mapping and Household Listing Training

Field Agency must organize the state level mapping and household listing Training in the concerned state immediately after the completion of Mapping and Household Listing Training of Trainers (ToT) organized by the IIPS. FA has to train sufficient number of Mappers and Listers to complete the mapping and house listing operation within the stipulated time line given by the IIPS. Only those master trainers who successfully attended the GATS-3 mapping and household listing ToT organized by the IIPS will be eligible to conduct the state level mapping and household listing training. This will be for two days including one day rigorous mapping and household listing class room training and one day field practice for both rural and urban areas. The field practice should be carried out in non-sample PSUs in both rural and urban areas, preferably near to the location of the training. As per the survey protocol, the two specific persons of FA trained by the IIPS should be looking after the entire mapping and listing activities in the States/UTs/Group of States/UTs. **Entire mapping and household listing exercise should be completed within 30 days or prior to start of the main survey ToT organized by the IIPS, whichever is earlier.**

## 2.4 State Level Main Survey Training

To be familiar and understand the Schedules and field procedures, FA should organize State Level Main Survey Training for Investigators and Supervisors for a minimum of 8 days including at least 3 days of field practice in rural and urban areas (non-sampled PSUs). In the first part of training, paper-pencil Schedules will be used. FA must ensure that all the GATS-3 manuals for Investigator, Supervisor and Tablet should be provided in the first day of the training. The first two days of training will be conducted with paper and pen. Thereafter,

training will be conducted with the Tablet version of the Schedules. Only those master trainers who successfully attended the GATS-3 Main Survey ToT organized by the IIPS will be eligible to conduct and provide the investigators and supervisors' training.

- Preferably, FAs should recruit 10-15 percent more field staff than required for the main fieldwork, to account for attrition and performance-based replacement.
- The Principal Investigator of the GATS-3, Project Staff from the IIPS and MoHFW officials will be present at the time of State Level Main Survey Training.
- FA must ensure availability of all the audio-visual equipment, logistic arrangement, and arrange comfortable stay for investigators as well as for other staff members.
- Special lectures from experts in the related field and supporting materials (handouts of the IIPS, Power Point Presentation, manuals and stationery) should be arranged.
- At the end of the training, FA must conduct a test to evaluate the performance of the investigators. The IIPS will provide the test paper (questions) for such evaluation.

## 2.5. Mapping and Household Listing Operation

The purpose of mapping and household listing operation in GATS-3 is to prepare a map of each PSU depicting all lanes and bi-lanes, landmarks, dwelling and non-dwelling structures and identification of boundaries to carry out listing of structures with systematic numbering. Subsequently, it should be specified whether the structure is residential or not. In case of residential structures, the name of the head of household will be entered in the household listing form along with number of male and female members age 15 years and above. The location of the PSU will also be recorded through Global Positioning System (GPS) instrument and information recorded in the household listing form provided. **FA must start the mapping and household listing operation immediately after the completion of state level mapping & listing training. This operation should be completed within 30 days, or prior to the commencement of the main survey ToT (Training of Trainers) organized by the IIPS, whichever is earlier.**

## 2.6 Main Survey Field Operation

**FA must start the main survey field operation immediately after the completion of state-level main survey training.** Before starting the fieldwork, FA must ensure that all the Tablets are fully charged and uploaded all the allotted selected households of the PSU provided by the IIPS. IT person trained by the IIPS must be available 24x7 during the fieldwork. All the trouble shooting mechanism must be handled by the IT person of FA, if he or she cannot resolve the issue he/she can take the support or help from IT person of the IIPS. FA must provide one vehicle per team and vehicle should have 5 passengers sitting capacity.

## 2.7 Major Contents of the GATS-3 Schedules

Sr. No.	Type of Schedule	Contents of the Schedule
1	Household: Respondent should be aged 18 years or older	<b>Background Characteristics of the household</b> <ul style="list-style-type: none"> <li>• Total household members age 15 years or older (male or female or other)</li> <li>• Information on smoking and smokeless tobacco use</li> </ul>
2	Individual: Men and women aged 15 years or older	<b>Background Characteristics of the individuals</b> <ul style="list-style-type: none"> <li>• Sex, age and level of education</li> <li>• Main work status/employment</li> <li>• Assets</li> <li>• Cast, religion, residence and marital status</li> </ul>

		<p><b>Tobacco smoking</b></p> <ul style="list-style-type: none"> <li>• Current or past status for the use of smoking tobacco and pattern (daily, less than daily, not at all)</li> <li>• Age of initiation of smoking and daily smoking</li> <li>• Consumption of different tobacco products, (cigarettes; rolled tobacco in paper or leaf; bidis; cigars, cheroots or cigarillos; waterpipes/hukkah)</li> <li>• Frequency and quantity of smoking tobacco use</li> <li>• Reasons led for quitting smoking tobacco</li> <li>• Usage of Waterpipe tobacco (Hukkah) and Patterns of use (daily, less than daily, not at all)</li> <li>• Place and duration of last Hukkah session.</li> <li>• Use of electronic cigarette and reasons</li> <li>• Type of flavor content of nicotine use for electronic cigarette</li> </ul> <p><b>Smokeless Tobacco</b></p> <ul style="list-style-type: none"> <li>• Patterns of use (daily, less than daily, not at all)</li> <li>• Current and former use of smokeless tobacco</li> <li>• Age of initiation of smokeless tobacco and daily use</li> <li>• Consumption of different smokeless tobacco products</li> <li>• Reason for attempt and quitting smokeless tobacco</li> <li>• Advice received from health care provider to quit smoking tobacco</li> </ul> <p><b>Use of other products</b> (without tobacco)</p> <ul style="list-style-type: none"> <li>• Patterns of use (daily, less than daily, not at all) of Paan masala, betel quid, and areca nut with or without flavored</li> </ul> <p><b>Cessations</b></p> <ul style="list-style-type: none"> <li>• Cessation of smoking and smokeless tobacco</li> <li>• Advice to quit smoking by health care provider</li> <li>• Method used to try to stop the use of smoking and smokeless tobacco</li> <li>• Intention to quit smoking</li> </ul> <p><b>Second hand smoke</b></p> <ul style="list-style-type: none"> <li>• Smoking rule in the home (inside and out) and in work place</li> <li>• Exposure to secondhand smoke in last 30 days</li> <li>• Awareness about the effect of second-hand smoking.</li> </ul> <p><b>Economics</b></p> <ul style="list-style-type: none"> <li>• Economics-Manufactured cigarette (Type, quantity, cost and source)</li> <li>• Economic-Bidis (Type, quantity, cost and source)</li> <li>• Economic-Smokeless tobacco (Type, quantity, cost and source)</li> </ul> <p><b>Media</b></p> <ul style="list-style-type: none"> <li>• Noticing anti-smoking smokeless tobacco information in various medias</li> <li>• Noticing smoking/smokeless tobacco advertisements from various sources</li> <li>• Noticing various cigarette/bidi/smokeless tobacco promotion activities</li> </ul> <p><b>Knowledge, attitudes and perceptions</b></p>
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		<ul style="list-style-type: none"> <li>• Knowledge about health effects of smoking and smokeless tobacco</li> </ul>
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**Note:** Draft Schedule is given in Annexure-E.

## 2.8 Transportation

For effective implementation of GATS-3 main survey field data collection, every FA must compulsorily provide one dedicated vehicle to each survey team (consisting of 5 members), so team can travel to PSU conveniently and reach in time. The vehicle provided to each team will remain in the PSU or near to field work area or wherever the team is working. **The IIPS reserves the right to stop the fieldwork/cancel the contract anytime if any team is not provided with vehicle as per the protocol.**

## 2.9 Salary and DA for Investigators and Supervisors

The FA must pay at least the minimum salary to Investigator and Supervisor level staff. As per the IIPS protocol, a fixed minimum salary to the Interviewers shall be paid Rs. 21,000/- per month (rate approved by the MoHFW for IIPS). In addition, a minimum DA of Rs. 400/- per day including food and accommodation should be given to the interviewers/other field staff. FAs should ensure timely payment to field staff as per the contract and a copy of the payment receipt should be sent to the IIPS in the first week of every month. **Any complaint reported by field investigators regarding irregularity/non-compliance of this clause in the payment of salary or DA will be taken seriously by IIPS and MoHFW, as it directly affects the data quality. Further, the IIPS reserves the right to check whether the FA follows the above-mentioned norms and to cancel the contract of any FA that is not complying with these requirements.** However, IIPS is not responsible for any payment-related issues that may arise between the field staff and the Field Agency. Any claims regarding payment must be sole responsibility of the Field Agency, as field staff cannot claim any payments or resolutions from IIPS.

## 2.10 Layers of Monitoring and Supervision

- FA has to place three-tier monitoring and supervision mechanism to maintain the data quality for all the stages of data collection (Mapping and Household Listing and Main Survey). The first level of supervision is by team supervisor at the field team level and the second level of supervision is by other core team members. Finally, an in-charge of the whole fieldwork operation (Project Coordinator) must be placed at the state level and he/she should have day to day feedback from other core team members. The Project Coordinator must make frequent and regular visits to the field to ensure GATS-3 protocols are strictly adhered in the field. During the field data collection Senior Core Team members are required to visit 15% of the total PSUs for field monitoring and backcheck. The Project Coordinator should provide the weekly status report to the GATS-3 office, at the IIPS, Mumbai and assigned JRO of the IIPS.

## 2.11 Supply of GPS

The IIPS will supply the required number of GPSs as per the total PSUs or sample size of the state to the concerned FA. FAs have to take utmost care for safe keeping of GPSs before starting the fieldwork and also proper handling during the field data collection. After completion of the survey FAs have to return safely all GPSs with good and working condition to the IIPS.

## **2.12 Establishment of State/UT Level Field Office of Field Agency**

FA appointed for each State/Group of States/UTs are required to establish a regular functional office with appropriate seating space for all core team members of that Group of States/UTs. The office must also accommodate other staff, and equipped with IT infrastructure and means of communication such as telephone and broadband connection etc. This office should be functional during the entire duration of the contract. The Field Agency(s) should ensure the availability of the required number of Android Tablets, with an adequate number of backups. These devices must be checked and tested by IIPS, IT personnel to ensure they meet the necessary technical and operational standards.

## **2.13 Data Management**

The software for the data collection will be prepared and the bilingual translated Schedules in local language will be loaded in the Tablet at the IIPS. Besides, the software developed for the data collection would be pretested for the field situation before loading to the Tablet. The collected data by each investigator in the Tablet should be electronically sent to the server located at the IIPS on a daily basis by each Team Supervisor. After validation and checking the data, and team-wise and interviewer-wise feedbacks will be given to concerned FAs. FAs must take care about the feedback to improve the data quality. **The IIPS reserves the right to stop field work or cancel the contract in case FA does not take appropriate actions on the feedbacks.**

### 3. ROLES AND RESPONSIBILITIES OF FIELD AGENCIES (FAs)

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The GATS-3 will be conducted in the entire country by dividing the 36 States/UTs into groups consisting of one or more States/UTs as given in **Annexure-A2**. The selected FA for each State/Group of States/UTs will be required to sign a contract with the IIPS for implementing GATS-3 project.

#### 3.1 Overall Roles and Responsibilities Assigned to Field Agencies

- i. The principal responsibility of the FA is to carry out the GATS-3 fieldwork in the assigned State/Group of States/UTs. The sample will be spread over rural and urban areas of the States/UTs.
- ii. The involvement of FAs will start from the date of signing the contract with the IIPS and continue until data collection is completed and quality of the data is assured and accepted by the IIPS. The FAs must translate Interview Schedule into the appropriate local language using the template of Interview Schedule provided to the FA by the IIPS. A soft copy of the translated Interview Schedule should be sent to the IIPS for back check the translation and final approval. The translation must be typed in “Unicode” characters. FAs are responsible to submit translated documents to the IIPS at least one month in advance before the start of state level main survey training. All the corrections and suggestions made by the IIPS must be incorporated within a week.
- iii. FAs will be responsible for printing the required number of survey manuals (Mapping and Household Listing, Interviewers, Supervisors and Tablet Manuals) for GATS-3 survey and survey instruments/questionnaire for the main survey training. Mapping and household listing manuals will be given only to household listers and mappers. FA must ensure that all field staff carry the aforesaid documents during the fieldwork. FA should ensure that each field staff carries their master copies of all materials provided during training.
- iv. FAs should ensure the availability of the required number of Android Tablets, with an adequate number of backups. These devices must be arranged and tested by IIPS, IT personnel to ensure they meet the necessary technical and operational standards. FA should ensure that each field staff carries an Android Tablet with enough battery backups.
- v. **The IIPS will provide the list of selected villages in rural areas and UFS (Urban Frame Survey) blocks in urban areas to the FAs. FAs will be responsible for obtaining UFS block maps from the respective state’s NSSO office for urban areas. FA will also be responsible for any official payment required to obtain these maps from the NSSO Office.**
- vi. FAs must mention in the proposal for the specific State/Group of States/UTs the names of persons who will attend the Mapping and Household Listing ToT and subsequently take responsibility of training teams in the allotted State/Group of States/UTs. The same staff members will be responsible to conduct the state level training of the mappers and household listers for the State/Group of States/UTs in the local language. FAs will be responsible for completing mapping and listing of all households in all the sampled villages in rural areas and UFS blocks in urban areas. Segmentation will be allowed in large enumeration areas of more than 300 HHs. After completion of the mapping and household listing operation, FAs will enter the list of all households in the spread sheet format provided by IIPS. They must send a sample of Excel spread sheet with the above data to the IIPS for approval at the very beginning, before finalizing Excel spread sheet of the Mapping and Household Listing operation.
- vii. After completion of mapping and household listing, each FA has to send all the mapping and house listing materials (household listing forms, location and sketch maps of the PSUs) and Excel spread sheet giving details of listed households to the IIPS within the stipulated time.

The mapping and household listing data must be sent regularly so that there should not be much time lapse in finishing mapping and listing operation and submission of final data to the IIPS for sample selection of households. In doing so, the maximum time lapse permissible is one week. FA must finish mapping and household listing field work within 30 days from launching of the field work or before starting the main survey training of trainers (ToT).

- viii. FAs must mention in the proposal for the specific State/Group of States/UTs the names of persons (core staff) who will attend the Main Survey ToT and subsequently take responsibility of training teams in the allotted State/Group of States/UTs. The same core staff members will be responsible to conduct the training of field interviewers and supervisors for the State/Group of States/UTs in the local language.
- ix. FAs must have core staff as regular employee of the organization for past 11 months. The FA must commit to continue its core staff with the project till the completion of survey on Non-Judicial Stamp paper of Rs. 500/-. The roles and responsibilities of core team members (Project Coordinator, Demographer/Statistician and IT Consultant) should be clearly defined in the technical proposal.
- x. FAs must provide a copy of bio-data, proofs of identity and minimum qualification of all the staff (office and field staff, including field level investigators) recruited well in advance and send to the IIPS.
- xi. FAs will organize two different kinds of training programs: (1) State Level Mapping and Household Listing Training, and (2) State level Main Survey Training for Investigators and Supervisors. The FA must train extra field personnel to ensure that there is sufficient number of field staff to conduct the fieldwork, after accounting for attrition and the dismissal of personnel who could not meet the minimum requirements of GATS-3.
- xii. Interviewer training in each State/Group of States/UTs will be for at least 8 days including 3 days field practice, each interviewer must complete at least six practice interviews in Android Tablet in the field during the training.
- xiii. FAs must plan all fieldwork activities including mapping and household listing well in advance and inform the fieldwork schedule to the IIPS along with details of team movement plan at least one week in advance. Fieldwork should not be started before getting approval/permission from the IIPS. FA must not change fieldwork plan/team movement without the approval from the IIPS.
- xiv. FAs should strictly adhere to the timeline of the survey failing which a penalty equivalent to 0.1 percent of the total cost would be imposed per week.
- xv. FAs are required to ensure that each interview is done only after obtaining the informed consent of the concerned respondent. FAs will also ensure that Field Investigators keep all the information strictly confidential.
- xvi. FAs are required to extend full cooperation to the monitoring personnel from the IIPS and MoHFW.
- xvii. A set of field check tables will be produced frequently by the IIPS to assess quality of data collected by the FAs in real time. FAs are required to comply with the feedback and reorient/debrief the Field Investigators if needed.
- xviii. FAs are strictly advised to refrain from extending any undue favours to any monitoring staff of the IIPS or other monitoring staff. The IIPS reserves the right to take appropriate action if any such incidents are brought to the notice of the IIPS. FAs must cooperate with the IIPS monitoring and supervision team or personnel on behalf of the IIPS. **Any direct or indirect interference that hinders the monitoring and supervision work can amount to termination of the contract along with suitable penalty. The IIPS may blacklist the agency if it is found to be involved in any such type of malpractices.**
- xix. FAs will be responsible for payment of internet charges for transferring data files from the Supervisor's Tablet to the IIPS on a daily basis.

- xx. FAs must make provision and pay for Group Insurance to all the field staffs deployed in GATS-3.
- xxi. For household and individual survey, a minimum of two-day visit per PSU by each investigator is required. Weekly progress reports should be sent to the IIPS on every Friday, in a format prescribed by the IIPS, to report the field level plan and progress.
- xxii. FAs must develop and implement a three-tier monitoring and supervision system as stated in **Clauses 2.10** to ensure high quality of data.
- xxiii. FAs are responsible for translation of Schedules and manuals (Interviewer's and Supervisor's) in local languages and submit to the IIPS at least one month in advance before the start of state level main survey training. All the corrections and suggestions made by the IIPS must be incorporated within a week.
- xxiv. FA may be responsible for secondary editing of data before the final submission as per the protocols decided by IIPS. The secondary editing includes recording the open-ended responses, the response category "Other", cleaning and validation of data.
- xxv. To inform the public about the survey and to get proper response from the households, FAs should publicize about the survey and its purpose through print and electronic media in the state, before initiating the fieldwork.
- xxvi. A contract has to be signed between the Director of the IIPS and the Executive Director/MD/Director of selected FA before starting any work related to GATS-3 (**See Annexure-F**).
- xxvii. At any stage, after signing the contract of GATS-3, FAs are strictly prohibited from making any sort of subcontracting of any of the GATS-3 activities to third party. **The IIPS reserves the right to take appropriate legal action against FAs if any such incidence is noticed or reported.**
- xxviii. FA must sign a separate undertaking with IIPS before receiving the require number of GPS instruments and other materials (**See Annexure-G**).
- xxix. The cost related to transporting/courier GPS and other materials from FAs to IIPS after completion of the survey will be borne by FAs.
- xxx. The IIPS/MoHFW will be providing instructions/suggestions from time to time to maintain the quality of data. These instructions must be strictly followed by FAs for the smooth conduct of the survey.
- xxxi. **The IIPS reserves the right to terminate the contract or to take appropriate action against FA if found not adhering to the survey protocols or roles and responsibilities as reported by Junior Research Officer/other staff members of the IIPS at any stage of the execution of the GATS-3.**

#### 4. IMPLEMENTATION SCHEDULE/TIMELINE FOR DATA COLLECTION

Sr. No.	Deliverable/ Activities	Timeline
1	Recruitment of Mapping and Listing Staff	The recruitment should be completed before the completion of Mapping and Listing ToT by IIPS.
2	Survey materials for training	<p>All the mapping and listing documents and manual must be printed before the state level mapping and household listing training. All the Schedules and manuals must be made bilingual for reference with sufficient quantity before starting the training of mapping and listing and main survey (at least <u>one month</u> before).</p> <p>Android Tablets for Main Survey should be checked by IIPS IT personals for finalizing the configuration provided in the RFP and GSS software to be installed before the Main Survey Training of Trainers.</p>
3	Number of teams for mapping and household listing and main survey	For Mapping and household listing team: Three/four teams per 50 PSUs, total number of teams depend on the total numbers of PSUs to be covered in the State/UT/States/Group of States/UTs
4	Training for mapping and household listing	<u>Two days</u> training including one day class room and one day field practice in rural and urban areas.
5	Mapping and Household Listing Operation	<ul style="list-style-type: none"> <li>The FA must start mapping and household listing training within one week of the completion mapping and household listing ToT organized by the IIPS.</li> <li>M&amp;L operation in a PSU should be completed in a minimum of 2 days which may require additional days in remote/hilly/islands PSUs.</li> <li>The whole mapping and household listing operation must be completed within one month from the date of commencement of the field work.</li> <li>FA should ensure that mapping and household listing operation is completed <b>one month</b> before the commencement of the main survey training.</li> <li>FA should provide one GPS instrument (given by the IIPS) and one mapping and household listing manual to each team.</li> <li>FA should not carry out mapping and household listing in more than 3-4 adjoining districts at a time. The list of these 3-4</li> </ul>

		<p>districts will be sent by IIPS to FA on regular basis. The next set of 3-4 districts will be assigned only when FA finishes previously assigned 3-4 districts in all respects.</p> <ul style="list-style-type: none"> <li>FA must send mapping and household listing data to IIPS on a regular basis. The data of 3-4 districts must be sent within two weeks of completion of these districts. <b>In case of delay, IIPS will impose some restriction on team movement and any delay in Mapping and Household Listing operation will be the responsibility of FA.</b></li> </ul>
6	Recruitment of all field staff	<ul style="list-style-type: none"> <li>Before completion of ToT for Main Survey by IIPS.</li> </ul>
7	Main survey training	<ul style="list-style-type: none"> <li>The FA should provide the training to their investigators for a minimum of <b>eight days</b>, which includes the <b>three days</b> field practice in rural and urban areas.</li> <li>At the end of the training, the IIPS will evaluate the training and if found necessary; number of days of training can be extended.</li> <li>For Main Survey –Minimum of 2 teams per 50 PSUs.</li> <li>FAs should make sure that all the Tablets were loaded with GSS software of GATS-3 provided by IIPS and fully charged batteries before handing over to field staff.</li> </ul>
8	Main survey fieldwork	<ul style="list-style-type: none"> <li>After completion of <b>eight days</b> training, the FA should start field work immediately (within a week). Actual field survey has to be completed within a <b>maximum</b> period of <b>three months</b> from the date of commencement of the field work. FA should start household survey <i>simultaneously</i> only in 2-3 adjoining districts. In no case main survey will be allowed in more than 2-3 adjoining <b>districts at a time</b>. The list of these 2-3 districts will be provided by the IIPS to FA on a regular basis. The next set of 2-3 <i>districts will be assigned only when FA has finished the work in previously assigned 2-3 districts completely</i>. FA has to send the data on a day- to- day basis to the IIPS.</li> </ul>
9	Submission of Progress Report	<ul style="list-style-type: none"> <li>Each FA must submit a weekly progress report on regular basis.</li> </ul>

## 5. PAYMENT SCHEDULE

The payment plan for Field Agencies in GATS-3 is provided in the table below:

Installment	Disbursement modality	Verifiable indicator / milestone	% of the amount to be released
1	<ol style="list-style-type: none"> <li>1. Signing of the contract</li> <li>2. On submission of Performance Security of (as per GeM) of total contract value.</li> <li>3. On submission of Performance Bank Guarantee from a nationalized bank and or a bank recognized by the RBI equal to 10% of the total contract value.</li> <li>4. On giving details of the addresses of the state office, Name of the state nodal officer (team leader), telephone /fax numbers, communication details of the field supervisors, email IDs.</li> </ol>	<ul style="list-style-type: none"> <li>• On receipt of signed agreement/contract.</li> <li>• On physical receipt of the Performance Security.</li> <li>• On physical receipt of the Performance Bank Guarantee at the IIPS and verification.</li> <li>• On physical receipt of the details from the head/team leader.</li> </ul>	10%
2	<p>At the time of the beginning of the main survey field work after raising required number of teams on</p> <ol style="list-style-type: none"> <li>a. Completion of mapping and listing training and mapping and listing operation.</li> <li>b. Checking and verification of Android Tablets by IIPS personals and loading of the GSS software.</li> <li>c. Completion of main survey training, and</li> <li>d. Certification of FA by the IIPS Junior Research Officer (JRO) based in field locations.</li> <li>e. Self-certification by Head of the Field Agency.</li> </ol>	<p>Letter from Head of the FA giving details of recruitment of field staff (education qualification, experience), Group Insurance for field staff (Accidental and Health covered for the period of field work, etc.) and completion of training and training report etc.</p> <p><b>And</b></p> <p>Receipt of mapping &amp; listing data at the IIPS</p> <p><b>And</b></p> <p>Validation notes from IIPS personal on availability and readiness of the Android Tablet for the main Survey.</p> <p><b>And</b></p> <p>Formation of required number of teams of</p>	25%



		<p>trained interviewers and supervisors for GATS-3 survey.</p> <p><b>And</b></p> <p>Report of the JRO/ project coordinator from the IIPS</p> <p><b>And</b></p> <p>Completion of the financial requirements of previous release as per prescribed format provided by the IIPS and certified by CA.</p>	
3	On the completion of field work in 50 percent of PSUs and receipt of data at the IIPS and a self-certification by Head/MD of the Field Agency.	<p>Letter from Head/MD of the FA giving details of progress of field work.</p> <p>And Report of the JRO/ Coordinator from the IIPS.</p> <p>And completion of the financial requirements of previous releases.</p> <p><b>And</b></p> <p>Statement/certificate of Salary and DA paid to household survey field investigators as per the IIPS norms.</p>	25%
4	On completion of 100% PSUs and receipt of data at the IIPS and validation of data.	<p>Same as above</p> <p><b>And</b></p> <p>Submission of 100% data accepted (quality) and approved by the IIPS</p> <p><b>And</b></p> <p>Completion of the financial requirements of previous releases</p>	25%
5	On Submission/ returning of GPSs and all materials/documents and verify by the IIPS.	<p>Same as above</p> <p><b>And</b></p> <p>Same as above</p> <p><b>And</b></p> <p>Submission of GPSs and all materials provided to FA by the IIPS and verify all the materials returns are functional and good conditions/ non-damage.</p>	15%

## 6. ELIGIBILITY CRITERIA FOR TECHNICAL EVALUATION

The eligibility criteria of the Field Agencies to qualify for the technical evaluation have been provided in the table below.

Sr. No.	Pre-Qualification Criteria	Proof/Documents Required
1	i) Name and address of the organization, ii) Year of establishment iii) Whether organization is registered in INDIA under society Registration ACT, 1860 or is an autonomous body or a Limited company or a firm etc., and details there of e.g., name(s) of partners, Managing Directors, Chief Executive Officers, key persons, etc.	Copy of Certificate of Incorporation/ Registration/ MoU as applicable
2	The FA should have a valid PAN/TAN and GST Registration in India.	Copy of PAN/TAN card and GST Registration
3	i) The Field Agency should have a minimum annual turnover of Rs. 4 crore and above, during the last three financial years 2021-22, 2022-23, 2023-24 showing minimum annual turnover of Rs. 4 Crores in each year. ii) FAs will be assigned GATS-3 work contract up to five times of their average annual turnover in last three financial years.	Copy of Audited Profit/Loss Statement and Balance sheet for financial year; 2021-22, 2022-23, 2023-24
4	i) For proof of experience of conducting large scale demographic/ health surveys for five working years (60 working months) in last 7 years.  ii) For proof of experience of having conducted at least one survey covering minimum 10,000 households (HHs) at the national level survey such as NFHS, LASI, GATS, IHDS ...etc. in the last 7 years. <b>(Household survey conducted should be in field face to face interview).</b>	1. Copy of the work order and certificate of completion. 2. Field survey experience in the format provided in <b>Annexure H.</b>
5	The field Agency should have a regular office in the respective states where they are applying for.	Complete address of the field office along with the contact details should be furnished.

6	The field agency should have a proof of each core staff (Project Coordinator, Demographer/ Statistician and IT Consultant) as regular/ contract employee of the organization for past 12 months (copy of salary certificates for past 12 months need to be attached). The core staff must commit to continue with the GATS-3 project till the completion of survey whichever is later (on Non- Judicial Stamp paper of Rs. 500/-) for each State/ Group of States/UTs applied for.	FA must furnish a proof of contract on Non-Judicial Stamp paper of Rs.500/- with core team members who are on the regular/ contract payrolls for a minimum period of 12 months or till the completion of survey, whichever is later.
7	The Field Agency should not have been blacklisted by Central/State Government departments /Undertakings of Government of India.	No Conviction certificate duly signed (format given in <b>Annexure B</b> )
8	Declaration that the Field Agency has a sufficient number of specified Android tablets to conduct the Survey	Declaration of specified Tablet availability for GATS-3 Survey (format in Annexure B2)
9	The FA should not have worked for any Tobacco Company in the last one decade. Field Agencies that have been or are currently associated with tobacco companies are barred from applying for the bid.	An affidavit on Non-Judicial Stamp paper of Rs.500/-

## 7. GUIDELINE FOR SUBMITTING PROPOSAL

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### 7.1 Technical Proposal

- a. The IIPS will upload bid for 16 State/Group of States/UTs separately.
- b. Individual field agencies are eligible to bid for GATS-3, but joint venture or consortium are not eligible to bid.
- c. A Field Agency should bid for a minimum of 6 (Six) and maximum of 10 (Ten) States/Group of States/UTs (**Provided in Annexure A2**). FA who bid for less than 6 (Six) States/Group of States/UTs will not be considered. However, an FA will not be awarded more than 6 (Six) States/Group of States/UTs. A Union Territory (UT) will be considered as the part of a larger state (in view of physical proximity and cultural affiliation). The IIPS reserves the right to add one additional state to FA under special circumstances.
- d. Bidders should submit **one technical bid and a financial bid for State/group of States/UTs**; however, they have to **submit a separate self-filled evaluation form** for each State. **Annexure A1** provides the list of State/UTs to be surveyed under the GATS-3.
- e. **Following group of States/UTs, FAs can use same set of core team members:**
  - a. West Bengal and Andaman & Nicobar Islands
  - b. Kerala and Lakshadweep
  - c. Jammu & Kashmir and Ladakh
  - d. Tamil Nadu and Puducherry
  - e. Gujarat and Dadra Nagar Haveli and Daman Diu
  - f. Maharashtra and Goa
  - g. Andhra Pradesh and Telangana
  - h. Haryana and Chandigarh
- f. **Single page summary table** should be attached with proposal consisting of columns showing State/UTs name (applied for in bid), local office address, number of employees working in local office, educational qualification of employees, work experience in surveys, etc.
- g. **FA should submit hardcopy of one comprehensive proposal consisting of a technical proposal and a financial proposal for each State/Group of States/UTs sealed in a separate envelope (one envelope for technical proposal including EMD and Processing Fee as demand drafts and another envelope for financial proposal – these two different envelopes will be inside one big envelope) to IIPS within 7 days after bid closing date in GeM Portal.**
- h. A list of contents (Serial number of items, item's name and page number) should be attached at the beginning of each bid- document.

- i. Total number of technical bid and financial bid for State/Group of States/UTs

Total Number of Bids			
Group	State/UT Names	No. of Technical	No. of Financial
1	Jammu & Kashmir and Ladakh	1	1
2	Himachal Pradesh and Uttarakhand	1	1
3	Delhi, Haryana and Chandigarh	1	1
4	Uttar Pradesh	1	1
5	West Bengal and Andaman Nicobar	1	1
6	Arunachal Pradesh, Assam and Sikkim	1	1
7	Manipur, Mizoram, Meghalaya, Nagaland and Tripura	1	1
8	Odisha and Chhattisgarh	1	1
9	Bihar and Jharkhand	1	1
10	Gujarat, D & NH and D & D*	1	1
11	Maharashtra and Goa	1	1
12	Rajasthan and Punjab	1	1
13	Madhya Pradesh	1	1
14	Andhra Pradesh and Telangana	1	1
15	Karnataka, Kerala and Lakshadweep	1	1
16	Tamil Nadu and Puducherry	1	1
<b>Total</b>		<b>16</b>	<b>16</b>

**Note:** Bidders should apply as per the State/group of States/UTs.

**States/UTs treated as a single state** are Jammu and Kashmir + Ladakh; Gujarat + DNH + DD; Tamil Nadu + Puducherry; Kerala + Lakshadweep and West Bengal + Andaman & Nicobar Islands.

\*Dadra Nagar Haveli and Daman Diu

Items to be included in the proposal are described below.

#### a. Organizational Profile

- Name and address of the Organization.
- Year of establishment.
- Legal status of the Organization– Whether Organization is registered under society Registration ACT in India or is an autonomous body or a Limited company or partnership firm, etc., and details thereof (e.g., name(s) of partners, Managing Directors, Chief Executive Officers, Key persons)
- Principal nature of activities undertaken.
- Organizational structure and names of personnel, their titles, and *curriculum vitae* including nature of appointment and duration with the organization of the key personnel proposed to be involved in the GATS-3 project for each State/UT/Group of States/UTs, roles and responsibilities of the persons to be engaged for the GATS-3 project, and where they propose to undertake the work. Please mention each key person's specific role and time allocation for undertaking activities in GATS-3.

- vi. Details of Human Resources as prescribed above.
- vii. Communication details of the organization: mailing address, telephone and fax numbers, email address, etc.
- viii. Signed consent of the organization's head and the identified Project Coordinator (State/UT/Group of States/UTs Level) to sign MoU and agree to abide by the terms and conditions set out in the project for conducting GATS-3 field work.

#### **b. Survey Experience**

- i. Area of specialization of Field research/survey as stated in pre-qualification criteria (enclose copy of the papers, letter of engagement/MoU, completion certificate, etc.).
- ii. The geographical coverage (State/UT) of surveys conducted by FA.
- iii. List of **large-scale demographics and/or health and/or social sector surveys conducted household in field face to face interview** by the Organization (including GATS, GYTS, IHDS, LASI, NFHS, SAGE, etc.) with information on geographical area covered, number of officers and supervisors, investigators engaged and number of households covered in the last seven years in each survey.
- iv. Names and addresses of sponsoring or funding agencies for whom the earlier surveys were conducted. (*Indicate key persons' name and contact details of sponsoring /funding agencies and contract details*). FA should specifically mention about the experience.
- v. Whether the surveys completed in time? If not, reasons thereof.
- vi. The cost of each survey conducted should be submitted separately in a tabular form with documentary evidence.
- vii. Documentary evidence of experience of conducting at least one large-scale demographic and/or health surveys in the last five years (GATS, GYTS, IHDS, LASI, NFHS, SAGE, etc.).

#### **c. Financial Status of the Organization** (For the last 3 financial years)

- i. Total revenue and expenditures of the organization.
- ii. Copy of the certified Audited Financial Statement for the last 3 financial years in support of the Financial Status.
- iii. The agency having an annual turnover of minimum Rs. 4 Crore for financial year, 2021-22, 2022-23, 2023-24 can **only** bid for GATS-3.

#### **d. Income Tax and GST Details** (Applicable to all bidders)

- i. Is the Organization exempted from Income Tax and GST? If yes, please furnish the exemption certificate number and date up to which exempted. A copy of the exemption certificate is to be attached.
- ii. If not exempted, furnish PAN/TAN number, GST Registration certificate, a copy of the latest Income Tax returns and assessment order.

### **7.2 Financial Proposal**

- a. The financial quotes should cover the entire cost of the household survey including mapping and household listing training, main survey training of field staff, travels and allowances, provision of vehicles for each team, insurance, all resource costs (office, etc.), human resources, printing of manuals, questionnaires for training purpose, postage/courier to return all the survey materials used, etc. The total cost converted into **unit cost/per household cost** should be mentioned in the proposal.
- b. The total cost quoted should be inclusive of all taxes **including GST**.

- c. The financial proposal will be evaluated only when a FA has qualified the technical proposal (by securing 80 percent marks in technical evaluation). A copy of evaluation sheet is enclosed for ready reference.
- d. Financial Proposal will be evaluated for completeness, justification for each item, appropriateness, rational and other criteria as considered by the evaluating committee.
- e. The IIPS reserves the right to consider the financial proposal while awarding the tender to FAs for GATS-3.
- f. The sample size by State/ Group of States/UTs and coverage details (total male and females /PSUs) are given in **Annexure A1**.
- g. The IIPS will incur the cost of Training of Trainers (ToTs) for mapping and household listing and main survey and GPSs, except that all cost will be incurred by FA.

### 7.3 Submission of Bids

- a. The bidder shall submit all the relevant documents on GeM portal as per the Additional Terms and Conditions (ATC), **as well as hardcopy including EMD and Processing Fee as Demand Drafts should also be submitted to IIPS, Mumbai within 7 days after bid closing date in GeM Portal.**
- b. All the pages of the Financial Proposal shall be duly signed by the authorized signatory of the bidder in ink before submission.

### 7.4 General terms and conditions

- a. The proposal, along with all the correspondence and documents exchanged by the FA and the IIPS, shall be written in the **English language**.
- b. **Amendments to the tender:** The IIPS reserves rights to amend any of the tender conditions or apart thereof before the last date for the submission of the bids, if necessary. Amendments, if any, would be placed on the Institute's website. The decision of extending the due date and time for the submission of tender documents on the account of amendments will be at the sole discretion of the IIPS.
- c. **The IIPS reserves the right to cancel the RFP at any stage without citing any reason.**
- d. **Earnest Money Deposit (EMD):** Should be paid through Demand Draft drawn in favour of "Director, IIPS payable at Mumbai. EMD is not required to be submitted by Organizations who are registered with the Central Purchase Organization, National Small Industries Corporation (NSIC), Micro & Small Enterprises (MSEs/MSME) and Department of Industrial Policy & Promotion (DIPP) but they need to furnish the certificate, **this exemption is only for Processing Fee and EMD. All other eligibility criteria remain the same.**
  - 1) EMD (Bid Security) of unsuccessful bidders during the first stage i.e. technical evaluation etc., shall be returned within 90 days of declaration of result of first stage.
  - 2) EMD (Bid Security) of successful bidders shall be refunded on receipt of the 'Performance Security'.
  - 3) EMD (Bid Security) of other unsuccessful bidders shall be returned within 90 days of awarding the contract.
- e. **Performance Security:** As per GeM/CPP. (Performance Security should remain valid for a period of 60 days beyond the date of completion of all contractual obligations of Agency including the return of GPSs etc., if any).
- f. **Performance Bank Guarantee (PBG):** 10% of the total contract value.
- g. The bidder is advised to attach any additional information that is considered necessary to establish its capabilities. No further information will be entertained after submission of

application unless it is required by the IIPS. The IIPS however, reserves the right to call for additional information and clarification on information submitted by the bidders.

- h. Proposals must be received by the IIPS, at the address specified not later than the date and time specified in the invitation of RFP. In case the specified date for the submission of proposal is a declared holiday at the IIPS, the same will be received on next working day with the same specified time. Proposals received after the due date and time specified will automatically be rejected.
- i. Failing to execute the contract within the prescribed period may result in termination of the contract and award of the same to other agency/agencies at the risk and cost of the agency.
- j. The person to sign the contract shall be duly authorized.
- k. The data, schedules, reports and other material used by the agencies during the implementation of the survey shall remain the property of the IIPS. The agency will not be allowed to use this information in any forum, national or international, without the explicit permission given in writing by the IIPS.
- l. The RFP shall not bind the IIPS in any way whatsoever to offer any job to the applicant if it is decided to abandon the study.
- m. **No proposal shall be accepted unless it is properly sealed. The documents should be sent by speed post/registered post/courier or hand delivered.** IIPS will not be responsible for any postal delay.

**Arbitration:** In event of any dispute arising with regard to interpretation of the articles/terms of this contract, the matter shall be referred to sole arbitrator, who shall be appointed by the Ministry of Health & Family Welfare, Government of India, New Delhi. The decision of the Arbitrator on the points referred to him/her shall be binding on both the parties to this contract, subject to the provisions of the Arbitration and Conciliation Act 1996. Nothing in this clause shall entitle FA/IIPS to refuse to perform its obligation under this contract merely because reference to the arbitrator has been requested or made or a sole arbitrator has been appointed. **The place of arbitration shall be Mumbai.**

If arbitration did not materialize, then any legal dispute will be subject to jurisdiction of **Mumbai court.**

#### **Resolution of disputes:**

- 1. If dispute or difference of any kind shall arise between the IIPS and the FA in connection with or relating to the contract, the parties shall make every effort to resolve the same amicably by mutual consultations as per provisions of Mediation Act, 2023 and rules framed thereunder.
  - 2. If the parties fail to resolve their dispute or difference by such mutual consultation within 30 days of its occurrence then, either the IIPS or the FA may give notice to other party for invoking arbitration proceedings.
- n. The Field Agency should invariably mention their order of preference for the States/Group of States/UTs they are bidding for. However, the final decision on allotment of a particular State/Group of States/UTs to the selected FA remains the sole prerogative of the IIPS/MoHFW.
- 1. **Continuance of the Core Team members for the entire project period is strongly desired in order to ensure effective execution of the project.** However, to take care of unavoidable circumstances, the FA should have appropriate clause in their contract to bind the outgoing member of the core team for at least one month to ensure proper hand over, training and handholding to the newly appointed member. This should invariably be done with the concurrence of the IIPS. In case of any attrition in the survey



team, the agency would be required to ensure that the new staff is appropriately trained before putting them to the task. The training and handover are to be monitored by the team leader and the status of completion for the same is to be reported to the IIPS. The core team comprising of persons dealing with IT component (IT Coordinator), survey component (Demography/statistics) and project management (Project Coordinator) shall attend all training for full duration and also conduct training at the state level for full duration.

2. Cost of travel and stay of the officials for attending pre-bid meeting/technical or financial bid opening will be borne by the bidder.
3. During the progress of the survey, IIPS may call the FA(s) for a meeting in Mumbai, if certain problems arise in field implementation of the survey. Cost for attending such meeting shall be incurred by FA(s).

## 8. EVALUATION OF PROPOSALS FOR FIELD AGENCIES (FAs)

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An evaluation committee consisting of members from the IIPS and MoHFW would examine both the technical and financial bids based on the details provided in the Invitation for Proposal for those agencies who are shortlisted as per the eligibility criteria for technical evaluation.

### 8.1 Selection of Field Agencies (FAs)

- a) FAs are required to score a minimum of 80 points out of 100 (80 percent) to be qualified in the technical proposal.
- b) For the final selection, **Combined Quality Cum Cost Based Selection (CQCCBS)** criteria will be adopted. The weightage for technical (actual score in percent) and financial proposal (actual score) will be 80 and 20 percent, respectively.
- c) Proportional distribution (items wise) of the proposed cost will be evaluated (**Annexure C**) against the estimated proportion (items wise) and marks will be assigned accordingly.
- d) The proposal will be valid for 180 days from the date of submission; the IIPS will make its best effort to select the FA within this period.
- e) A clear detailed financial proposal carrying unit cost per household for each and every head item of the survey must be submitted. An ad-hoc figure for the cost of per household survey will be summarily rejected at the time of financial bid opening.
- f) Financial quotes of the FA who quote below or above 10% of base price will not be eligible for awarding a contract.
- g) No FA will be awarded the work of GATS-3 that exceeds five times of their average turnover during of the last three years.
- h) The bidders who were/are in legal conflict with the IIPS or who had withdrawn from undertaking survey work after allotment of the work by IIPS will not be eligible to bid.

**SAMPLE SHEET TO BE USED FOR EVALUATION BY TECHNICAL EVALUATION COMMITTEE (TEC)**

**A. Name of the field agency:** \_\_\_\_\_

**B. State/UT/Group of States/UTs applied for:** \_\_\_\_\_

**C. Members of evaluation committee:**

- |          |                 |
|----------|-----------------|
| 1. _____ | Signature _____ |
| 2. _____ | Signature _____ |
| 3. _____ | Signature _____ |
| 4. _____ | Signature _____ |
| 5. _____ | Signature _____ |

**D. Total Marks: 100**

**E. Marks secured:** \_\_\_\_\_

**Evaluation Form Methodology**

Sr. No.	Items	Responses
<b>PART-A Organizational Profile (15%)</b>		
i	Name and address of the Organization	Mentioned (Y/N)
ii	Year of establishment	Mentioned (Y/N) (a) 5 years and more (b) Less than 5 years
iii	Whether organization is registered under Society Registration Act or is an autonomous body or a Limited Company	Mentioned (Y/N)
iv	<b>Infrastructure at Headquarter (5%)</b>	
	a) Availability of telephone and internet	Availability of Telephone (Y=0.5, N=0) Availability of Internet (Y=0.5, N=0)
	b) Availability of computers and printer	Availability of Computers (1=0, 2-4=1, 5-8=1.5, 9+=2) Availability of Printer (Y=1, N=0)
	c) Photocopy machine/copier/scanner	Availability of Photocopy (Y=0.5, N=0) Availability of Scanner (Y=0.5, N=0)
v	<b>Infrastructure in the state office (10%)</b>	
	a) Functional office	(Y=2, N=0)
	b) Availability of telephone and internet	Telephone (Y=1, N=0) Internet (Y=1, N=0)
	c) Availability of computers and printer	Computers (1=0.5, 2-4=1, 5-8=1.5, 9+=2) Printer (Y=1, N=0)
	d) Photocopy machine/copier/scanner	Availability of Photocopy machine/copier (Y=2, N=0) Availability of Scanner (Y=1, N=0)

PART B: Human Resources (30%)											
	Name of the post			General qualifications/experience/ language							
vi	Project Coordinator			1. Qualification (Ph.D.=4, M.Phil.=2, Masters=1, Graduation=0) 2. Proficiency in local language (Y=2, N=0) 3. Experiences in years (5=4, 4=3, 3=2, 2=1, 1=0)							
vii	Statistician /Demographer			1. Qualification (Ph.D.=4, M.Phil.=2, Masters=1, Graduation=0) 2. Proficiency in local language (Y=2, N=0) 3. Experiences in years (5=4, 4=3, 3=2, 2=1, 1=0)							
viii	IT Consultant			1. Qualification (M. Tech /MCA/M.Sc. Comp=4, B. Tech/ BCA/Graduate=2, Other=0) 2. Proficiency in local language (Y=2, N=0) 3. Experiences in years (5=4, 4=3, 3=2, 2=1, 1=0)							
PART-C: Survey Experience in the Last 7 Years (Please furnish the latest 5 surveys) (30%)											
ix	Experience of conducting large scale demographic/ health surveys for five working years (60 working months) in last 7 years, with one survey covering at least 10,000 households (HHs).	Survey conducted in the State for which bid submitted	Adoption of Mapping and Listing procedure	Timelines of the survey							
				Duration of survey (months)	Date of commencement of the survey	Date of completion of the survey	Whether completed in time (A certificate towards timely completion of survey should be attached)				
				Name of the surveys, starting with the latest							
				1. Survey-1	(Y=1, N=0)	(Y=2, N=0)			(Y=2, N=0)		
				2. Survey-2	(Y=1, N=0)	(Y=2, N=0)			(Y=2, N=0)		
				3. Survey-3	(Y=1, N=0)	(Y=2, N=0)			(Y=2, N=0)		
				4. Survey-4	(Y=1, N=0)	(Y=2, N=0)			(Y=2, N=0)		
				5. Survey-5	(Y=1, N=0)	(Y=2, N=0)			(Y=2, N=0)		
				x	Use of Tablet/CAPI and other technologies such as GPS in any of the above surveys (Y=5, N=0)						
				PART-D: Quality of Proposal (25%)							
				xi	Quality of Proposal			Highly systematic=3, Systematic=2, Somewhat systematic=1, Not systematic=0			
					Presentation of detailed operational Plan* should be maximum 10 slides within 20			(0-18)			

	minutes covering of survey implementations plan like: <ul style="list-style-type: none"> <li>• Human Resource Management and Retention</li> <li>• Capacity Building and Development</li> <li>• Monitoring and Supervision</li> <li>• Data Quality and Management</li> <li>• Project Timeliness and Completion</li> </ul>	
xii	Mean of deviation in proportional distribution of cost with respect to base price	If mean of deviation: (>40%= 0, 30-40%=1, 20-30%=2, 10-20%=3, <10%= 4)

\*The Committee reserves the right to decide weights for different dimensions of survey implementation.

### Evaluation Form\*

Indicators	@Headquarters (5%)		@State Office for GATS-3 (10%)		
I. Organizational capacity (39%)	Name of City:		Name of State:		
a. Infrastructure (15%)	No. if applicable	Other information	No. if applicable	Other information	
• Functional Office			0-2%		
• Availability of telephone and internet	0-1%		0-2%		
• Availability of computers and printer	0-3%		0-3%		
• Photocopier machine and scanner	0-1%		0-3%		
II. Human resources (3x10%=30%)			Education 4%	Language 2%	Survey experience in the state 4%
Full-time project coordinator (10%) • Whether can read, write and speak local language of state					
Full-time statistician/demographer (10%) • Whether can read, write and speak local language of state bidding for?					
Full-time IT consultant (10%) • Whether can read, write and speak local language of state					

III. Organizational Survey Experiences					
Experience in large scale demographic and health surveys with coverage of at least 10,000 households (HHs).	Starting date of survey	Completion date of survey	Completed in time or not? (2%)	Mapping Listing undertaken (2%)	Survey experience in the State (1%)
a. Number of surveys conducted (5×5%= 25%)					
Name of the surveys, starting with the latest-					
1.					
2.					
3.					
4.					
5.					
b. Experiences of using CAPI/Tablet and other technologies such as GPS (5%)					
IV. Quality of GATS-3 Proposal (25%)					
• Systematic arrangement of bid documents (3%)					
• Detailed presentation of operational plan by proposed team leader/ Manager/ In-charge of the respective organization** (18%)					
• Percentage share of the proposed cost on different items as given in Annexure C (4%)					

\*The evaluation form must be submitted separately for each State.

\*\*Only the presenter will address the questions or concerns raised by the members of the evaluation committee.

**Note:** Documents submitted by FA will be verified before signing of the contract and if any information furnished in the bid document is found to be incorrect, the contract will not be signed and the EMD amount will be forfeited.

## Annexure-A1

### Estimated Sample Size

State/Group of States/UTs wise number of male and female sample size and PSUs for state level estimates.

Sr. No.	State/UT	No. of PSUs	Total	Male	Female
<b>North</b>					
1	Jammu & Kashmir	89	2670	1168	1502
2	Ladakh	50	1500	750	750
3	Himachal Pradesh	84	2520	1770	750
4	Punjab	92	2760	2010	750
5	Chandigarh	75	2250	1500	750
6	Uttarakhand	100	3000	1500	1500
7	Haryana	90	2700	1198	1502
8	Delhi	80	2400	1650	750
<b>Central</b>					
9	Rajasthan	145	4350	1880	2470
10	Uttar Pradesh	238	7140	4031	3109
11	Chhattisgarh	102	3060	1505	1555
12	Madhya Pradesh	133	3990	2260	1730
<b>East</b>					
13	West Bengal	156	4680	2425	2255
14	Jharkhand	83	2490	996	1494
15	Odisha	87	2610	1090	1520
16	Bihar	146	4380	2089	2291
<b>North-East</b>					
17	Arunachal Pradesh	50	1500	750	750
18	Assam	102	3060	750	750
19	Manipur	50	1500	750	750
20	Meghalaya	50	1500	750	750
21	Mizoram	50	1500	750	750
22	Nagaland	50	1500	750	750
23	Sikkim	50	1500	750	750
24	Tripura	50	1500	1496	1564
<b>West</b>					
25	Gujarat	107	3210	1215	1995
26	Maharashtra	173	5190	2665	2525
27	Goa	75	2250	1500	750
28	D & NH and D & D*	50	1500	750	750
<b>South</b>					
29	Andhra Pradesh	117	3510	1505	2005
30	Telangana	117	3510	2005	1505
31	Karnataka	114	3420	1416	2004
32	Kerala	75	2250	1500	750
33	Tamil Nadu	107	3210	1710	1500
34	Puducherry	100	3000	1500	1500
35	Andaman & Nicobar Islands	50	1500	750	750
36	Lakshadweep	50	1500	750	750
<b>India</b>		<b>3,337</b>	<b>100,110**</b>	<b>51,835</b>	<b>48,275</b>

**Note:** States/UTs treated as a single state are Jammu and Kashmir + Ladakh; Gujarat + DNH + DD; Tamil Nadu + Puducherry; Kerala + Lakshadweep and West Bengal + Andaman & Nicobar Islands.

\*Dadra Nagar Haveli and Daman Diu.

\*\* Each PSU 30 households plus 10% oversampling will be surveyed to account for a non-response.

## Annexure-A2

### Grouping of the States/UTs

Group of States					
Sr. No.	State/UT Names	No of PSUs & estimated sample size			
		No. of PSUs	Total sample	Male	Female
1	Jammu & Kashmir and Ladakh	139	4170	1918	2252
2	Himachal Pradesh and Uttarakhand	184	5520	3270	2250
3	Delhi, Haryana and Chandigarh	245	7350	4348	3002
4	Uttar Pradesh	238	7140	4031	3109
5	West Bengal and Andaman Nicobar	206	6180	3175	3005
6	Arunachal Pradesh, Assam and Sikkim	202	6060	2996	3064
7	Manipur <sup>#</sup> , Mizoram, Meghalaya, Nagaland and Tripura	250	7500	3750	3750
8	Odisha and Chhattisgarh	189	5670	2595	3075
9	Bihar and Jharkhand	229	6870	3085	3785
10	Gujarat, D & NH and D & D*	157	4710	1965	2745
11	Maharashtra and Goa	248	7440	4165	3275
12	Rajasthan and Punjab	237	7110	3890	3220
13	Madhya Pradesh	133	3990	2260	1730
14	Andhra Pradesh and Telangana	234	7020	3510	3510
15	Karnataka, Kerala and Lakshadweep	239	7170	3666	3504
16	Tamil Nadu and Puducherry	207	6210	3210	3000
<b>Total</b>		<b>3337</b>	<b>100110**</b>	<b>51835</b>	<b>48275</b>

**Note:** Hilly and Islands include Jammu & Kashmir, Ladakh, Himachal Pradesh, Uttarakhand, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, Tripura, Andaman & Nicobar Island, and Lakshadweep.

<sup>#</sup>The survey will be conducted in Manipur, subject to the prevailing conditions and circumstances.

\*Dadra Nagar Haveli and Daman Diu

\*\* Each PSU 30 households plus 10% oversampling will be surveyed to account for a non-response.



### Annexure-A3

State/Group of States/UTs wise Minimum Team and Tablet Required as per Number of PSUs							
Sr. No.	State/Group of States	Number of PSUs	Number of Teams	PSU per team	Tablet Per State	10% Extra Tablet	Minimum Tablet Required
1	Jammu & Kashmir and Ladakh	139	6	23	30	3	33
2	Himachal Pradesh and Uttarakhand	184	8	23	40	4	44
3	Delhi, Haryana and Chandigarh	245	11	22	55	6	61
4	Uttar Pradesh	238	9	26	45	5	50
5	West Bengal and Andaman Nicobar	206	8	26	40	4	44
6	Arunachal Pradesh, Assam and Sikkim	202	8	25	40	4	44
7	Manipur <sup>#</sup> , Mizoram, Meghalaya, Nagaland and Tripura	250	10	25	50	5	55
8	Odisha and Chhattisgarh	189	8	24	40	4	44
9	Bihar and Jharkhand	229	10	23	50	5	55
10	Gujarat, D & NH and D & D*	157	6	26	30	3	33
11	Maharashtra and Goa	248	10	25	50	6	56
12	Rajasthan and Punjab	237	10	24	50	5	55
13	Madhya Pradesh	133	5	27	25	3	28
14	Andhra Pradesh and Telangana	234	10	23	50	6	56
15	Karnataka, Kerala and Lakshadweep	239	10	24	50	6	56
16	Tamil Nadu and Puducherry	207	8	26	40	4	44
<b>Total</b>		<b>3337</b>	<b>137</b>		<b>685</b>	<b>73</b>	<b>758</b>

Note: \*Dadra Nagar Haveli and Daman Diu

<sup>#</sup>The survey will be conducted in Manipur, subject to the prevailing conditions and circumstances.

## **Annexure-B1**

### **FORMAT OF NO-CONVICTION CERTIFICATE**

(On the letterhead of the Organization)

#### **No-Conviction Certificate**

This is to certify that (Name of the Organization), having registered office at (Address of the registered office) has currently or at any time in past had not been blacklisted or restricted to apply for any survey related activities by any Autonomous organization/Institution or Central/State Government Department/ Undertakings of Government of India or Court of law anywhere in the country.

Signature:

Name of the Authorized Signatory:

Designation:

Contact details (including E-mail):

Date:

Place:

## **Annexure-B2**

### **FORMAT OF TABLET DECLARATION**

(On the letterhead of the Organization)

#### **Declaration of Tablet Availability for GATS-3 Survey**

This is to certify that (Name of the Organization), having registered office at (Address of the registered office), possesses \_\_\_\_\_ Android tablets version\_\_\_\_\_ with the prescribed configuration and model no.\_\_\_\_\_ brand name\_\_\_\_ to conduct the GATS-3 Survey in [State Name].

Signature:

Name of the Authorized Signatory:

Designation:

Contact details (including E-mail):

Date:

Place:

### **Annexure-B3**

#### **NON-TOBACCO USAGE DECLARATION**

(On the letterhead of the Organization)

#### **Certificate of Non-Tobacco Usage**

This is to certify that (Name of the Organization) is committed to promoting a healthy and tobacco-free environment. We affirm that our core team, field mappers, listers, supervisors, and investigators will refrain from consuming any form of tobacco products throughout the GATS-3 survey. By adhering to this policy, we aim to ensure the well-being of the individuals who will be involved/interviewed during the course of the GATS-3 survey.

Signature:

Name of the Authorized Signatory:

Designation:

Contact details (including E-mail):

Date:

Place:

### Annexure-C

**Percentage share of the proposed cost to be spent on the following items:**

<b>Item/Particulars</b>	<b>Percentage share of the total proposed cost</b>
Human Resources	
Transportation	
Training	
Monitoring and Supervision	
Organizational cost	
Miscellaneous	
<b>Total</b>	<b>100%</b>

Note: \* Bidders should include one additional column for proposed cost (Rs.) **in Financial Proposal** including the percentage of the total proposed cost.

## **Annexure-D**

### **Tablet Specifications for Field Data Collection**

Each FA is required to have the sufficient number of tablets for field data collection for allotted States for GATS-3. Tablet with necessary configuration and attachments/peripheral units specified as follows:

<b>Android version 12-14+ (Manufactured ~2022 or later)</b>
<ul style="list-style-type: none"><li>• 2.3 GHz Octa-Core</li><li>• Screen: 7-9" Touch</li><li>• Memory: 3GB+ RAM</li><li>• 32GB+ Storage</li><li>• Network: Wi-Fi (802.11 b/g/n/ac), Bluetooth, GPS</li><li>• Camera: 8MP Rear/2MP Front</li><li>• Battery: 5,000+ mAh (~ 8 hours with standard use)</li><li>• Google account access (to be set up by project)</li></ul>

#### **Notes:**

- The FAs should use only the Android Tablets with the recommended configuration.
- A bidding agency should have sufficient number of Android Tablets with the prescribed configuration but of only one model/brand for all States they bid for, to ensure uniformity in data collection as well as installation of GSS software.
- The IT Team of the IIPS for the GATS-3 survey will check the configuration of the Tablets of the FAs to be used for the data collection.
- Tablets that do not conform to the recommended configuration will not be allowed to be used in the survey.
- FAs should ensure that they possess the Android Tablets with the recommended configuration well in advance before the main survey ToT and state level training of Field Investigators.
- FAs must keep additional Tablets with them in their main office for a replacement, in case of any technical problems arise in the Tablets which are in use in the field survey.

# GLOBAL ADULT TOBACCO SURVEY-3

## QUESTIONNAIRE



## GATS-3 INDIA



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### **GATS-3 Questionnaire Formatting Conventions**

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Text in **RED FONT** = Programming logic and skip instructions.

Text in [ALL CAPS SURROUNDED BY BRACKETS] = Specific question instructions for interviewers—not to be read to the respondents.

Text underlined = Words that interviewers should emphasize when reading to respondents.

## Household Questionnaire

---

**INTRO.** [THE HOUSEHOLD SCREENING RESPONDENT SHOULD BE 18 YEARS OF AGE OR OLDER AND YOU MUST BE CONFIDENT THAT THIS PERSON CAN PROVIDE ACCURATE INFORMATION ABOUT ALL MEMBERS OF THE HOUSEHOLD. IF NEEDED, VERIFY THE AGE OF THE HOUSEHOLD SCREENING RESPONDENT TO MAKE SURE HE/SHE IS 18 YEARS OF AGE OR OLDER.

THE HOUSEHOLD SCREENING RESPONDENT CAN BE LESS THAN 18 YEARS OLD, ONLY IF NO HOUSEHOLD MEMBERS ARE 18 YEARS OF AGE OR OLDER.]

**INTRO1.** I am \_\_\_\_\_(NAME) representing \_\_\_\_\_ (NAME OF THE ORGANIZATION) who has been assigned to carry out the third round of the Global Adult Tobacco Survey (GATS-3) in the state of \_\_\_\_\_ (NAME OF THE STATE), on behalf of the Ministry of Health and Family Welfare (MoHFW), Government of India. The International Institute for Population Sciences (IIPS) Mumbai, a Deemed University under the administrative control of the MoHFW, is the nodal agency for this survey. The World Health Organization and Centers for Disease Control and Prevention (CDC) are providing technical support for this survey. GATS-3 is conducted to assess adult tobacco behaviour in India. The information gathered will be used for policies and programs by the MoHFW, Government of India.

All houses selected for this survey were chosen from a scientific sample and your household has been selected to participate. It is very important to the success of this project that each participates in the survey. All information gathered will be kept strictly confidential. Your participation in the survey is voluntary. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. We will leave the necessary contact information with you. If you have any questions about this survey, please feel free to ask me or contact the concerned authority (Interviewer: Provide Card).

### Contact:

Director / Project Coordinators-GATS-3,  
International Institute for Population Sciences (IIPS)  
Govandi Station Road, Deonar, Mumbai-400088.  
Email: director@iipsindia.ac.in; iipsgats3@iipsindia.ac.in  
Tel: 022-42372-442/453/478/455/422/495/410; Fax: 022-25563257.

I have a few questions to find out who in your household is eligible to participate.

Do you agree to participate?

RESPONDENT AGREES TO BE INTERVIEWED.....

☐  
☐

1 → GO TO HH1

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.....

2 → END INTERVIEW

**HH1.** First, I'd like to ask you a few questions about your household. In total, how many persons live in this household?

[INCLUDE ANYONE WHO CONSIDERS THIS HOUSEHOLD THEIR USUAL PLACE OF RESIDENCE]

--	--

**HH2.** How many of these household members are 15 years of age or older?

--	--

**[IF HH2 = 00 (NO HOUSEHOLD MEMBERS ≥ 15 IN HOUSEHOLD)]**

[THERE ARE NO ELIGIBLE HOUSEHOLD MEMBERS.

THANK THE RESPONDENT FOR HIS/HER TIME.

THIS WILL BE RECORDED IN THE VISIT RECORD AS A CODE 201.]

**HH2a.** [IF HH2<HH1:] How many household members are less than 5 years old?

--	--

**HH3.** How many {male/female} household members are 15 years of age or older?

--	--

**[IF HH3 = 00 (NO MALE/FEMALE HOUSEHOLD MEMBERS ≥ 15 IN HOUSEHOLD)]**

[THERE ARE NO ELIGIBLE HOUSEHOLD MEMBERS.

THANK THE RESPONDENT FOR HIS/HER TIME.

THIS WILL BE RECORDED IN THE VISIT RECORD AS A CODE 201.]

**HH4.** I now would like to collect information about the {males/females} that live in this household who are 15 years of age or older. Let's start listing the {males/females} from oldest to youngest.

**HH4a.** What is the {oldest/next oldest} person's first name \_\_\_\_\_

**HH4b.** What is this person's age?

[IF RESPONDENT DOESN'T KNOW, PROBE FOR AN ESTIMATE]

--	--	--

**[IF REPORTED AGE IS 15 THROUGH 17, BIRTH DATE IS ASKED]**

**HH4c.** What is the month of this person's date of birth?

01 .....	<table border="1"><tr><td></td></tr></table>		1	08 .....	<table border="1"><tr><td></td></tr></table>		8
02 .....	<table border="1"><tr><td></td></tr></table>		2	09 .....	<table border="1"><tr><td></td></tr></table>		9
03 .....	<table border="1"><tr><td></td></tr></table>		3	10 .....	<table border="1"><tr><td></td></tr></table>		10
04 .....	<table border="1"><tr><td></td></tr></table>		4	11 .....	<table border="1"><tr><td></td></tr></table>		11
05 .....	<table border="1"><tr><td></td></tr></table>		5	12 .....	<table border="1"><tr><td></td></tr></table>		12
06 .....	<table border="1"><tr><td></td></tr></table>		6	DON'T KNOW .....	<table border="1"><tr><td></td></tr></table>		-7
07 .....	<table border="1"><tr><td></td></tr></table>		7	REFUSED .....	<table border="1"><tr><td></td></tr></table>		-9

**HH4cYEAR.** What is the year of this person's date of birth?

--	--	--	--

**HH4d.** [RECORD GENDER (FOR VERIFICATION IF NECESSARY)]

MALE	<table border="1"><tr><td></td></tr></table>		1
FEMALE	<table border="1"><tr><td></td></tr></table>		2
OTHER	<table border="1"><tr><td></td></tr></table>		3

**HH4e.** Does this person currently smoke tobacco, including bidis, cigarettes, hukkah, cigars, etc.?

YES	<table border="1"><tr><td></td></tr></table>		1
NO	<table border="1"><tr><td></td></tr></table>		2

DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

**HH4f.** Does this person currently use smokeless tobacco, including betel quid with tobacco, sada/surti, *khaini* or tobacco lime mixture, *gutkha*, *gul*, *mishri*, etc.?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2
DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

[REPEAT HH4a – HH4f FOR EACH PERSON REPORTED IN HH2]

**HH5.** [NAME OF THE SELECTED ELIGIBLE PERSON IS:

**{FILL SELECTED HH MEMBER'S FIRST NAME}**

ASK IF SELECTED RESPONDENT IS AVAILABLE AND IF SO, PROCEED TO THE INDIVIDUAL QUESTIONNAIRE.

IF SELECTED RESPONDENT IS NOT AVAILABLE, MAKE AN APPOINTMENT AND RECORD IT AS A COMMENT IN THE VISIT RECORD.]

## Individual Questionnaire

---

**CONSENT 1.** [CHECK AGE OF SELECTED RESPONDENT FROM THE HOUSEHOLD QUESTIONNAIRE CASE DETAILS, AND SELECT THE APPROPRIATE CATEGORY BELOW:]

15-17	1 → <b>[GO TO CONSENT2]</b>
18 OR OLDER	2 → <b>[GO TO CONSENT5]</b>
EMANCIPATED MINOR (15-17)	3 → <b>[GO TO CONSENT5]</b>

**CONSENT 2.** Before starting the interview, I need to obtain consent from a parent or guardian of [NAME OF RESPONDENT] and from [NAME OF RESPONDENT].  
[IF BOTH SELECTED RESPONDENT AND PARENT/GUARDIAN ARE AVAILABLE, CONTINUE WITH INTERVIEW.  
IF PARENT/GUARDIAN IS NOT AVAILABLE, BREAK-OFF INTERVIEW AND SCHEDULE AN APPOINTMENT TO RETURN.  
IF MINOR RESPONDENT IS NOT AVAILABLE, CONTINUE WITH OBTAINING PARENTAL CONSENT.]

**CONSENT 3.** [READ THE FOLLOWING TO THE PARENT/GUARDIAN AND SELECTED RESPONDENT (IF AVAILABLE):]

I am \_\_\_\_\_ (NAME) representing \_\_\_\_\_ (NAME OF THE ORGANIZATION) who has been assigned to carry out the third round of the Global Adult Tobacco Survey (GATS-3) in the state of \_\_\_\_\_ (NAME OF THE STATE), on behalf of the Ministry of Health and Family Welfare (MoHFW), Government of India. The International Institute for Population Sciences (IIPS) Mumbai, a Deemed University under the administrative control of the MoHFW is the nodal agency for this survey. The World Health Organization and Centers for Disease Control and Prevention (CDC) are providing technical support for this survey. GATS-3 is conducted to assess adult tobacco behaviour in India. The information gathered will be used for policies and programs by the MoHFW, Government of India.

Your household and [NAME OF RESPONDENT] have been selected at random. [NAME OF RESPONDENT] responses are very important to us and the community, as these answers will represent many other persons.

The interview will last around 30 minutes. [NAME OF RESPONDENT] participation in this survey is entirely voluntary. The information that [NAME OF RESPONDENT] will provide will be kept strictly confidential and [NAME OF RESPONDENT] will not be identified by his/her responses. Personal information will not be shared with anyone else, not even other family members including you. [NAME OF RESPONDENT] can withdraw from the study at any time, and may refuse to answer any question.

We will leave the necessary contact information with you. If you have any questions about this survey, please feel free to ask me or contact the concerned authority (Interviewer: Provide Card).

**Contact:**

Director / Project Coordinators-GATS-3,  
International Institute for Population Sciences (IIPS),  
Govandi Station Road, Deonar, Mumbai-400088;  
Email: [director@iipsindia.ac.in](mailto:director@iipsindia.ac.in); [iipsgats3@iipsindia.ac.in](mailto:iipsgats3@iipsindia.ac.in)

Tel: 022-42372-442/453/478/455/422/495/410; Fax: 022-25563257.

If you agree with [NAME OF RESPONDENT]'s participation in this survey, we will conduct a private interview with him/her.

[ASK PARENT/GUARDIAN:] Do you agree with [NAME OF RESPONDENT]'s participation?

YES	<input type="checkbox"/>	1 → [GO TO CONSENT4]
NO	<input type="checkbox"/>	2 → [END IN INTERVIEW]

**CONSENT 4.** [WAS THE SELECTED MINOR RESPONDENT PRESENT?]

PRESENT	<input type="checkbox"/>	1 → [GO TO CONSENT6]
NOT PRESENT	<input type="checkbox"/>	2 → [GO TO CONSENT5]

**CONSENT 5.** [READ TO THE SELECTED RESPONDENT:]

I am \_\_\_\_\_ (NAME) representing \_\_\_\_\_ (NAME OF THE ORGANIZATION) who has been assigned to carry out the third round of the Global Adult Tobacco Survey (GATS-3) in the state of \_\_\_\_\_ (NAME OF THE STATE), on behalf of the Ministry of Health and Family Welfare (MoHFW), Government of India. The International Institute for Population Sciences (IIPS) Mumbai, a Deemed University under the administrative control of the MoHFW is the nodal agency for this survey. The World Health Organization and Centers for Disease Control and Prevention (CDC) are providing technical support for this survey. GATS-3 is conducted to assess adult tobacco behaviour in India. The information gathered will be used for policies and programs by the MoHFW, Government of India.

Your household and you have been selected at random. Your responses are very important to us and the community, as these answers will represent many other persons. The interview will last around 30 minutes. Your participation in this survey is entirely voluntary. The information that you will provide us will be kept strictly confidential, and you will not be identified by your responses. Personal information will not be shared with anyone else, not even other family members. You can withdraw from the study at any time, and may refuse to answer any question.

We will leave the necessary contact information with you. If you have any questions about this survey, please feel free to ask me or contact the concerned authority (Interviewer: Provide Card).

**Contact:**

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Email: [director@iipsindia.ac.in](mailto:director@iipsindia.ac.in); [iipsgats3@iipsindia.ac.in](mailto:iipsgats3@iipsindia.ac.in)  
Tel: 022-42372-442/453/478/455/422/495/410; Fax: 022-25563257.

**{FILL IF CONSENT4=2:** Your parent/guardian has given his/her permission for you to participate in this survey.}

If you agree to participate, we will conduct a private interview with you.

**CONSENT 6.** [ASK SELECTED RESPONDENT:] Do you agree to participate?

RESPONDENT AGREES TO BE INTERVIEWED.....	<input type="checkbox"/>	1 → [PROCEED WITH INTERVIEW]
RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.....	<input type="checkbox"/>	2 → [END INTERVIEW]

**INTLANG.** [INTERVIEW LANGUAGE]

<input type="checkbox"/>	1	ASSAMESE	<input type="checkbox"/>	11	MALAYALAM
<input type="checkbox"/>	2	BENGALI	<input type="checkbox"/>	12	MANIPURI OR MEITEI
<input type="checkbox"/>	3	ENGLISH	<input type="checkbox"/>	13	MARATHI

<input type="checkbox"/>	4	GARO
<input type="checkbox"/>	5	GUJARATI
<input type="checkbox"/>	6	HINDI
<input type="checkbox"/>	7	KANNADA
<input type="checkbox"/>	8	KASHMIRI
<input type="checkbox"/>	9	KHASI
<input type="checkbox"/>	10	KONKANI

<input type="checkbox"/>	14	MIZO
<input type="checkbox"/>	15	NAGAMESE
<input type="checkbox"/>	16	NEPALESE
<input type="checkbox"/>	17	ODIA
<input type="checkbox"/>	18	PUNJABI
<input type="checkbox"/>	19	TAMIL
<input type="checkbox"/>	20	TELUGU

## Section A. Background Characteristics

---

**A00.** I am going to first ask you a few questions about your background.

**A01.** [RECORD GENDER FROM OBSERVATION. ASK IF NECESSARY.]

MALE	<input type="checkbox"/>	1
FEMALE	<input type="checkbox"/>	2
OTHER	<input type="checkbox"/>	3

**A02a.** What is the month of your date of birth?

01	<input type="checkbox"/>	1
02	<input type="checkbox"/>	2
03	<input type="checkbox"/>	3
04	<input type="checkbox"/>	4
05	<input type="checkbox"/>	5
06	<input type="checkbox"/>	6
07	<input type="checkbox"/>	7
08	<input type="checkbox"/>	8
09	<input type="checkbox"/>	9
10	<input type="checkbox"/>	10
11	<input type="checkbox"/>	11
12	<input type="checkbox"/>	12
DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

**A02b.** What is the year of your date of birth?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

[IF (AO2a=DK OR REF) OR (AO2b=DK OR REF), GO TO A03].

[IF (AO2a=CURRENT MONTH OF INTERVIEW) AND (CURRENT YEAR OF INTERVIEW MINUS AO2b=15), GO TO A02c].

[ELSE GO TO AO4]

**A02C.** Are you 14 or 15 years old?

14	<input type="checkbox"/>	1
15	<input type="checkbox"/>	2

[SKIP TO AO4]

**A03.** How old are you?

[IF RESPONDENT IS UNSURE, PROBE FOR AN ESTIMATE AND RECORD AN ANSWER. IF REFUSED, BREAK-OFF AS WE CANNOT CONTINUE INTERVIEW WITHOUT AGE]

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

**A03a.** [WAS RESPONSE ESTIMATED?]

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2
DON'T KNOW	<input type="checkbox"/>	-7

**A04.** What is the highest level of education you have completed?



[SELECT ONLY ONE CATEGORY]

NO FORMAL SCHOOLING

LESS THAN PRIMARY SCHOOL COMPLETED

PRIMARY SCHOOL COMPLETED

LESS THAN SECONDARY SCHOOL COMPLETED

SECONDARY SCHOOL COMPLETED

HIGHER SECONDARY SCHOOL COMPLETED

COLLEGE/UNIVERSITY COMPLETE

POST GRADUATE DEGREE COMPLETED

DON'T KNOW

REFUSED

	1
	2
	3
	4
	5
	6
	7
	8
	-7
	-9

**A05.** Which of the following best describes your main work status over the past 12 months? Government employee, non-government employee, daily wage/casual labourer, self-employed, student, homemaker, retired, unemployed-able to work, or unemployed-unable to work?

[INCLUDE SUBSISTENCE FARMING AS SELF-EMPLOYED]

GOVERNMENT EMPLOYEE

NON-GOVERNMENT EMPLOYEE

DAILY WAGE/CASUAL LABOURER

SELF-EMPLOYED

STUDENT

HOMEMAKER

RETIRED

UNEMPLOYED, ABLE TO WORK

UNEMPLOYED, UNABLE TO WORK

DON'T KNOW

REFUSED

	1
	2
	3
	4
	5
	6
	7
	8
	9
	-7
	-9

**A06.** Please tell me whether this household or any person who lives in the household has the following items:

	YES	NO	DON'T KNOW	REFUSED
a. Electricity? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9
b. Flush toilet? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9
c. Fixed telephone? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9
d. Smartphone? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9
e. Television? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9
f. Radio? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9
g. Refrigerator? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9
h. Car? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9
i. Moped/scooter/motor-cycle? ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9
j. Washing machine? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9
k. Computer/Laptop? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9
l. Internet broadband connection?...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9
m. Air conditioner? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9
n. Electric fan? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9

**A09.** Do you belong to a scheduled caste, scheduled tribe, other backward class, or none of these groups?

SCHEDULED CASTE

SCHEDULED TRIBE

OTHER BACKWARD CLASS

NONE OF THESE

	1
	2
	3
	4

DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

**A10.** What is your religion?

HINDU	<input type="checkbox"/>	1	
MUSLIM	<input type="checkbox"/>	2	
CHRISTIAN	<input type="checkbox"/>	3	
BUDDHISM	<input type="checkbox"/>	4	
JAIN	<input type="checkbox"/>	5	
SIKH	<input type="checkbox"/>	6	
OTHER	<input type="checkbox"/>	7	→ A10a. [SPECIFY]: _____
NONE	<input type="checkbox"/>	8	
DON'T KNOW	<input type="checkbox"/>	-7	
REFUSED	<input type="checkbox"/>	-9	

**A11.** What is your marital status? Would you say never married, married, separated, divorced, or widowed?

NEVER MARRIED	<input type="checkbox"/>	1
MARRIED	<input type="checkbox"/>	2
SEPARATED	<input type="checkbox"/>	3
DIVORCED	<input type="checkbox"/>	4
WIDOWED	<input type="checkbox"/>	5
REFUSED	<input type="checkbox"/>	-9

## Section B. Tobacco Smoking

---

**B01.** The following questions are about the use of different types of tobacco products. There are three categories of products that I will be asking you about separately: smoking tobacco products; electronic cigarettes, and smokeless tobacco products.

I would first like to ask you some questions about smoking tobacco, including *bidis*, cigarettes, cigars, cheroots, rolled cigarettes, tobacco rolled in maize leaf and newspaper, *hukkah*, pipes, chillum, chutta. Please do not answer about electronic cigarettes and smokeless tobacco at this time.

Do you currently smoke tobacco on a daily basis, less than daily, or not at all?

- |                 |   |
|-----------------|---|
| DAILY           | <input type="checkbox"/> 1 → SKIP TO B04                |
| LESS THAN DAILY | <input type="checkbox"/> 2                              |
| NOT AT ALL      | <input type="checkbox"/> 3 → SKIP TO B03                |
| DON'T KNOW      | <input type="checkbox"/> -7 → SKIP TO NEXT SECTION (WP) |
| REFUSED         | <input type="checkbox"/> -9 → SKIP TO NEXT SECTION (WP) |

**B02.** Have you smoked tobacco daily in the past?

- |            |   |
|------------|---|
| YES        | <input type="checkbox"/> 1 → SKIP TO B04                |
| NO         | <input type="checkbox"/> 2 → SKIP TO B04                |
| DON'T KNOW | <input type="checkbox"/> -7 → SKIP TO NEXT SECTION (WP) |
| REFUSED    | <input type="checkbox"/> -9 → SKIP TO NEXT SECTION (WP) |

**B03.** In the past, have you smoked tobacco on a daily basis, less than daily, or not at all?

[IF RESPONDENT HAS DONE BOTH "DAILY" AND "LESS THAN DAILY" IN THE PAST, CHECK "DAILY"]

- |                 |   |
|-----------------|---|
| DAILY           | <input type="checkbox"/> 1                              |
| LESS THAN DAILY | <input type="checkbox"/> 2                              |
| NOT AT ALL      | <input type="checkbox"/> 3 → SKIP TO NEXT SECTION (WP)  |
| DON'T KNOW      | <input type="checkbox"/> -7 → SKIP TO NEXT SECTION (WP) |
| REFUSED         | <input type="checkbox"/> -9 → SKIP TO NEXT SECTION (WP) |

**B04.** How old were you when you first tried smoking tobacco, even once?

--	--

[IF B04 = DON'T KNOW OR REFUSED, ASK B04a.]

**B04a.** How many years ago did you first try smoking tobacco, even once?

--	--

**BCOMP1**

IF B01 = 1, GO TO B05  
 IF B02 = 1, GO TO B05  
 IF B02 = 2, GO TO B08  
 IF B03 = 1, GO TO B05  
 IF B03 = 2, GO TO B09a

**B05.** How old were you when you first started smoking tobacco daily?

--	--

[IF B05 = DK/REF, ASK B05a. OTHERWISE, SKIP TO BCOMP2.]

**B05a.** How many years ago did you first start smoking tobacco daily?

--	--

**BCOMP2**

IF B01 = 1, GO TO B06  
 IF B02 = 1, GO TO B08  
 IF B03 = 1, GO TO B09a

**[CURRENT DAILY SMOKERS]**

**B06.** On average, how many of the following products do you currently smoke each day? Also, let me know if you smoke the product, but not every day.

[IF RESPONDENT REPORTS SMOKING THE PRODUCT BUT NOT EVERY DAY, ENTER 888

IF RESPONDENT REPORTS IN PACKS, PROBE TO FIND OUT HOW MANY ARE IN EACH AND CALCULATE TOTAL NUMBER]

a.	Manufactured cigarettes?				PER DAY
a1.	[IF B06a=888] On average, how many manufactured cigarettes do you currently smoke each week?				PER WEEK
b.	Rolled tobacco in paper or leaf?				PER DAY
b1.	[IF B06b=888] On average, how many rolled tobacco in paper or leaf do you currently smoke each week?				PER WEEK
c.	<i>Bidis</i> ?				PER DAY
c1.	[IF B06c=888] On average, how many bidis do you currently smoke each week?				PER WEEK
e.	Cigars, cheroots, or cigarillos?				PER DAY
e1.	[IF B06e=888] On average, how many cigars, cheroots, or cigarillos do you currently smoke each week?				PER WEEK
f.	Number of <i>hukkah</i> sessions per day?				PER DAY
f1.	[IF B06f=888] On average, how many <i>hukkah</i> sessions do you currently participate in each week?				PER WEEK
g.	Any others? (→ g1. Please specify the other type you currently smoke: _____)				PER DAY
g2.	[IF B06g=888] On average, how many [FILL PRODUCT] do you currently smoke each week?				PER WEEK

**B07.** How soon after you wake up do you usually have your first smoke? Would you say within 5 minutes, 6 to 30 minutes, 31 to 60 minutes, or more than 60 minutes?

- |                      |                          |    |
|----------------------|--------------------------|----|
| WITHIN 5 MINUTES     | <input type="checkbox"/> | 1  |
| 6 TO 30 MINUTES      | <input type="checkbox"/> | 2  |
| 31 TO 60 MINUTES     | <input type="checkbox"/> | 3  |
| MORE THAN 60 MINUTES | <input type="checkbox"/> | 4  |
| REFUSED              | <input type="checkbox"/> | -9 |

[SKIP TO NEXT SECTION (WP)]

[CURRENT LESS THAN DAILY SMOKERS]

**B08.** How many of the following do you currently smoke during a usual week?

[IF RESPONDENT REPORTS DOING THE ACTIVITY WITHIN THE PAST 30 DAYS, BUT LESS THAN ONCE PER WEEK, RECORD 888

IF RESPONDENT REPORTS IN PACKS, PROBE TO FIND OUT HOW MANY ARE IN EACH AND CALCULATE TOTAL NUMBER]

- |   |                          |                          |                          |          |
|---|--------------------------|--------------------------|--------------------------|----------|
| a. Manufactured cigarettes?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PER WEEK |
| b. Rolled tobacco in paper or leaf?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PER WEEK |
| c. Bidis?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PER WEEK |
| e. Cigars, cheroots, or cigarillos?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PER WEEK |
| f. Number of <i>hukkah</i> sessions per day?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PER WEEK |
| g. Any others? (→ g1. Please specify the other type you currently smoke: _____) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PER WEEK |

[SKIP TO NEXT SECTION (WP)]

[FORMER SMOKERS]

**B09a.** How long has it been since you stopped smoking?

[ONLY INTERESTED IN WHEN RESPONDENT STOPPED SMOKING REGULARLY - DO NOT INCLUDE RARE INSTANCES OF SMOKING

ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

- |                 |                          |                                |
|-----------------|--------------------------|--------------------------------|
| YEARS           | <input type="checkbox"/> | 1                              |
| MONTHS          | <input type="checkbox"/> | 2                              |
| WEEKS           | <input type="checkbox"/> | 3                              |
| DAYS            | <input type="checkbox"/> | 4                              |
| LESS THAN 1 DAY | <input type="checkbox"/> | 5 → SKIP TO B10                |
| DON'T KNOW      | <input type="checkbox"/> | -7 → SKIP TO NEXT SECTION (WP) |
| REFUSED         | <input type="checkbox"/> | -9 → SKIP TO NEXT SECTION (WP) |

**B09b.** [ENTER NUMBER OF (YEARS/MONTHS/WEEKS/DAYS)]

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

[IF B09a/b < 1 YEAR (< 12 MONTHS), THEN CONTINUE WITH B10. OTHERWISE, SKIP TO NEXT SECTION (WP).]

**B10.** Have you visited a doctor or other health care provider in the past 12 months for any reason of personal health?

- |         |                          |                  |
|---------|--------------------------|------------------|
| YES     | <input type="checkbox"/> | 1                |
| NO      | <input type="checkbox"/> | 2 → SKIP TO B14  |
| REFUSED | <input type="checkbox"/> | -9 → SKIP TO B14 |

**B11.** How many times did you visit a doctor or health care provider in the past 12 months? Would you say 1 or 2 times, 3 to 5 times, or 6 or more times?

- |        |                          |   |
|--------|--------------------------|---|
| 1 TO 2 | <input type="checkbox"/> | 1 |
|--------|--------------------------|---|

3 TO 5 ☐ 2  
 6 OR MORE ☐ 3  
 REFUSED ☐ -9

**B12.** During any visit to a doctor or health care provider in the past 12 months, were you asked if you smoke tobacco?

YES ☐ 1  
 NO ☐ 2 → **SKIP TO B14**  
 REFUSED ☐ -9 → **SKIP TO B14**

**B13.** During any visit to a doctor or health care provider in the past 12 months, were you advised to quit smoking tobacco

YES ☐ 1  
 NO ☐ 2  
 REFUSED ☐ -9

**B14.** During the past 12 months, did you use any of the following to try to stop smoking tobacco?

- a. Counseling at a smoking cessation clinic?
- a1. Counseling by a health professional at a health clinic or hospital?
- b. Nicotine replacement therapy, such as the patch or gum?
- c. Other prescription medications?
- d. Traditional medicines, for example Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy?
- d1. m-Cessation?
- e. A quit line or a smoking telephone support line?
- f. Using electronic cigarettes instead?
- g. Switching to smokeless tobacco?
- h. Try to quit without assistance?
- i. Anything else?

YES ▼	NO ▼	REFUSED ▼
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9

→ i1. Please specify what you used to try to stop smoking: \_\_\_\_\_

**B15.** When you quit smoking, which of the following reasons led you to think about quitting smoking?

- a. Concern for your personal health?
- b. Concern about the health effects of your tobacco smoke on non-smokers?
- c. That society disapproves of smoking?
- d. The price of smoking tobacco products?
- e. Smoking is/was not allowed in your home?
- f. Indoor smoking restrictions at work or public places?
- i. Finding a tobacco vendor was difficult?
- g. Wanting to set a good example for children?
- h. Close friends and family disapprove(d) of your smoking?
- j. Concern about the impact of smoking on physical appearance?

YES ▼	NO ▼	REFUSED ▼
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9

## Section WP. Waterpipe Tobacco Smoking/Hukkah

ROUTING: B06F/B08F ASK FOR THE NUMBER OF WATER PIPE SMOKING SESSIONS PER DAY/WEEK.

IF B01=1 AND B06f>0 AND <888 (CURRENT DAILY WATER PIPE SMOKERS), GO TO WP5  
IF B01=1 AND B06f=888 (CURRENT LESS THAN DAILY WATER PIPE SMOKERS), GO TO WP5  
IF B01=2 AND B08f>0 AND <888 (CURRENT LESS THAN DAILY WATER PIPE SMOKERS), GO TO WP5  
IF B01=2 AND B08f=888 (CURRENT LESS THAN WEEKLY WATER PIPE SMOKERS), GO TO WP5  
ELSE, GO TO THE NEXT SECTION EC

**WP5.** I would now like to ask you some questions about smoking *hukkah*, that is, using a waterpipe to smoke tobacco.

The last time you smoked *hukkah*, how long did you participate in the *hukkah* smoking session?  
[ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

HOURS	<input type="text"/>	1
MINUTES	<input type="text"/>	2
DON'T KNOW	<input type="text"/>	-7 → SKIP TO WP6
REFUSED	<input type="text"/>	-9 → SKIP TO WP6

**WP5a.** (ENTER NUMBER OF (HOURS/MINUTES)]

<input type="text"/>	<input type="text"/>
----------------------	----------------------

**WP6.** The last time you smoked *hukkah*, how many other people did you share the same pipe with during the session?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

**WP8.** The last time you smoked *hukkah*, where did you smoke it?

HOME	<input type="text"/>	1
COFFEE SHOP	<input type="text"/>	2
BAR/CLUB	<input type="text"/>	3
RESTAURANT	<input type="text"/>	4
OTHER	<input type="text"/>	5 → WP8a. Specify other place: _____
DON'T KNOW	<input type="text"/>	-7
REFUSED	<input type="text"/>	-9

**WP9.** The last time you smoked *hukkah*, did you smoke it with flavored tobacco, unflavored tobacco, or both?

FLAVORED	<input type="text"/>	1
UNFLAVORED	<input type="text"/>	2
BOTH	<input type="text"/>	3
DON'T KNOW	<input type="text"/>	-7
REFUSED	<input type="text"/>	-9

**WP10.** Do you believe that smoking *hukkah* is less harmful than smoking cigarettes?

YES	<input type="text"/>	1
NO	<input type="text"/>	2
DON'T KNOW/NOT SURE	<input type="text"/>	-7
REFUSED	<input type="text"/>	-9

## Section EC. Electronic Cigarettes

**EC1.** Now I want to ask you about electronic cigarettes, which are also called e-cigarettes, e-pens, vaping devices, e-shisha, e-pipes. These devices are battery powered and heat a liquid to produce vapor or aerosol instead of smoke.

Before today, have you ever heard of or seen an electronic cigarette?

- |         |  |
|---------|--|
| YES     | <input type="checkbox"/> 1                             |
| NO      | <input type="checkbox"/> 2 → SKIP TO NEXT SECTION (C)  |
| REFUSED | <input type="checkbox"/> -9 → SKIP TO NEXT SECTION (C) |

**EC2.** Do you currently use electronic cigarettes on a daily basis, less than daily, or not at all?

- |                 |  |
|-----------------|--|
| DAILY           | <input type="checkbox"/> 1 → SKIP TO EC4   |
| LESS THAN DAILY | <input type="checkbox"/> 2 → SKIP TO EC4   |
| NOT AT ALL      | <input type="checkbox"/> 3                 |
| DON'T KNOW      | <input type="checkbox"/> 7 → SKIP TO EC15  |
| REFUSED         | <input type="checkbox"/> -9 → SKIP TO EC15 |

**EC3.** Have you ever, even once, used an electronic cigarette?

- |            |  |
|------------|--|
| YES        | <input type="checkbox"/> 1 → SKIP TO EC15  |
| NO         | <input type="checkbox"/> 2 → SKIP TO EC15  |
| DON'T KNOW | <input type="checkbox"/> 7 → SKIP TO EC15  |
| REFUSED    | <input type="checkbox"/> -9 → SKIP TO EC15 |

**EC4.** Which of the following are reasons why you use electronic cigarettes?

	YES ▼	NO ▼	REFUSED ▼
a. <b>[IF B01=1 OR 2:]</b> To quit smoking tobacco?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
b. <b>[IF B03=1 OR 2:]</b> To avoid going back to smoking tobacco?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
c. Because I enjoy it?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
d. Because I'm addicted to it?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
e. I can use it at times when or in places where tobacco smoking is not allowed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
f. It is less harmful than smoking tobacco?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
g. It comes in flavors I like?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
h. A friend or family member uses them?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9

**EC8.** What is the primary flavor of the electronic cigarette you currently use?

[IF MORE THAN ONE FLAVOR IS USED, SELECT FLAVOR USED MOST RECENTLY]

- |  |   |
|--|---|
| TOBACCO FLAVOR   | <input type="checkbox"/> 1                          |
| MENTHOL OR MINT  | <input type="checkbox"/> 2                          |
| CLOVE OR SPICE   | <input type="checkbox"/> 3                          |
| FRUIT FLAVOR   | <input type="checkbox"/> 4                          |
| CHOCOLATE, CANDY, DESSERTS, OR OTHER SWEETS                              | <input type="checkbox"/> 5                          |
| AN ALCOHOLIC DRINK (SUCH AS WINE / COGNAC / MARGARITA / OTHER COCKTAILS) | <input type="checkbox"/> 6                          |
| A NON-ALCOHOLIC DRINK (SUCH AS COFFEE / SODA / ENERGY DRINKS / OTHER)    | <input type="checkbox"/> 7                          |
| SOME OTHER FLAVOR  | <input type="checkbox"/> 8 → EC8a. [SPECIFY]: _____ |
| NO FLAVOR  | <input type="checkbox"/> 9                          |
| DON'T KNOW   | <input type="checkbox"/> -7                         |
| REFUSED  | <input type="checkbox"/> -9                         |



**EC10.** Does the electronic cigarette that you currently use contain nicotine?  
 [IF MORE THAN ONE DEVICE IS USED, REFER TO DEVICE USED MOST RECENTLY]

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2
DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

**EC14.** The last time you purchased electronic cigarettes for yourself, where did you buy them?

STORE	<input type="checkbox"/>	2	
STREET VENDOR	<input type="checkbox"/>	3	
DUTY-FREE SHOP	<input type="checkbox"/>	5	
OUTSIDE THE COUNTRY	<input type="checkbox"/>	6	
KIOSKS/PAN SHOP	<input type="checkbox"/>	7	
ONLINE/HOME DELIVERY	<input type="checkbox"/>	8	
FROM ANOTHER PERSON	<input type="checkbox"/>	9	
OTHER	<input type="checkbox"/>	10	→ EC14a. [SPECIFY LOCATION]: _____
DON'T REMEMBER	<input type="checkbox"/>	-7	
REFUSED	<input type="checkbox"/>	-9	

**EC15.** Are you aware that electronic cigarettes are banned by the Government of India?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2
DON'T KNOW	<input type="checkbox"/>	-7

## Section C. Smokeless Tobacco

**C01.** The next questions are about using smokeless tobacco, such as tobacco leaf, betel quid with tobacco, sada/surti, *khaini* or tobacco lime mixture, *gutkha*, *paan masala* with *zarda*, mawa, *gul*, *gudakhu*, *mishri*. Smokeless tobacco is tobacco that is not smoked, but is sniffed through the nose, held in the mouth, or chewed. Please do not answer about chewing of products without tobacco at this time.

Do you currently use smokeless tobacco on a daily basis, less than daily, or not at all?

[IF RESPONDENT DOES NOT KNOW WHAT SMOKELESS TOBACCO IS, EITHER PRESENT A SHOWCARD OR READ DEFINITION FROM QXQ SCREEN]

DAILY	<input type="checkbox"/>	1 → SKIP TO C04
LESS THAN DAILY	<input type="checkbox"/>	2
NOT AT ALL	<input type="checkbox"/>	3 → SKIP TO C03
DON'T KNOW	<input type="checkbox"/>	-7 → SKIP TO NEXT SECTION (CC)
REFUSED	<input type="checkbox"/>	-9 → SKIP TO NEXT SECTION (CC)

**C02.** Have you used smokeless tobacco daily in the past?

YES	<input type="checkbox"/>	1 → SKIP TO C04
NO	<input type="checkbox"/>	2 → SKIP TO C04
DON'T KNOW	<input type="checkbox"/>	-7 → SKIP TO NEXT SECTION (CC)
REFUSED	<input type="checkbox"/>	-9 → SKIP TO NEXT SECTION (CC)

**C03.** In the past, have you used smokeless tobacco on a daily basis, less than daily, or not at all?

[IF RESPONDENT HAS DONE BOTH "DAILY" AND "LESS THAN DAILY" IN THE PAST, CHECK "DAILY" AND FOLLOW DAILY ROUTING]

DAILY	<input type="checkbox"/>	1
LESS THAN DAILY	<input type="checkbox"/>	2
NOT AT ALL	<input type="checkbox"/>	3 → SKIP TO NEXT SECTION (CC)
DON'T KNOW	<input type="checkbox"/>	-7 → SKIP TO NEXT SECTION (CC)
REFUSED	<input type="checkbox"/>	-9 → SKIP TO NEXT SECTION (CC)

**C04.** How old were you when you first tried smokeless tobacco, even once?

[IF C04 = DON'T KNOW OR REFUSED, ASK C04a. OTHERWISE GO TO CCOMP1.]

**C04a.** How many years ago did you first try smokeless tobacco, even once?

### CCOMP1

IF C01 = 1, GO TO C05

IF C02 = 1, GO TO C05

IF C02 = 2, GO TO C08

IF C03 = 1, GO TO C05

IF C03 = 2, GO TO C09a

**C05.** How old were you when you first tried using smokeless tobacco daily?

[IF C05 = DK OR REF, ASK C05a, OTHERWISE SKIP TO CCOMP2.]

**C05a.** How many years ago did you first try using smokeless tobacco daily?

--	--

**CCOMP2**

IF C01 = 1, GO TO C06

IF C02 = 1, GO TO C08

IF C03 = 1, GO TO C09a

**[CURRENT DAILY SMOKELESS TOBACCO USERS]**

**C06.** On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day.

[IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, ENTER 888]

a. Betel quid with tobacco?				PER DAY
a1. [IF C06a=888] On average, how many times do you use betel quid with tobacco each week?				PER WEEK
b. <i>Khaini</i> or tobacco lime mixture?				PER DAY
b1. [IF C06b=888] On average, how many times do you use <i>khaini</i> or tobacco lime mixture each week?				PER WEEK
c. Gutka, areca nut—tobacco lime mixture, or <i>mawa</i> ?				PER DAY
c1. [IF C06c=888] On average, how many times do you use gutka, areca nut—tobacco lime mixture, or <i>mawa</i> each week?				PER WEEK
d. Oral tobacco use (as <i>mishri</i> , <i>gul</i> , <i>gudakhu</i> )?				PER DAY
d1. [IF C06d=888] On average, how many times do you use oral tobacco use (as <i>mishri</i> , <i>gul</i> , <i>gudakhu</i> ) each week?				PER WEEK
e. <i>Paan masala</i> together with tobacco?				PER DAY
e1. [IF C06e=888] On average, how many times do you use <i>Paan masala</i> together with tobacco each week?				PER WEEK
f. Nasal use of snuff?				PER DAY
f1. [IF C06f=888] On average, how many times do you use nasal use of snuff each week?				PER WEEK
g. Any others? (→ g1. Please specify the other type you currently use: _____)?				PER DAY
g2. [IF C06g=888] On average, how many times week do you currently use [FILL PRODUCT]?				PER WEEK

**C07.** How soon after you wake up do you usually use smokeless tobacco for the first time? Would you say within 5 minutes, 6 to 30 minutes, 31 to 60 minutes, or more than 60 minutes?

WITHIN 5 MINUTES	<input type="checkbox"/>	1
6 TO 30 MINUTES	<input type="checkbox"/>	2
31 TO 60 MINUTES	<input type="checkbox"/>	3
MORE THAN 60 MINUTES	<input type="checkbox"/>	4
REFUSED	<input type="checkbox"/>	-9

[SKIP TO NEXT SECTION (CC)]

**[CURRENT LESS THAN DAILY SMOKELESS TOBACCO USERS]**

**C08.** How many times a week do you usually use the following?

[IF RESPONDENT REPORTS DOING THE ACTIVITY WITHIN THE PAST 30 DAYS, BUT LESS THAN ONCE PER WEEK, RECORD 888]

- |  |  |  |  |                |
|--|--|--|--|----------------|
| a. Betel quid with tobacco?  |  |  |  | TIMES PER WEEK |
| b. <i>Khaini</i> or tobacco lime mixture?                              |  |  |  | TIMES PER WEEK |
| c. Gutka, areca nut—tobacco lime mixture, or <i>mawa</i> ?             |  |  |  | TIMES PER WEEK |
| d. Oral tobacco use (as <i>mishri</i> , <i>gul</i> , <i>gudakhu</i> )? |  |  |  | TIMES PER WEEK |
| e. <i>Paan masala</i> together with tobacco?                           |  |  |  | TIMES PER WEEK |
| f. Nasal use of snuff?   |  |  |  | TIMES PER WEEK |
| g. Any other form of smokeless tobacco?                                |  |  |  | TIMES PER WEEK |
- g1. Please specify the other type you currently use: \_\_\_\_\_

**C09. [ADMINISTERED ONLY IF B01=2 AND C01=2]**

You mentioned that you smoke tobacco, but not every day and that you also use smokeless tobacco, but not every day. Thinking about both smoking tobacco and using smokeless tobacco, would you say you use tobacco on a daily basis or less than daily?

- |                 |  |    |
|-----------------|--|----|
| DAILY           |  | 1  |
| LESS THAN DAILY |  | 2  |
| REFUSED         |  | -9 |

[SKIP TO NEXT SECTION (CC)]

**[FORMER SMOKELESS TOBACCO USERS]**

**C09a. How long has it been since you stopped using smokeless tobacco?**

[ONLY INTERESTED IN WHEN RESPONDENT STOPPED USING SMOKELESS TOBACCO REGULARLY — DO NOT INCLUDE RARE INSTANCES OF USING SMOKELESS TOBACCO ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

- |                 |  |                                |
|-----------------|--|--------------------------------|
| YEARS           |  | 1                              |
| MONTHS          |  | 2                              |
| WEEKS           |  | 3                              |
| DAYS            |  | 4                              |
| LESS THAN 1 DAY |  | 5 → SKIP TO C10                |
| DON'T KNOW      |  | -7 → SKIP TO NEXT SECTION (CC) |
| REFUSED         |  | -9 → SKIP TO NEXT SECTION (CC) |

**C09b. ENTER NUMBER OF (YEARS/MONTHS/WEEKS/DAYS)]**

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[IF C09a/b < 1 YEAR (< 12 MONTHS), THEN CONTINUE. OTHERWISE, SKIP TO NEXT SECTION (CC).]

IF B10 HAS NOT BEEN ASKED	→ CONTINUE WITH C10
IF B10 = YES	→ SKIP TO C12
IF B10 = NO OR REFUSED	→ SKIP TO C14

**C10. Have you visited a doctor or other health care provider in the past 12 months for any reason of personal health?**

- |         |  |                  |
|---------|--|------------------|
| YES     |  | 1                |
| NO      |  | 2 → SKIP TO C14  |
| REFUSED |  | -9 → SKIP TO C14 |

**C11. How many times did you visit a doctor or health care provider in the past 12 months? Would you say 1 or 2 times, 3 to 5 times, or 6 or more times?**

1 OR 2 TIMES	<input type="checkbox"/>	1
3 TO 5 TIMES	<input type="checkbox"/>	2
6 OR MORE TIMES	<input type="checkbox"/>	3
REFUSED	<input type="checkbox"/>	-9

**C12.** During any visit to a doctor or health care provider in the past 12 months, were you asked if you used smokeless tobacco?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2 → <b>SKIP TO C14</b>
REFUSED	<input type="checkbox"/>	-9 → <b>SKIP TO C14</b>

**C13.** During any visit to a doctor or health care provider in the past 12 months, were you advised to stop using smokeless tobacco?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2
REFUSED	<input type="checkbox"/>	-9

**C14.** During the past 12 months, did you use any of the following to try to stop using smokeless tobacco?

	YES ▼	NO ▼	REFUSED ▼
a. Counseling at a cessation clinic?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
a1. Counseling by a health professional at a health clinic or hospital?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
b. Nicotine replacement therapy, such as the patch or gum?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
c. Other prescription medications?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
d. Traditional medicines, for example Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
d1. m-Cessation?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
e. A quit line or telephone support line?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
f. Using electronic cigarettes instead?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
g. Chewing non-tobacco substances or mixtures?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
h. Try to quit without assistance?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
i. Anything else?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
→ i1. Please specify what you used to try to stop using smokeless tobacco: _____			

**C15.** When you quit using smokeless tobacco, which of the following reasons led you to think about quitting?

	YES ▼	NO ▼	REFUSED ▼
a. Concern for your personal health?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
c. That society disapproves of using smokeless tobacco?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
d. The price of smokeless tobacco products?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
e. Smokeless tobacco use is/was not allowed in your home?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
f. Smokeless tobacco restrictions at work or public places?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
i. Finding a tobacco vendor was difficult?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
g. Wanting to set a good example for children?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
h. Close friends and family disapprove(d) of your using smokeless tobacco?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
j. Concern about the impact of smokeless tobacco on physical appearance?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9

## Section CC. Use of Other Products

---

**CC1.** The next questions ask about your use of some other products that do not contain tobacco.

Do you consume paan masala without tobacco?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2 → SKIP TO CC3
REFUSED	<input type="checkbox"/>	-9

**CC2.** How frequently do you consume paan masala without tobacco, would you say daily, not daily but at least once in a week, or only occasionally?

DAILY	<input type="checkbox"/>	1
NOT DAILY, BUT WEEKLY	<input type="checkbox"/>	2
OCCASIONALLY	<input type="checkbox"/>	3
REFUSED	<input type="checkbox"/>	-9

**CC3.** Do you consume betel quid without tobacco?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2 → SKIP TO CC5
REFUSED	<input type="checkbox"/>	-9

**CC4.** How frequently do you consume betel quid without tobacco, would you say daily, not daily but at least once in a week, or only occasionally?

DAILY	<input type="checkbox"/>	1
NOT DAILY, BUT WEEKLY	<input type="checkbox"/>	2
OCCASIONALLY	<input type="checkbox"/>	3
REFUSED	<input type="checkbox"/>	-9

**CC5.** Do you consume areca nut of any type, plain, powdered or flavored?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2 → SKIP TO NEXT SECTION (D1)
REFUSED	<input type="checkbox"/>	-9

**CC6.** How frequently do you consume areca nut, would you say daily, not daily but at least once in a week, or only occasionally?

DAILY	<input type="checkbox"/>	1
NOT DAILY, BUT WEEKLY	<input type="checkbox"/>	2
OCCASIONALLY	<input type="checkbox"/>	3
REFUSED	<input type="checkbox"/>	-9

## Section D1. Cessation – Tobacco Smoking

### D00COMP

IF B01 = 1 OR 2 (RESPONDENT CURRENTLY SMOKES TOBACCO), CONTINUE WITH THIS SECTION

IF B01 = 3, -7, OR -9 (RESPONDENT DOES NOT CURRENTLY SMOKE TOBACCO), SKIP TO NEXT SECTION (D2).

**D01.** The next questions ask about any attempts to stop smoking that you might have made during past 12 months. Please think about tobacco smoking

During the past 12 months, have you tried to stop smoking?

YES	<input type="checkbox"/> 1
NO	<input type="checkbox"/> 2 → SKIP TO INSTRUCTION BEFORE D04
REFUSED	<input type="checkbox"/> -9 → SKIP TO INSTRUCTION BEFORE D04

**D02a.** Thinking about the last time you tried to quit, how long did you stop smoking?  
[ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

MONTHS	<input type="checkbox"/> 1
WEEKS	<input type="checkbox"/> 2
DAYS	<input type="checkbox"/> 3
LESS THAN 1 DAY	<input type="checkbox"/> 4 → SKIP TO D03
DON'T KNOW	<input type="checkbox"/> -7 → SKIP TO D03
REFUSED	<input type="checkbox"/> -9 → SKIP TO D03

**D02b.** [ENTER NUMBER OF (MONTHS/WEEKS/DAYS)]

--	--	--

**D03.** During the past 12 months, did you use any of the following to try to stop smoking tobacco?

	YES ▼	NO ▼	REFUSED ▼
a. Counseling at a smoking cessation clinic?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
a1. Counseling by a health professional at a health clinic or hospital?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
b. Nicotine replacement therapy, such as the patch or gum?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
c. Other prescription medications?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
d. Traditional medicines, for example Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
d1. e-Cessation?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
e. A quit line or a smoking telephone support line?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
f. Using electronic cigarettes instead?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
g. Switching to smokeless tobacco?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
h. Try to quit without assistance?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
i. Anything else?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9

→ i1. Please specify what you used to try to stop smoking: \_\_\_\_\_

IF C10 HAS NOT BEEN ASKED → CONTINUE WITH D04

IF C10 = YES → SKIP TO D06

IF C10 = NO OR REFUSED → SKIP TO D08

**D04.** Have you visited a doctor or other health care provider in the past 12 months for any reason of personal health?

YES ☐ 1

NO	<input type="checkbox"/> 2 → SKIP TO D08
REFUSED	<input type="checkbox"/> -9 → SKIP TO D08

**D05.** How many times did you visit a doctor or health care provider in the past 12 months? Would say 1 or 2 times, 3 to 5 times, or 6 or more times?

1 OR 2	<input type="checkbox"/> 1
3 OR 5	<input type="checkbox"/> 2
6 OR MORE	<input type="checkbox"/> 3
REFUSED	<input type="checkbox"/> -9

**D06.** During any visit to a doctor or health care provider in the past 12 months, were you asked if you smoke tobacco?

YES	<input type="checkbox"/> 1
NO	<input type="checkbox"/> 2 → SKIP TO D08
REFUSED	<input type="checkbox"/> -9 → SKIP TO D08

**D07.** During any visit to a doctor or health care provider in the past 12 months, were you advised to quit smoking tobacco?

YES	<input type="checkbox"/> 1
NO	<input type="checkbox"/> 2
REFUSED	<input type="checkbox"/> -9

**D08.** Which of the following best describes your thinking about quitting smoking? I am planning to quit within the next month, I am thinking about quitting within the next 12 months, I will quit someday but not within the next 12 months, or I am not interested in quitting?

QUIT WITHIN THE NEXT MONTH	<input type="checkbox"/> 1
THINKING WITHIN THE NEXT 12 MONTHS	<input type="checkbox"/> 2
QUIT SOMEDAY, BUT NOT NEXT 12 MONTHS	<input type="checkbox"/> 3
NOT INTERESTED IN QUITTING	<input type="checkbox"/> 4
DON'T KNOW	<input type="checkbox"/> -7
REFUSED	<input type="checkbox"/> -9



## Section D2. Cessation – Smokeless Tobacco

### D08COMP

IF C01 = 1 OR 2 (RESPONDENT CURRENTLY USE SMOKELESS TOBACCO), CONTINUE WITH THIS SECTION

IF C01 = 3, -7, OR -9 (RESPONDENT DOES NOT CURRENTLY USE SMOKELESS TOBACCO), SKIP TO NEXT SECTION (E).

**D09.** The next questions ask about any attempts to stop using smokeless tobacco that you might have made during the past 12 months. Please think about your use of smokeless tobacco.

During the past 12 months, have you tried to stop using smokeless tobacco?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2 → SKIP TO INSTRUCTION BEFORE D12
REFUSED	<input type="checkbox"/>	-9 → SKIP TO INSTRUCTION BEFORE D12

**D10a.** Thinking about the last time you tried to quit, how long did you stop using smokeless tobacco?

[ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

MONTHS	<input type="checkbox"/>	1
WEEKS	<input type="checkbox"/>	2
DAYS	<input type="checkbox"/>	3
LESS THAN 1 DAY	<input type="checkbox"/>	4 → SKIP TO D11
DON'T KNOW	<input type="checkbox"/>	-7 → SKIP TO D11
REFUSED	<input type="checkbox"/>	-9 → SKIP TO D11

**D10b.** ENTER NUMBER OF (MONTHS/WEEKS/DAYS)]

--	--	--

**D11.** During the past 12 months, did you use any of the following to try and stop using smokeless tobacco?

	YES ▼	NO ▼	REFUSED ▼
a. Counseling at a cessation clinic?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
a1. Counseling by a health professional at a health clinic or hospital?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
b. Nicotine replacement therapy, such as the patch or gum?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
c. Other prescription medications?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
d. Traditional medicines, for example Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
d1. e-Cessation?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
e. A quit line or telephone support line?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
f. Using electronic cigarettes instead?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
g. Chewing non-tobacco substances or mixtures?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
h. Try to quit without assistance?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
i. Anything else?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -9
→ i1. Please specify what you used to try to stop using smokeless tobacco: _____			

IF BOTH B10 AND D04 HAVE NOT BEEN ASKED → CONTINUE WITH D12
IF B10 OR D04 = YES → SKIP TO D14
IF B10 OR D04 = NO OR REFUSED → SKIP TO D16

**D12.** Have you visited a doctor or other health care provider in the past 12 months for any reason of personal health?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2 → SKIP TO D16
REFUSED	<input type="checkbox"/>	-9 → SKIP TO D16

**D13.** How many times did you visit a doctor or health care provider in the past 12 months? Would you say 1 or 2 times, 3 to 5 times, or 6 or more times?

1 OR 2	<input type="checkbox"/>	1
3 OR 5	<input type="checkbox"/>	2
6 OR MORE	<input type="checkbox"/>	3
REFUSED	<input type="checkbox"/>	-9

**D14.** During any visit to a doctor or health care provider in the past 12 months, were you asked if you use smokeless tobacco?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2 → SKIP TO D16
REFUSED	<input type="checkbox"/>	-9 → SKIP TO D16

**D15.** During any visit to a doctor or health care provider in the past 12 months, were you advised to stop using smokeless tobacco?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2
REFUSED	<input type="checkbox"/>	-9

**D16.** Which of the following best describes your thinking about quitting smokeless tobacco? I am planning to quit within the next month, I am thinking about quitting within the next 12 months, I will quit someday but not within the next 12 months, or I am not interested in quitting?

QUIT WITHIN THE NEXT MONTH	<input type="checkbox"/>	1
THINKING WITHIN THE NEXT 12 MONTHS	<input type="checkbox"/>	2
QUIT SOMEDAY, BUT NOT NEXT 12 MONTHS	<input type="checkbox"/>	3
NOT INTERESTED IN QUITTING	<input type="checkbox"/>	4
DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

## Section E. Secondhand Smoke

---

**E01.** I would now like to ask you a few questions about smoking in various places.

Which of the following best describes the practices about smoking inside of your home: Smoking is allowed inside of your home, smoking is generally not allowed inside of your home but there are exceptions, smoking is never allowed inside of your home, or there are no rules about smoking in your home?

- |                             |                          |                  |
|-----------------------------|--------------------------|------------------|
| ALLOWED                     | <input type="checkbox"/> | 1                |
| NOT ALLOWED, BUT EXCEPTIONS | <input type="checkbox"/> | 2                |
| NEVER ALLOWED               | <input type="checkbox"/> | 3 → SKIP TO E04  |
| NO RULES                    | <input type="checkbox"/> | 4 → SKIP TO E03  |
| DON'T KNOW                  | <input type="checkbox"/> | -7 → SKIP TO E03 |
| REFUSED                     | <input type="checkbox"/> | -9 → SKIP TO E03 |

**E02.** Inside your home, is smoking allowed in every room?

- |            |                          |    |
|------------|--------------------------|----|
| YES        | <input type="checkbox"/> | 1  |
| NO         | <input type="checkbox"/> | 2  |
| DON'T KNOW | <input type="checkbox"/> | -7 |
| REFUSED    | <input type="checkbox"/> | -9 |

**E03.** How often does anyone smoke inside your home? Would you say daily, weekly, monthly, less than monthly, or never?

- |                   |                          |    |
|-------------------|--------------------------|----|
| DAILY             | <input type="checkbox"/> | 1  |
| WEEKLY            | <input type="checkbox"/> | 2  |
| MONTHLY           | <input type="checkbox"/> | 3  |
| LESS THAN MONTHLY | <input type="checkbox"/> | 4  |
| NEVWE             | <input type="checkbox"/> | 5  |
| DON'T KNOW        | <input type="checkbox"/> | -7 |
| REFUSED           | <input type="checkbox"/> | -9 |

**E04.** Do you currently work outside of your home?

- |               |                          |                  |
|---------------|--------------------------|------------------|
| YES           | <input type="checkbox"/> | 1                |
| NO/DON'T WORK | <input type="checkbox"/> | 2 → SKIP TO E09  |
| REFUSED       | <input type="checkbox"/> | -9 → SKIP TO E09 |

**E05.** Do you usually work indoors or outdoors?

- |          |                          |                 |
|----------|--------------------------|-----------------|
| INDOORS  | <input type="checkbox"/> | 1 → SKIP TO E07 |
| OUTDOORS | <input type="checkbox"/> | 2               |
| BOTH     | <input type="checkbox"/> | 7 → SKIP TO E07 |
| REFUSED  | <input type="checkbox"/> | -9              |

**E06.** Are there any indoor areas at your work place?

- |            |                          |                  |
|------------|--------------------------|------------------|
| YES        | <input type="checkbox"/> | 1                |
| NO         | <input type="checkbox"/> | 2 → SKIP TO E09  |
| DON'T KNOW | <input type="checkbox"/> | -7 → SKIP TO E09 |
| REFUSED    | <input type="checkbox"/> | -9 → SKIP TO E09 |

**E07.** Which of the following best describes the indoor smoking policy where you work: Smoking is allowed anywhere, smoking is allowed only in some indoor areas, smoking is not allowed in any indoor areas, or there is no policy?

- |                                   |                          |   |
|-----------------------------------|--------------------------|---|
| ALLOWED ANYWHERE                  | <input type="checkbox"/> | 1 |
| ALLOWED ONLY IN SOME INDOOR AREAS | <input type="checkbox"/> | 2 |

NOT ALLOWED IN ANY INDOOR AREAS  
THERE IS NO POLICY  
DON'T KNOW  
REFUSED

<input type="checkbox"/>	3
<input type="checkbox"/>	4
<input type="checkbox"/>	-7
<input type="checkbox"/>	-9

**E08.** During the past 30 days, did you notice anyone smoking in indoor areas where you work?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2
DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

**E09.** During the past 30 days, did you visit any government buildings or government offices?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2 → SKIP TO E11
DON'T KNOW	<input type="checkbox"/>	-7 → SKIP TO E11
REFUSED	<input type="checkbox"/>	-9 → SKIP TO E11

**E10.** Did you notice anyone smoking inside of any government buildings or government offices that you visited in the past 30 days?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2
DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

**E11.** During the past 30 days, did you visit any health care facilities?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2 → SKIP TO E13
DON'T KNOW	<input type="checkbox"/>	-7 → SKIP TO E13
REFUSED	<input type="checkbox"/>	-9 → SKIP TO E13

**E12.** Did you notice anyone smoking inside of any health care facilities that you visited in the past 30 days?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2
DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

**E13.** During the past 30 days, did you visit any enclosed restaurants or public eating places?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2 → SKIP TO E15
DON'T KNOW	<input type="checkbox"/>	-7 → SKIP TO E15
REFUSED	<input type="checkbox"/>	-9 → SKIP TO E15

**E14.** Did you notice anyone smoking (including *hukkah*) inside of any enclosed restaurants or public eating places that you visited in the past 30 days?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2
DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

**EE14.** In any enclosed restaurants or public eating places that you visited in the past 30 days, did you see any no-smoking boards/signs?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2
DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

**E15.** During the past 30 days, did you visit any bars or night clubs?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2 → SKIP TO E17
DON'T KNOW	<input type="checkbox"/>	-7 → SKIP TO E17
REFUSED	<input type="checkbox"/>	-9 → SKIP TO E17

**E16.** Did you notice anyone smoking inside of any bars or night clubs that you visited in the past 30 days?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2
DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

**E17.** During the past 30 days, did you use any public transportation?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2 → SKIP TO E19
DON'T KNOW	<input type="checkbox"/>	-7 → SKIP TO E19
REFUSED	<input type="checkbox"/>	-9 → SKIP TO E19

**E18.** Did you notice anyone smoking inside of any public transportation that you used in the past 30 days?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2
DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

**E19.** During the past 30 days, did you visit any colleges/universities?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2 → SKIP TO E21
DON'T KNOW	<input type="checkbox"/>	-7 → SKIP TO E21
REFUSED	<input type="checkbox"/>	-9 → SKIP TO E21

**E20.** Did you notice anyone smoking inside of any college/university buildings that you visited in the past 30 days?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2
DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

**E21.** During the past 30 days, did you visit any schools?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2 → SKIP TO EE25
DON'T KNOW	<input type="checkbox"/>	-7 → SKIP TO EE25
REFUSED	<input type="checkbox"/>	-9 → SKIP TO EE25

**E22.** Did you notice anyone smoking inside of any school buildings that you visited in the past 30 days?

YES	<input type="checkbox"/>	1
-----	--------------------------	---

NO	<input type="checkbox"/>	2
DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

**EE25.** During the past 30 days, did you visit any cinema halls or theatres?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2 → SKIP TO E23
DON'T KNOW	<input type="checkbox"/>	-7 → SKIP TO E23
REFUSED	<input type="checkbox"/>	-9 → SKIP TO E23

**EE26.** Did you notice anyone smoking inside of any cinema halls or theatres that you visited in the past 30 days?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2
DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

**E23.** Based on what you know or believe, does breathing other people's smoke cause serious illness in non-smokers?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2
DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

**EE17.** Based on what you know or believe, does breathing other people's smoke cause serious illness in children?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2
DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

## Section F. Economics - Manufactured Cigarettes

### F00COMP

IF [B01 = 1 OR 2 (RESPONDENT CURRENTLY SMOKES DAILY OR LESS THAN DAILY)]  
AND

[(B06a OR B08a) > 0 AND <= 888 (RESPONDENT SMOKES MANUFACTURED  
CIGARETTES)]

THEN CONTINUE WITH THIS SECTION. OTHERWISE, SKIP TO NEXT SECTION (FA).

**F01a.** The next few questions are about the last time you purchased cigarettes for yourself to smoke.  
The last time you bought cigarettes for yourself, did you buy loose cigarettes, packets, or something else?

[DO NOT INCLUDE ELECTRONIC CIGARETTES OR HEATED TOBACCO PRODUCTS]

LOOSE CIGARETTES

PACKETS

OTHERS (SPECIFY)

NEVER BOUGHT CIGARETTES

REFUSED

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	4 → F01c. [SPECIFY THE UNIT]: _____
<input type="checkbox"/>	5 → SKIP TO NEXT SECTION (FA)
<input type="checkbox"/>	-9 → SKIP TO F04

**F01b.** The last time you bought cigarettes for yourself, how many {FILL F01a: cigarettes/packs/{FILL F01c}} did you buy?

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

[IF F01a=CIGARETTES, GO TO F02]

[IF F01a=PACKS, GO TO F01dPack]

[IF F01a=OTHER, GO TO F01dOther]

**F01dPack.** Did each pack contain 10 cigarettes, 20 cigarettes, or another amount?

10

20

OTHER AMOUNT

REFUSED

[GO TO F02]

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	7 → F01dPackA. How many cigarettes were in each pack?
<input type="checkbox"/>	-9

**F01dOther.** How many cigarettes were in each {F01c}?

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

**F02.** In total, how much money did you pay for this purchase?

<input type="text"/>
----------------------

RANGE: 1 – 9998

**F04.** The last time you purchased cigarettes for yourself, where did you buy them?

STORE

STREET VENDOR

MILITARY STORE (CSD/WET CANTEEN)

DUTY-FREE SHOP

KIOSKS/PAN SHOP

ONLINE/HOME DELIVERY

FROM ANOTHER PERSON

OTHER

DON'T REMEMBER

<input type="checkbox"/>	2
<input type="checkbox"/>	3
<input type="checkbox"/>	4
<input type="checkbox"/>	5
<input type="checkbox"/>	7
<input type="checkbox"/>	8
<input type="checkbox"/>	9
<input type="checkbox"/>	10 → F04a. [SPECIFY LOCATION]: _____
<input type="checkbox"/>	-7

IF [B01 = 1 OR 2 (RESPONDENT CURRENTLY SMOKES DAILY OR LESS THAN DAILY)]  
 AND  
 [(B06c OR B08c) > 0 AND <= 888 (RESPONDENT SMOKES BIDIS)]  
 THEN CONTINUE WITH THIS SECTION.  
 OTHERWISE, SKIP TO NEXT SECTION (FB).

**FA01a.** The next few questions are about the last time you purchased *bidis* for yourself to smoke. The last time you bought *bidis* for yourself, did you buy loose *bidis*, packets, or something else?

- |                           |   |
|---------------------------|---|
| LOOSE <i>BIDIS</i>        | <input type="checkbox"/> 1                                    |
| PACKETS                   | <input type="checkbox"/> 2                                    |
| OTHERS (SPECIFY)          | <input type="checkbox"/> 3 → FA01c. [SPECIFY THE UNIT]: _____ |
| NEVER BOUGHT <i>BIDIS</i> | <input type="checkbox"/> 4 → <b>SKIP TO NEXT SECTION (FB)</b> |
| REFUSED                   | <input type="checkbox"/> -9 → <b>SKIP TO FA04</b>             |

**FA01b.** How many (loose *bidis*/*bidi* packets/{FA01c}) did you buy?

--	--	--

[IF FA01a=*BIDIS*, GO TO FA02]  
 [IF FA01a=PACKETS, GO TO FA01dPack]  
 [IF FA01a=OTHER, GO TO FA01dOther]

**FA01dPack.** Did each pack contain 10 *bidis*, 20 *bidis*, or another amount?

- |              |   |
|--------------|---|
| 10           | <input type="checkbox"/> 1  |
| 20           | <input type="checkbox"/> 2  |
| OTHER AMOUNT | <input type="checkbox"/> 7 → FA01dPackA. How many <i>bidis</i> were in each pack? |
| REFUSED      | <input type="checkbox"/> -9   |
- [GO TO FA02]

**FA01dOther.** How many *bidis* were in each {FA01c}?

--	--	--

**FA02.** In total, how much money did you pay for this purchase?

--

RANGE: 1 – 500

**FA04.** The last time you purchased *bidis* for yourself, where did you buy them?

- |                      |  |
|----------------------|--|
| STORE                | <input type="checkbox"/> 2                                     |
| STREET VENDOR        | <input type="checkbox"/> 3                                     |
| KIOSKS/PAN SHOP      | <input type="checkbox"/> 7                                     |
| ONLINE/HOME DELIVERY | <input type="checkbox"/> 8                                     |
| FROM ANOTHER PERSON  | <input type="checkbox"/> 9                                     |
| OTHER                | <input type="checkbox"/> 10 → FA04a. [SPECIFY LOCATION]: _____ |
| DON'T REMEMBER       | <input type="checkbox"/> -7                                    |
| REFUSED              | <input type="checkbox"/> -9                                    |



## Section FB. Economics – Smokeless Tobacco

IF C01 = 1 OR 2 (RESPONDENT CURRENTLY USES SMOKELESS TOBACCO DAILY OR LESS THAN DAILY), THEN CONTINUE WITH THIS SECTION.  
OTHERWISE, SKIP TO NEXT SECTION (G).

**FB01a.** The next few questions are about the last time you purchased smokeless tobacco products for yourself to use.

The last time when you bought smokeless tobacco for yourself, did you buy it in a single use pouch, in a large pouch or can, as a loose product, or single betel quid/*paan* with tobacco?

- |   |                          |                              |
|---|--------------------------|------------------------------|
| SINGLE USE POUCH                            | <input type="checkbox"/> | 1                            |
| LARGE POUCH OR CAN                          | <input type="checkbox"/> | 2                            |
| LOOSE PRODUCT                               | <input type="checkbox"/> | 3 → SKIP TO FB02             |
| SINGLE BETEL QUID/ <i>PAAN</i> WITH TOBACCO | <input type="checkbox"/> | 4 → SKIP TO FB02             |
| NEVER BOUGHT SMOKELESS TOBACCO              | <input type="checkbox"/> | 5 → SKIP TO NEXT SECTION (G) |
| REFUSED                                     | <input type="checkbox"/> | -9 → SKIP TO FB04            |

**FB01b.** How many {single-use pouches/large pouches or cans} did you buy?

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

**FB01c.** How much money did you pay for each {single-use pouch/large pouch or can}?

<input type="text"/>
----------------------

RUPEES

→ SKIP TO FB04

**FB02.** In total, how much money did you pay for this purchase?

<input type="text"/>
----------------------

RANGE: 1 – 500

**FB04.** The last time you purchased smokeless tobacco products for yourself, where did you buy them?

- |                                  |                          |                                       |
|----------------------------------|--------------------------|---------------------------------------|
| STORE                            | <input type="checkbox"/> | 2                                     |
| STREET VENDOR                    | <input type="checkbox"/> | 3                                     |
| MILITARY STORE (CSD/WET CANTEEN) | <input type="checkbox"/> | 4                                     |
| KIOSKS/PAN SHOP                  | <input type="checkbox"/> | 7                                     |
| ONLINE/HOME DELIVERY             | <input type="checkbox"/> | 8                                     |
| FROM ANOTHER PERSON              | <input type="checkbox"/> | 9                                     |
| OTHER                            | <input type="checkbox"/> | 10 → FB04a. [SPECIFY LOCATION]: _____ |
| DON'T REMEMBER                   | <input type="checkbox"/> | -7                                    |
| REFUSED                          | <input type="checkbox"/> | -9                                    |

## Section G. Media

**G01Intro.** The next questions ask about your exposure to the media and advertisements in the last 30 days. First, I am going to ask you about noticing information about the dangers of smoking tobacco.

**G01.** In the last 30 days, have you noticed information about the dangers of smoking tobacco or that encourages quitting in any of the following places?

- a. In newspaper or in magazines?
- b. On television?
- c. On the radio?
- d. On billboards/hoardings?
- e. In cinemas?
- g. On the internet or social media  
(Facebook/Twitter/WhatsApp/Instagram, YouTube etc.)
- g1. On OTT platform (Online content provider?)
- h. On public transportation vehicle or stations?
- i. On public walls/buildings in public places?
- e. Somewhere else?

YES	NO	NOT APPLICABLE		REFUSED
▼	▼	▼		▼
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> -9	

[DO NOT INCLUDE HEALTH WARNINGS ON SMOKING TOBACCO PACKAGES]

→ e1. Please specify where: \_\_\_\_\_

**GG1.** [ADMINISTER IF B01=1 OR 2 AND AT LEAST 1 FOR ANY BETWEEN G01a TO G01j]

Did any of the information you just reported noticing about the dangers of smoking tobacco in the last 30 days lead you to think about quitting smoking?

- YES ☐ 1
- NO ☐ 2
- DON'T KNOW ☐ -7
- REFUSED ☐ -9

**GG1a.** Have you ever noticed a quit line or a smoking telephone support line on cigarette or *bidi* packages?

- YES ☐ 1
- NO ☐ 2
- REFUSED ☐ -9

**G201Intro.** Now I am going to ask you about noticing information about the dangers of using smokeless tobacco.

**G201.** In the last 30 days, have you noticed information about the dangers of using smokeless tobacco or that encourages quitting in any of the following places?

YES	NO	NOT APPLICABLE		REFUSED
▼	▼	▼		▼

- a. In newspaper or in magazines?  
b. On television?  
c. On the radio?  
d. On billboards/hoardings?  
e. In cinemas?  
g. On the internet or social media  
(Facebook/Twitter/WhatsApp/Instagram, YouTube etc.)  
g1. On OTT platform (Online content provider?)

	1		2		7		-9
	1		2		7		-9
	1		2		7		-9
	1		2		7		-9
	1		2		7		-9
	1		2		7		-9
	1		2		7		-9
	1		2		7		-9
	1		2		7		-9
	1		2		7		-9

- h. On public transportation vehicle or stations?  
i. On public walls/buildings in public places?  
e. Somewhere else?

[DO NOT INCLUDE HEALTH WARNINGS ON SMOKING TOBACCO PACKAGES]

→ e1. Please specify where: \_\_\_\_\_

**GG2. [ADMINISTER IF C01=1 OR 2 AND AT LEAST 1 FOR ANY BETWEEN G201a TO G201j]**

Did any of the information you just reported noticing about the dangers of using smokeless tobacco in the last 30 days lead you to think about quitting the use of smokeless tobacco?

- YES ☐ 1  
NO ☐ 2  
DON'T KNOW ☐ -7  
REFUSED ☐ -9

**GG2a.** Have you ever noticed a quit line or a telephone support line on smokeless tobacco packages?

- YES ☐ 1  
NO ☐ 2  
REFUSED ☐ -9

**G02Intro.** The next questions ask about noticing health warnings on tobacco products.

**G02COMP**  
**IF B01 = 1 OR 2 (RESPONDENT CURRENTLY SMOKES TOBACCO), GO TO G02. ELSE, GO TO G02BCOMP.**

**G02.** In the last 30 days, did you notice any health warnings on cigarette packages?

- YES ☐ 1  
NO ☐ 2 → SKIP TO G02bCOMP  
DID NOT SEE ANY CIGARETTE PACKAGES ☐ 3 → SKIP TO G02bCOMP  
REFUSED ☐ -9 → SKIP TO G02bCOMP

**G03.** In the last 30 days, have warning labels on cigarette packages led you to think about quitting?

- YES ☐ 1  
NO ☐ 2  
DON'T KNOW ☐ -7  
REFUSED ☐ -9

**G02BCOMP**  
**IF B01 = 1 OR 2 AND [(B06c OR B08c) > 0 AND <= 888] (RESPONDENT CURRENTLY SMOKES BIDIS), GO TO G02b. ELSE, GO TO G02ACCOMP.**

**G02b.** In the last 30 days, did you notice any health warnings on bidi packages?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2 → SKIP TO G02aCOMP
DID NOT SEE ANY <i>BIDI</i> PACKAGES	<input type="checkbox"/>	3 → SKIP TO G02aCOMP
REFUSED	<input type="checkbox"/>	-9 → SKIP TO G02aCOMP

**G03b.** In the last 30 days, have warning labels on *bidi* packages led you to think about quitting smoking *bidis*?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2
DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

**G02ACCOMP**

**IF C01 = 1 OR 2 (RESPONDENT CURRENTLY USES SMOKELESS TOBACCO), GO TO G02a. ELSE, GO TO GG3.**

**G02a.** In the last 30 days, did you notice any health warnings on smokeless tobacco products?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2 → SKIP TO GG3
DID NOT SEE ANY SMOKELESS PRODUCTS	<input type="checkbox"/>	3 → SKIP TO GG3
REFUSED	<input type="checkbox"/>	-9 → SKIP TO GG3

**G03a.** In the last 30 days, have warning labels on smokeless tobacco products led you to think about quitting?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2
DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

**GG3.** In the last 30 days, have you noticed any information in the media about the dangers of secondhand tobacco smoke?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2
DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

**GG4.** In the last 30 days, have you seen a notice of no sale to minors in stores where any tobacco products are sold?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2
NOT APPLICABLE	<input type="checkbox"/>	7
REFUSED	<input type="checkbox"/>	-9

**G04Intro.** The next questions ask about your exposure to advertising that is designed to promote the use of tobacco products. First, I will ask about noticing advertisements of smoking tobacco products.

**G04.** In the last 30 days, have you noticed any advertisements or signs promoting smoking tobacco products in the following places?

YES	NO	NOT APPLICABLE	REFUSED
▼	▼	▼	▼

- a. In stores where smoking tobacco is sold?  
b. On television?  
c. On the radio?  
d. On billboards/hoardings?  
e. On posters?  
f. In newspapers or magazines?  
g. In cinemas?  
h. On the internet or social media  
(Facebook/Twitter/WhatsApp/Instagram, YouTube etc.)  
h1. On OTT platform (Online content provider?)  
i. On public transportation vehicles or stations?  
j. On public walls/buildings in public places?  
k. Somewhere else?  
→ k1. Please specify where: \_\_\_\_\_

	1		2		7		-9
	1		2		7		-9
	1		2		7		-9
	1		2		7		-9
	1		2		7		-9
	1		2		7		-9
	1		2		7		-9
	1		2		7		-9
	1		2		7		-9
	1		2		7		-9
	1		2		7		-9
	1		2		7		-9
	1		2		7		-9
	1		2		7		-9
	1		2		7		-9

**G204Intro.** Now I will ask about noticing advertisements of smokeless tobacco products.

**G204.** In the last 30 days, have you noticed any advertisements or signs promoting smokeless tobacco products in the following places?

- a. In stores where smoking tobacco is sold?  
b. On television?  
c. On the radio?  
d. On billboards/hoardings?  
e. On posters?  
f. In newspapers or magazines?  
g. In cinemas?  
h. On the internet or social media  
(Facebook/Twitter/WhatsApp/Instagram, YouTube etc.)  
h1. On OTT platform (Online content provider?)  
i. On public transportation vehicles or stations?  
j. On public walls/buildings in public places?  
k. Somewhere else?  
→ k1. Please specify where: \_\_\_\_\_

YES		NO		NOT APPLICABLE		REFUSED	
▼		▼		▼		▼	
	1		2		7		-9
	1		2		7		-9
	1		2		7		-9
	1		2		7		-9
	1		2		7		-9
	1		2		7		-9
	1		2		7		-9
	1		2		7		-9
	1		2		7		-9
	1		2		7		-9
	1		2		7		-9
	1		2		7		-9
	1		2		7		-9
	1		2		7		-9
	1		2		7		-9

**G06Intro.** The next questions ask about your exposure to various promotions of cigarettes, *bidis*, and smokeless tobacco. First, I will ask about cigarettes.

**G06.** In the last 30 days, have you noticed any of the following types of cigarette promotions?

- a. Free samples of cigarettes?  
b. Cigarettes sold at sale prices?  
c. Coupons for cigarettes?

YES		NO		DON'T KNOW		REFUSED	
▼		▼		▼		▼	
<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	-7	<input type="checkbox"/>	-9
<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	-7	<input type="checkbox"/>	-9
<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	-7	<input type="checkbox"/>	-9

- d. Free gifts or special discount offers on other products when buying cigarettes? ☐ 1 ☐ 2 ☐ -7 ☐ -9
- e. Clothing or other items with a cigarettes brand name or logo? ☐ 1 ☐ 2 ☐ -7 ☐ -9
- f. cigarettes promotions in the mail? ☐ 1 ☐ 2 ☐ -7 ☐ -9
- g. Surrogate advertisements promoting other products with the same brand name as cigarettes? ☐ 1 ☐ 2 ☐ -7 ☐ -9

**G206Intro.** Now I will ask about promotions of *bidis*.

**G206.** In the last 30 days, have you noticed any of the following types of *bidi* promotions?

- |  | YES<br>▼                   | NO<br>▼                    | DON'T KNOW<br>▼             | REFUSED<br>▼                |
|--|----------------------------|----------------------------|-----------------------------|-----------------------------|
| a. Free samples of <i>bidis</i> ?  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> -7 | <input type="checkbox"/> -9 |
| b. <i>Bidis</i> sold at sale prices?   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> -7 | <input type="checkbox"/> -9 |
| c. Coupons for <i>bidis</i> ?  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> -7 | <input type="checkbox"/> -9 |
| d. Free gifts or special discount offers on other products when buying <i>bidis</i> ?          | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> -7 | <input type="checkbox"/> -9 |
| e. Clothing or other items with a <i>bidis</i> brand name or logo?                             | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> -7 | <input type="checkbox"/> -9 |
| f. <i>Bidi</i> promotions in the mail?   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> -7 | <input type="checkbox"/> -9 |
| g. Surrogate advertisements promoting other products with the same brand name as <i>bidi</i> ? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> -7 | <input type="checkbox"/> -9 |

**G306Intro.** Now I will ask about promotions of smokeless tobacco.

**G306.** In the last 30 days, have you noticed any of the following types of smokeless tobacco promotions?

- |   | YES<br>▼                   | NO<br>▼                    | DON'T KNOW<br>▼             | REFUSED<br>▼                |
|---|----------------------------|----------------------------|-----------------------------|-----------------------------|
| a. Free samples of smokeless tobacco?   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> -7 | <input type="checkbox"/> -9 |
| b. Smokeless tobacco sold at sale prices?   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> -7 | <input type="checkbox"/> -9 |
| c. Coupons for smokeless tobacco?   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> -7 | <input type="checkbox"/> -9 |
| d. Free gifts or special discount offers on other products when buying smokeless tobacco?           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> -7 | <input type="checkbox"/> -9 |
| e. Clothing or other items with a smokeless tobacco brand name or logo?                             | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> -7 | <input type="checkbox"/> -9 |
| f. Smokeless tobacco promotions in the mail?  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> -7 | <input type="checkbox"/> -9 |
| g. Surrogate advertisements promoting other products with the same brand name as smokeless tobacco? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> -7 | <input type="checkbox"/> -9 |

**GG5.** Have you ever felt triggered to use tobacco yourself after watching a person use tobacco on TV, OTT platforms, or in movies?

- YES ☐ 1
- NO ☐ 2
- DON'T KNOW/NOT SURE ☐ -7
- REFUSED ☐ -9

## Section H. Knowledge, Attitudes & Perceptions

**H01.** The next question is asking about smoking tobacco.

Based on what you know or believe, does smoking tobacco cause serious illness?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2
DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

**H02.** Based on what you know or believe, does smoking tobacco cause the following...

	YES ▼ <input type="checkbox"/> 1	NO ▼ <input type="checkbox"/> 2	DON'T KNOW ▼ <input type="checkbox"/> -7	REFUSED ▼ <input type="checkbox"/> -9
a. Stroke (blood clots in the brain that may cause paralysis)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9
b. Heart attack?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9
c. Lung cancer?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9
d. Chronic cough/Tuberculosis (TB)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9
e. Diabetes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9
f. Hypertension?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9
g. Impotence?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9

**H03.** Based on what you know or believe, does using smokeless tobacco cause serious illness?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2
DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

**HH01.** Based on what you know or believe, does use of smokeless tobacco cause the following?

	YES ▼ <input type="checkbox"/> 1	NO ▼ <input type="checkbox"/> 2	DON'T KNOW ▼ <input type="checkbox"/> -7	REFUSED ▼ <input type="checkbox"/> -9
a. Oral cancer?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9
b. Dental diseases?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -7	<input type="checkbox"/> -9

**HH02.** Based on what you know or believe, does using smokeless tobacco during pregnancy cause harm to a fetus?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2
DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

**HH03.** Do you think the use of tobacco in any form leads to addiction?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2
DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

**HH07.** [IF B01 = 1 OR 2 (CURRENTLY SMOKES DAILY OR LESS THAN DAILY)]

Based on what you know or believe, has smoking already done any harm to your body? Would you say definitely no, probably no, probably yes, or definitely, yes?

DEFINITELY NO	<input type="checkbox"/>	1
PROBABLY NO	<input type="checkbox"/>	2
PROBABLY YES	<input type="checkbox"/>	3
DEFINITELY YES	<input type="checkbox"/>	4
DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

**HH08. [IF C01 = 1 OR 2 (CURRENTLY USES SMOKELESS TOBACCO DAILY OR LESS THAN DAILY)]**

Based on what you know or believe, has using smokeless tobacco already done any harm to your body? Would you say definitely no, probably no, probably yes, or definitely, yes?

DEFINITELY NO	<input type="checkbox"/>	1
PROBABLY NO	<input type="checkbox"/>	2
PROBABLY YES	<input type="checkbox"/>	3
DEFINITELY YES	<input type="checkbox"/>	4
DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

**AA12. [ONLY FOR WOMEN AGED LESS THAN 50]**

Are you currently pregnant?

YES	<input type="checkbox"/>	1
NO	<input type="checkbox"/>	2
DON'T KNOW	<input type="checkbox"/>	-7
REFUSED	<input type="checkbox"/>	-9

**END INDIVIDUAL QUESTIONNAIRE**

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**I00.** Those are all of the questions I have. Thank you very much for participating in this important survey.

**I02.** [RECORD ANY NOTES ABOUT THE INTERVIEW:]



## Annexure-F

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### A DRAFT CONTRACT BETWEEN THE INTERNATIONAL INSTITUTE FOR POPULATION SCIENCES (IIPS) AND FIELD AGENCY (FA)

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This contract made on 00 day of XXXXX 2025 on behalf of Ministry of Health and Family Welfare (MoHFW), Government of India (GOI), New Delhi between the International Institute for Population Sciences (IIPS), Govandi Station Road, Deonar, Mumbai-400 088 (hereinafter called IIPS) of the first part and XXXXXXXXXXXXX Field Agency (hereinafter called FA) which expression shall, subject to the contract, include its successors in business and permitted assignees of the second part to conduct the **Global Adult Tobacco Survey (GATS)-3**.

#### 1. Purpose of the contract

Ministry of Health and Family Welfare, Government of India, (MoHFW, GOI) has appointed the IIPS as a nodal implementing agency to conduct the Global Adult Tobacco Survey (GATS)-3 in 28 States and 8 Union Territories (UTs). MoHFW, GOI has appointed a Technical Advisory and Monitoring Committee (TAMC) to oversee the implementation of the GATS-3 project. Accordingly, this contract is entered into for conducting survey work of GATS-3 in the State/UT /Group of States/UTs consisting of (as per the **Annexure A1**). The expected number of sample size (male and female) in the State/UT / Group of States/UTs to be covered for the individual interviews would be 110121 households including 10 percent of over sampling so as to take into account non-response. The Household Schedule includes a cover sheet to identify the household and a form on which all members of the household are listed. This form is used to record some information about each household member, such as name, sex, age, education, cast, religion and marital status of 15 years and older.

The Household Schedule permits the interviewer to identify women and men who are eligible to be interviewed with the relevant Individual Schedule. Male age 15 years and older and Female age 15 years and older who are members of the household (those that usually live in the household) are eligible to be interviewed, but those anyone who may have stayed in the household last night or since last few days (guests) do not consider the household as their usual place of residence.

The Schedules and the sampling plan to be provided by the IIPS would have to be strictly adhered to.

This agreement is entered into for conducting survey work of Global Adult Tobacco Survey (GATS)-3 in the States/UTs of \_\_\_\_\_ with PSUs \_\_\_\_\_, consisting of 33 samples per PSU. A total of 33 households and 33 individual interviews are to be conducted per Primary Sampling Unit (PSU) with a female-male distribution between them as would be specified to \_\_\_\_\_ by the GATS-3 Project team of the IIPS.

#### 2. Statement of Work

The FA shall carry out the proposed survey activities and other requirements outlined in the Attachment-A - STATEMENT OF WORK (SOW) to be done by FA UNDER THIS CONTRACT FOR THE IMPLEMENTATION OF GATS-3 PROJECT (herein after called (SOW). Any ambiguity in the ATTACHMENT-A should be referred to the IIPS for clarification. The decision of the IIPS will be final.

### **3. Period of Performance**

The activities listed in the Attachment-B1 and B2 will be completed by FA in the timeframe as specified in the Implementation Schedule given in Attachment B1.

### **4. Contract Amount and Payment Procedure**

- a) The IIPS will pay an amount (including GST) not exceeding Rs. \_\_\_\_\_ for completing the activities listed in Attachment-A for the State/UT / Group of States/UTs for which the total target sample size male and female/household is approximately \_\_\_\_\_ @ per interview/household. The disbursement will be made to as per terms and conditions set out below in clauses 4 (b) and (c) of this contract. The target sample is the expected number of household interviews to be covered (comprising of household and eligible male and women age 15 years and older). The target sample size is based on an assumed level of non-response of household interviews and eligible women and men individual interviews.
- b) Payment will be made on the basis of the target sample. However, full or partial or forfeiting of payment shall be subject to satisfactory response rates of all schedules.
- c) The amount shall be payable in installments for completed task given in the ATTACHMENT B (II). The FA shall submit invoices to the IIPS in the Prescribed Form given in the ATTACHMENT C. The IIPS will not release any payment to FA until all the previous voucher(s) has/have been approved in writing by the IIPS. A detailed report on the progress of all stages of survey as specified in clause 17 should be submitted with each invoice for release of next installment. The IIPS will not release any payment to FA until the IIPS is satisfied that the qualitative and quantitative aspect of activity/activities, required for release of the payment, has been completed and that survey protocols, procedures, rules and regulations have been followed and that the quality of the work is acceptable. In this regard, instructions set out in the training manuals etc. should be strictly followed.
- d) Deduction of Tax deductions at source (TDS) as applicable.

### **5. Termination of Contract**

If the IIPS at any stage, based on an objective examination and scrutiny set out through a due process considers, that the FA has failed to make progress in the implementation of the work schedule or is otherwise incapable of starting the project as per the timeline and completing the project work as stipulated or has failed to maintain the quality of work to the satisfaction of the IIPS, then the IIPS may revoke this contract wholly or partially and may take appropriate action against the FA including blacklisting the FA. In that event, total amount released till that time to FA should be returned to the IIPS within a stipulated period of 15 days from the date of revoking of this contract and that FA will have no claim on the balance amount or for the work so far completed.

### **6. Force Majeure and Termination**

**6.1** Where the performance by the FA of their obligations under this contract is delayed, hindered or prevented by an event or events beyond the reasonable control of the Field Agencies and against which an experienced field agencies could not reasonably have been expected to take precautions, the Field Agencies shall promptly notify IIPS in writing, specifying the nature of the force majeure event and stating the anticipated delay in the performance of this contract.

From the date of receipt of notice given in accordance with Clause 6.1, IIPS may, at its sole discretion, either suspend this contract for up to a period of 6 months (“the Suspension Period”) or terminate this contract forthwith.

If by the end of the suspension period the parties have not agreed on a further period of suspension or re-instatement of the contract, this contract shall terminate automatically.

**6.2** During the period of FA’s inability to perform the services as a result of an event of Force Majeure, IIPS shall during the subsistence of the Force Majeure event be liable to make payments to the FA under the terms of the contract for any/all services rendered by the FA and reimburse any/all such costs/expenses reasonably and necessarily incurred/spent by the FA. In addition, IIPS shall be liable to make such payments to the FA which may be incurred by the FA in reactivating the services after the end of the Force Majeure period. In case of suspension and termination of the MoU the FA will be liable to refund the money already paid for which the FA has not provided the service or the work.

## **7. Suspension or Termination without Default of the FAs**

**7.1** The IIPS may, at its sole discretion, suspend or terminate this contract at any time by so notifying the FA and giving the reason(s) for such suspension or termination.

**7.2** Where this contract has been suspended or terminated pursuant to Clause 7.1, the FA shall:

- a) take such steps as are necessary to terminate the provision of the services, (including suspending or terminating any Sub-contracts) in a cost-effective, timely and orderly manner; and
- b) provide to the IIPS, not more than 30 days after the IIPS notifies the FA of the suspension or termination of this contract an account in writing, stating:
  - i. any costs, if any, due before the date of suspension or termination;
  - ii. any costs to be expended after the date of suspension or termination which the Field Agency necessarily incurred in the proper performance of this contract and which it cannot reasonably be expected to avoid or recover.
  - iii. that all materials, instruments, documents, filled in Schedules, data retrieved have been properly submitted / transferred to the IIPS

**7.3** Subject to the IIPS approval the IIPS shall pay such amount to the FA normally within 30 days after receipt from the FA of an Invoice in respect of the amount due.

## **8. Suspension or Termination with Default of the FAs**

**8.1** The IIPS may notify the FA of the suspension or termination of this Contract where the services or any part of them are not provided to the satisfaction of the IIPS giving the reasons for such dissatisfaction and, in the case of suspension, the action required by the FA to remedy that dissatisfaction and the time within which it must be completed.

**8.2** Where this contract is suspended under Clause 8.1 and the FA subsequently fails to remedy the dissatisfaction the IIPS may terminate the contract forthwith.

The IIPS may without prejudice to its other rights, including but not limited to the right to claim for costs and losses incurred, terminate this contract forthwith where:

- a) The FA or any member of the FA’s personnel, either directly or through their servants or agents, breaches any of their obligations under this contract; or

- b) The FA or any member of the FA's personnel has committed an offence under any of the prevailing laws applicable to the project; or
- c) The FA is an individual or a partnership and at any time:
  - i. Becomes bankrupt; or
  - ii. Is the subject of a receiving order or administration order; or
  - iii. Makes any composition or arrangement with or for the benefit of the FA's creditors; or
  - iv. Makes any conveyance or assignment for the benefit of the FA's creditors; or
- d) The FA is a company and
  - i. an order is made or a resolution is passed for the winding up of the FA; or
  - ii. a receiver or administrator is applied in respect of the whole or any part of the understanding of the FA.
- e) The FA is a partnership or a company and there is a Change in Control. "Change in Control" means that the person(s) (including corporate bodies) directly or indirectly in control of the FA at the time this contract is entered into cease to be in control. "Control" means the power of a person to secure that the affairs of the FA are conducted in accordance with the wishes of that person.

**8.3** Where this contract is terminated in accordance with this clause. The FA shall without prejudice to the IIPS other remedies, take any steps necessary to terminate the provision of the services in a timely and orderly manner but shall not be entitled to any further payment in relation to this contract.

**8.4** Where this contract is terminated pursuant to clause 8.3 the FA shall pay the IIPS within 10 days of notification such amount as the IIPS shall have determined as the amount of any loss to the IIPS resulting from such termination together with the amount or value of any gift, consideration or commission concerned.

## **9. Assignment**

FA shall not unilaterally transfer or assign or sublet any part of this contract wholly or partially or otherwise the conduct of said proposal to any other person, firm or company or any other institution/organization.

## **10. Amendments and Modifications**

No revisions, modifications or change to this contract shall be binding upon the IIPS until the same is acknowledged by the IIPS and agreed to in writing.

## **11. Limitation of Liability**

FA hold the IIPS harmless from any liability claim for loss or damages of property or injury or death of persons or any cause of action of whatsoever nature that may arise out of FA performance of this contract.

## **12. Indemnify**

Except where arising from the negligence of the IIPS, the Field Agency shall indemnify the IIPS in respect of any cost or damages however arising out of or related to breach of warranty or representation, contract or statutory duty, or tortuous act or omissions by the FA or FA's personnel or any claims made against the IIPS by third parties in respect thereof.

### **13. Equipment**

The GPS instruments provided to the FA by the IIPS for GATS-3 (with signing of undertaking) should be returned to the IIPS in working condition after completion of the survey. In case of loss/damage of any of the instrument's FA will be liable to pay an amount as mentioned in the Undertaking after considering depreciation at the rate approved by EC of the IIPS to be submitted by FAs on non-judicial stamp paper. FA may take damaged equipment from the IIPS on recovery of cost".

### **14. Disputes and Arbitration**

In event of any dispute arising with regard to interpretation of the articles/terms of this contract, the matter shall be referred to sole arbitrator, who shall be appointed by the Ministry of Health and Family Welfare, Government of India, New Delhi. The decision of the arbitrator on the points referred to him/her shall be binding on both the parties to this contract, subject to the provisions of the Arbitration and Conciliation Act of 1996. Nothing in this clause shall entitle the FA /IIPS to refuse to perform its obligation under this contract merely because reference to the arbitrator has been requested or made or a sole arbitrator has been appointed. No interest shall be awarded by the arbitrator in respect of any money due under this contract till the date of award and for a period of 120 days thereafter. The place of arbitration shall be Mumbai.

### **15. Technical Direction**

Performance of the work indicated in the ATTACHMENT-A shall be subject to the technical direction and approval by the IIPS. All the technical directions consistent with ATTACHMENT-A shall not constitute a new assignment of work or change in the expressed terms, conditions or specifications incorporated in the contract and shall also not constitute a basis for increase in the agreed cost.

### **16. Submission of Documents for Payment**

**16.1** On completion of milestone as per Attachment-B, the FA shall submit the request for release of installment(s) as indicated in Attachment-C. Following documents shall be submitted concurrently with the invoices for payment (article 4(c)) to the IIPS. Each report in minimum should include following area:

- a) Progress made to date on specific work to be completed (in quantifiable measure).
- b) Work in progress (in quantifiable measure).
- c) Work scheduled to be undertaken (in quantifiable measures).
- d) Activities that have been delayed.
- e) Certificate by Faculty Coordinator/Principal investigators/Project officer/Jr. Research officer for satisfactory completion of work.

**16.2** Weekly reporting of progress of work during the contracted period, the FA will submit weekly progress report, as per the prescribed format, indicating (i) Work completed till the end of that week and (ii) Proposed to be taken during the coming week. The field work details should indicate place, date and name of supervisor etc. to facilitate independent field supervision.

**16.3** Following documents shall be submitted concurrently with the invoices for payment to the IIPS.

- a) PAN/TAN No. (copy of the certificate—one time)
- b) GST No. (copy of the certificate—one time)

- c) Name of the recipient (beneficiary) for the electronic money transfer (one time)  
Name of the beneficiary \_\_\_\_\_  
Bank's Name and Branch Address \_\_\_\_\_  
IFSC Code \_\_\_\_\_ of the Bank  
Account Nature and No. of the beneficiary \_\_\_\_\_
- d) Duly filled and signed Request for Fund Form (specimen in Attachment C) on Letterhead for each installment along with progress report.

## **17. Inspection of Performance**

MoHFW, GOI and the IIPS or its designated officials of GATS-3 project have the right to inspect or test all the services called for by this contract to the extent practicable at all places and times during the term of contract. Any infringement of the right of the IIPS to inspect or test the contracted services would constitute a breach of this contract and the contract could be revoked wholly or partially by the IIPS. Except as otherwise agreed in writing, all reports and data /compact disk or anything that pertains to collection of data under this project produced under this Contract shall be subject to inspection and acceptance by the IIPS, notwithstanding any previous inspection or preliminary acceptance.

## **18. Data Security and Protection**

**18.1** The FA is required to maintain confidentiality including, unauthorized disclosure and use of the data collected. Any violation of the data security protocol will be subject to penalization and disqualification.

**18.2** The FA will ensure strict compliance of all the data protection and security provisions during data collection, storage, transmission and analysis, to be put in place by the IIPS.

**18.3** Requisite and secure data backup mechanisms are built in by FA at each stage of data transfer as prescribed by the IIPS.

**18.4** FA will keep the data in safe and secured place till the IIPS informs FA to delete/destroy data files/filled Schedules. FA should ensure that no other person/agency has access to the data collected in GATS-3 survey. Any violation may attract suspension / termination of contract.

## **19. Corruptions, Commissions, Discounts and Fraud**

FA warrants and represents to the IIPS that neither the FA nor any of the FA's personal:

- a) shall try to bribe for their own benefit in connection with this contract
- b) shall attempt or commit any fraud, deception, Financial or procedural wrongdoing in relation to the performance by the FA of its obligations under the contract and shall immediately notify the IIPS of any circumstances giving rise to a suspicion that such wrongful activity may occur or has occurred.

## **20. Conflicts of Interest**

Neither the FA nor any other FA's personal shall engage in any personal, business or professional activity which conflicts or could conflict with any of their obligations in relation to this contract.

The FA and FA personal shall notify the IIPS immediately of any actual or potential conflict together with recommendation as to how the conflict can be avoided.

## 21. Other Clauses

**Personnel:** The FA must adhere to and ensure the requisite qualification and experience of the personnel involved in GATS-3 including the field staff, supervisors, Project Coordinator, Statistician/Demographer and IT Consultant as specified in **Clause 2.1.1** of the Request for Proposal (RFP).

**Number of Teams:** The FA must ensure that the requisite number of trained teams as specified in the **clause 2.1.2** of RFP is put in place to ensure completion of fieldwork in specified timeframe. For effective and efficient implementation of the field operation, every FA must, compulsorily provide one vehicle to each survey team (consisting of 5 members). The IIPS reserves the right to stop the fieldwork/cancel the contract any time if any team is not provided with vehicle as per the protocol.

FA must pay at least the minimum salary of Rs. 21,000/- to investigator. In addition, minimum DA of Rs. 400/- per day (including food and accommodation) should be given to the interviewers/ other field staff. Supervisors should be paid 5 percent additional amount either as part of salary or DA. FA should make payment of salary and DA by RTGS / NEFT mode only. FA must ensure timely and regular payment of salary and DA and proof of payment of salary and DA should be submitted to the IIPS at the time of release of next installment. **Any Violation of this protocol will be taken seriously in field implementation of the project.** However, IIPS is not responsible for any payment-related issues that may arise between the field staff and the Field Agency. Any claims regarding payment must be sole responsibility of the Field Agency, as field staff cannot claim any payments or resolutions from IIPS.

## 22. Timeline and Penalty

The FA must ensure the completion of various activities as per the specified timeframe given in Attachment B1. **If FA fails to complete the work as per timeframe, the FA will be liable to penalty as per the Clause (ii) of note in Attachment-B2.**

**23.** FA that is part of a university, institute or government agency will be required to provide a letter (prior to signing the contract) from the parent organization certifying that the FA will be allowed to set up a separate bank account for GATS-3 project, controlled directly by the identified Project Coordinator /Team Leader and that the identified Project Coordinator/Team Leader will be allowed to follow special project arrangements for travel rules, amount of TA/DA, hiring project staff and other survey procedures. In case of a Joint Account, University / Institute should issue a certificate of authorization to the Project Coordinator of GATS-3 project to operate the account for smooth functioning of the field operations. The University/ Institute shall provide adequate and reasonable logistic support including reasonable accommodation for the GATS-3 project field staff, to ensure smooth operation and high data quality. It would be ensured that technical key project staff, as indicated in the technical bid document would remain engaged in the project till the project comes to an end, as per the agreed contract.

**24.** This contract shall be enforceable within the jurisdiction of Mumbai Courts only.

**25.** This contract shall come into effect on the date of signing of this contract by the IIPS and FA.

**26.** Both the parties have considered and read the different clauses of this contract including all the enclosures and thereafter agreed to sign this contract.

27. Selected FA should open separate bank account for GATS-3 survey and maintain separate Books of Accounts. The accounts will be made available for verification.

Signed for and on behalf of the X Field Agency

Signed for and on behalf of IIPS

**Director**

International Institute for Population  
Sciences (IIPS) Govandi Station Road,  
Deonar, Mumbai - 400088.

Witness (1) \_\_\_\_\_

Witness (3) \_\_\_\_\_

Witness (2) \_\_\_\_\_

Witness (4) \_\_\_\_\_



## Attachment-A

### STATEMENT OF WORK (SOW)/SPECIFIC TASK TO BE CARRIED OUT AND LIST OF ACTIVITIES FOR WHICH FIELD AGENCY (FA) WILL BE RESPONSIBLE IN THE ASSIGNED STATE/GROUP OF STATES/UTs

**Field Agency** will conduct the GATS-3 survey of approximately **110121** target household and individual (male/female) interviews in the State/UT/Group of States/UTs. The FA selected for GATS-3 will be working under the guidance and supervision of the IIPS, the national nodal agency appointed by Ministry of Health and Family Welfare, Government of India for GATS-3. The scope of the work and the specific roles and responsibilities assigned for FA are as follows:

- A.** The involvement of FA will start from the time of signing the contract with the IIPS and continue even after the completion of field work till electronic data files approved by the IIPS, are transferred to the IIPS, and returning all the GPS instruments.
- B.** The principal responsibility of the FA is to carry out survey fieldwork and related activities in the assigned State/UT/Group of States/UTs. The sample size in the State/UT/Group of States/UTs is determined by considering the population parameters of the state within the geographical region. The sample will be spread over rural and urban areas of the State/UT/Group of States/UTs. The Primary Sampling Units (PSUs) that are villages in rural areas and Urban Frame Surveys (UFSs) in urban areas will be spread in all parts of the State/UT/Group of States/UTs. From each PSU 33 households including 10 percent oversampling will be surveyed.
- C. Schedule:** There will be following type of schedules:

Sr. No.	Type of Schedule	Contents of the schedule
1	Household: Respondent should be age 18 years or older	<b>Background Characteristics of the household</b> <ul style="list-style-type: none"> <li>Total household members age 15 years or older (male or female or other)</li> <li>Information on smoking and smokeless tobacco use</li> </ul>
2	Individual: Men and women aged 15 years or older	<b>Background characteristics of individual</b> <ul style="list-style-type: none"> <li>Sex, age and level of education</li> <li>Main work status/employment</li> <li>Assets</li> <li>Cast, religion, residence and marital status</li> </ul> <b>Tobacco smoking</b> <ul style="list-style-type: none"> <li>Current or past status for the use of smoking tobacco and pattern (daily, less than daily, not at all)</li> <li>Age of initiation of smoking and daily smoking</li> <li>Consumption of different tobacco products, (cigarettes; rolled tobacco in paper or leaf; bidis; cigars, cheroots or cigarillos; waterpipes/hukkah)</li> <li>Frequency and quantity of smoking tobacco use</li> <li>Reasons led for quitting smoking tobacco</li> <li>Usage of Waterpipe tobacco (Hukkah) and Patterns of use (daily, less than daily, not at all)</li> <li>Place and duration of last Hukkah session.</li> <li>Use of electronic cigarette and reasons</li> </ul>

		<ul style="list-style-type: none"> <li>• Type of flavor content of nicotine use for electronic cigarette</li> <li>• Awareness about content of nicotine and ban of electronic cigarette by Govt. of India</li> </ul> <p><b>Smokeless Tobacco</b></p> <ul style="list-style-type: none"> <li>• Patterns of use (daily, less than daily, not at all)</li> <li>• Current and former use of smokeless tobacco</li> <li>• Age of initiation of smokeless tobacco and daily use</li> <li>• Consumption of different smokeless tobacco products</li> <li>• Reason for attempt and quitting smokeless tobacco</li> <li>• Advice received from health care provider to quit smoking tobacco</li> </ul> <p><b>Use of other products</b> (without tobacco)</p> <ul style="list-style-type: none"> <li>• Patterns of use (daily, less than daily, not at all) of Paan masala, betel quid, and areca nut with or without flavored</li> </ul> <p><b>Cessations</b></p> <ul style="list-style-type: none"> <li>• Cessation of smoking and smokeless tobacco</li> <li>• Advice to quit smoking by health care provider</li> <li>• Method used to try to stop the use of smoking and smokeless tobacco</li> <li>• Intention to quit smoking</li> </ul> <p><b>Second hand smoke</b></p> <ul style="list-style-type: none"> <li>• Smoking rule in the home (inside and out) and in work place</li> <li>• Exposure to secondhand smoke in last 30 days</li> <li>• Awareness about the effect of second-hand smoking</li> </ul> <p><b>Economics</b></p> <ul style="list-style-type: none"> <li>• Economics-Manufactured cigarette (Type, quantity, cost and source)</li> <li>• Economic-Bidis (Type, quantity, cost and source)</li> <li>• Economic-Smokeless tobacco (Type, quantity, cost and source)</li> </ul> <p><b>Media</b></p> <ul style="list-style-type: none"> <li>• Noticing anti-smoking smokeless tobacco information in various medias.</li> <li>• Noticing smoking/smokeless tobacco advertisements from various sources</li> <li>• Noticing various cigarette/bidi/smokeless tobacco promotion activities</li> </ul> <p><b>Knowledge, attitudes and perceptions</b></p> <ul style="list-style-type: none"> <li>• Knowledge about health effects of smoking and smokeless tobacco</li> </ul>
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The FA must translate all Schedules into the appropriate local language(s) according to survey procedure. After signing the contract, soft copy of bilingual Schedules should be provided to the IIPS for approval, and uploading to the software in the prescribed time.

#### **D. Staff Pattern**

- a. FA should engage a survey Administrative Coordinator/Project Coordinator for the entire survey period with adequate knowledge of FA's rules and regulations and having authority to take decisions related to administrative and logistic matters.
- b. FA should also engage one Demographer/Statistician as a consultant with survey experience.
- c. FA should engage one IT Coordinator for overall data management and transfer activities from field to the IIPS FTP site.

#### **E. Field Staff**

- a. FA will engage one senior person experienced in survey activities who will be trained by the IIPS in the Training of Trainers (TOT) workshop and one senior person as overall in-charge for mapping and house listing operations.
- b. Field Team: Based on the State/UT /Group of States/UTs sample size the IIPS has estimated the duration of field work for three months after completion of state level of training. Each field team will comprise of one supervisor, two female investigators, two male investigators. FA must recruit and train extra personnel, keeping in mind possible dropouts, to ensure engagement and presence of the required number of teams throughout the fieldwork period. This needs to be ensured so that there are sufficient number of field staff to conduct survey after accounting for attrition and the dismissal of personnel who are found to not perform as per requirement.
- c. All field level staffs engaged for GATS-3 field work should belong to same State and speak local language.
- d. All field level investigators and supervisors engaged for the field work should have at least graduate degree from a recognized university with working knowledge of computer.

#### **F. Training**

- a. To attend Training of Trainers (TOT) organized by the IIPS: All FAs are required to attend TOTs organized by the IIPS so that they can organize and conduct such trainings for field staff in the respective State/ UT/Group of States/UTs. The scheduled Training of Trainers are: 1. Mapping and Household Listing Training, and 2. Main survey Training including Android Tablet.
  - i. **ToT for Mapping and Household Listing:** FA should send two mid-level persons for mapping and house listing ToT for each State/Group of States/UTs for 3-days training at the IIPS. The same persons will be responsible for training of the mapping and household listing teams for the State/Group of States/UTs assigned to FA and will coordinate and supervise the mapping and household listing operation in the State/ Group of States/UTs.
  - ii. **ToT for main survey:** FA must send three senior staff members including Project Coordinator, Demographer/Statistician and IT coordinator for each State/Group of States/UTs for ToT for main survey of about eight days to be organized by the IIPS. The IT coordinator for each State/Group of States/UTs will be given additional training exclusively on the operational uses of the Tablet, data transfer, and management. The same IT person will be responsible to train staff, to use Tablet, data transfer and management for the State/Group of States/UTs assigned.

- b. Cost of travel and stay of the trainees from FA will be borne by the IIPS for above ToTs. These same staff members will be responsible to conduct the training of interviewers and field supervisors for the State/Group of States/UTs assigned to that FA. The field agency must ensure that the trained staff will stay for the entire duration of the survey and will be overall in-charge of training, data collection and supervision throughout the period of data collection.

## **G. Training by FA**

FA will organize following training programs.

- a) State level training for mappers and household listers for two days including field practice both in rural and urban areas.
- b) State level main training for field investigators including supervisors for in each State/Group of States/UTs *shall be around eight days including three days field practice. Each interviewer must complete at least six field practice interviews, three in the rural and three in urban areas during the field practice before going for main survey fieldwork.*
- c) FA will print sufficient number of schedules, manuals for training and field practice. Each trainee must be provided an Interviewer's Manual and each supervisor must additionally receive a Supervisor's Manual. The field investigator must be provided with Android Tablet manual. Separate Manuals will be given to house listers and mappers.
- d) The FA must train extra field personnel to ensure that there are sufficient number of field staff to conduct the fieldwork, after accounting for attrition and the dismissal of personnel who are not found to meet the minimum requirement.
- e) Only those who have successfully complete the ToT conducted by the IIPS must train the field investigators and other field staff for GATS-3 in each State/Group of States/UTs.
- f) FA's training activities will be monitored by the IIPS/MoHFW. If any lacuna is observed in the training program, knowledge imparted and quality of training and trainees, FA on the advice of the IIPS will reorganize the trainings and ensure that the gaps observed are bridged.

## **H. Field work/Data collection**

For all the fieldwork days FAs will hire one vehicle per team, with capacity of at least 5 persons (excluding driver) and all survey materials.

### **i. Mapping and Household Listing**

The purpose of mapping and household listing operation in GATS-3 is to prepare a mapping of each PSU depicting all lanes or paths, landmarks, dwelling and non-dwelling structures and identification boundaries with accuracy in the right perspective and to carry out listing of structures with systematic numbering, identifying whether a structure is residential or not and also mentioning the name of the head of each household. The listing of all households in each first stage unit will provide the sampling frame for selecting households at the second stage. The household listing would provide up-to-date location and layout sketch maps of each selected PSU, and number to each structure and households within the structure. Each household listing team will have two members one Lister and one Mapper. One mapping and listing team should visit two days in a PSU. Number of days for mapping and listing in a State/ UT / Group of States/UTs depend upon the number of teams in each State/UTs /Group of States/UTs. As per the survey protocol, mapping and listing operation should be completed one month prior to the start of main survey. FA will be responsible for the household listing in all the sampled villages and UFS blocks in urban areas and the

selection of the required number of households from listed households as per procedure given by the IIPS.

## **ii. Household Survey**

GATS-3 will use Android Tablet for data collection schedule. Minimum of two days visit in a PSU is essential. FAs should inform any problem with Survey software to the IIPS.

FAs should use only the Android Tablets with the recommended configuration and version.

The IT Team of the IIPS for the GATS-3 survey will check the configuration and version of the Android Tablets of the FAs to be used for the data collection.

Android Tablets that do not conform to the recommended configuration and version will not be allowed to be used in the survey.

FAs should ensure that they possess the Android Tablets with the recommended configuration and version well in advance before the main survey ToT and state level training of Field Investigators.

FAs must keep ten percent of additional Android Tablets with them in their main office for a replacement, in case of any technical problems arise in the Android Tablets which are in use in the field survey.

All the GPS and other equipment should be returned to the IIPS immediately after completion of the survey.

## **I. Informed consent**

After introducing, team must seek the respondent's consent for participation in the survey. Read the informed consent statement exactly as it is written. This statement explains the purpose of the survey. It assures the respondent his or her participation in the survey is completely voluntary and that he or she can refuse to answer any questions or stop the interview at any point.

## **J. Establishment of State Level Field Office of Field Agency**

Field Agency(s) appointed for each State/UT / Group of States/UTs is expected to establish a regular functional office with appropriate seating space for all core team members for that State/UT /Group of States/UTs with proper electricity, IT infrastructure, etc. The Office will have to be equipped with all the basic modern communication facilities such as broadband internet, fax, telephone (land line) and mobile phone for each field staff. The Field Agency(s) should ensure the availability of the required number of Android Tablets well before the national level ToT, with an adequate number of backups. These devices must be checked and loaded by GSS/survey tools by IIPS personnel to ensure they meet the necessary technical and operational standards. This office should be functional during the entire duration of the Survey and should also have mechanism to address to the unforeseen events reported by the field staff arising during the course of the survey and take immediate remedial measures under intimation to the IIPS.

## **K. Data management and Transfer**

- a. FAs will be responsible for payment of internet charges for transferring data files from the supervisor's Tablet to the IIPS server on a daily basis.

- b. A set of progress tables will be produced by the IIPS for each State/UT/Group of States/UTs every week starting after ten days of data collection has begun and these tables will be sent to FAs electronically as soon as they are produced.
- c. After validation and checking the data, feedback will be given to concerned FA and Project Monitoring JRO-IIPS based in that State/UT /Group of States/UTs. Data security protocols prescribed by the IIPS shall be strictly followed by the FA and its staff.

#### **L. Other Roles and Responsibilities of Field Agencies**

- b. FA should print/photocopy all the instruction manuals supplied by the IIPS in sufficient numbers so that each project person gets one copy of the manual relevant to his/her job.
- c. The IIPS will provide the list of selected villages in rural and UFS Blocks in urban areas. FAs are required to obtain the selected UFS maps from NSSO Offices as per the IIPS's instruction. FA will obtain the maps of selected UFS from NSSO offices. FA will also be responsible for any official payment to obtain map(s) of selected UFS.
- d. FA will plan field work including mapping and household listing, well in advance (at least 15 days) and inform the field work schedule to the IIPS and the concerned Jr. Research Officer / Monitoring Officer.
- e. The Field Agency (FA) should test all Android Tablets required for the survey before the National Level Training of Trainers (ToT). The FA should also inform IIPS and the concerned IT personnel to check and verify the devices to ensure they meet the necessary standards for the survey.
- f. FA is required to send all details of households listed, in an Excel spreadsheet to the IIPS to select the sampled household for the main survey and uploading in Tablet.
- g. FA will ensure minimum non-response for interviews, quality of data collection to the satisfaction of monitoring team from the IIPS, MoHFW and timely completion of survey work.
- h. **Not more than 6 to 7 individual interviews** in a single day will be conducted by any field investigator.
- i. At least three visits to the assigned household or respondent will be made (at different times and not all on the same day) before household or respondent is treated as non-available. No substitution of the household or respondent will be allowed.
- j. Only in an extreme situation such as terrorist activities, natural disasters etc. will substitution of PSU be allowed **only with prior approval of the IIPS**. In such cases the IIPS will give substitute PSU.
- k. FA is required to ensure that each interview is done only after the informed consent of the respective respondent is obtained.
- l. FA will make sure that investigators keep all the information collected from each and every respondent strictly confidential.
- m. FAs are required to extend necessary cooperation to the monitoring personnel from the IIPS, MoHFW, and its designated officials. FAs are required to verify the complete sample coverage before leaving the PSU.
- n. FAs' Senior Core Team members are required to visit 15% of the total PSUs for field monitoring and backcheck during the field data collection.
- o. FAs are strictly barred from extending any undue favours to any Faculty Coordinator/Project Coordinators/Project Officers from the IIPS and MoHFW.
- p. During the main survey training, agency should take the opportunity to invite some of the local print and electronic media so that the news reaches to the people about the GATS-3 survey.

- q. The IIPS/MoHFW will be providing instructions/suggestions from time to time. This needs to be followed by FAs for the smooth conduct of the survey.
- r. After completion of data collection, each FA has to send all the mapping and household listing materials (Household listing forms, location and sketch maps of the PSUs/village) to the IIPS.

### **Attachment-B1**

#### **Implementation of Schedule**

<b>Sr. No.</b>	<b>Deliverable/ Activities</b>	<b>Timeline</b>
1	Recruitment of Mapping and Listing Staff	Before completion of Mapping and Listing ToT to be organized by the IIPS
2	Survey materials for training	All the mapping and listing documents and manual must be printed before the state level mapping and household listing training.
3	Training for Mapping and Listing	To be initiated within one week of completion of Mapping and Listing ToT organized by the IIPS. Training to be of 2 days, including field practice both in rural and urban areas.
4	Mapping and listing operation	It should be started immediately after the state level mapping and household listing training and should be completed one month before commencing the actual Main Survey Training.
5	Survey materials for training	<p>All the Schedule with bilingual as well as the Manuals for reference must be printed in sufficient quantity before starting the training of main survey (at least 1 month before).</p> <p>Android Tablets for Main Survey should be checked by IIPS IT personals for finalizing the configuration provided in the RFP and GSS software to be installed before the Main Survey Training of Trainers.</p>
6	Recruitment of all Field Staff Main Survey	Before completion of ToT for main survey organize by the IIPS.
7	State Level Main Survey Training	The FAs should provide the training to their investigators for a minimum of eight days which includes 3 days field practice.
8	Completion of field data collection in all respect	<p>The FA must start the field data collection immediate after the completion of state level main survey training.</p> <p>FA must complete the field data collection in all respect withing three months after completion of state level main survey training.</p>

## Attachment-B2

(To be attached with each contract)

### The payment plan for Field Agencies for conducting Global Adult Tobacco Survey (GATS-3)

State/UT /Group of States/UTs to be surveyed: \_\_\_\_\_

Approximate number of households to be surveyed: \_\_\_\_\_

Installment	Disbursement modality	Verifiable indicator / milestone	% of the amount to be released
1	<ol style="list-style-type: none"> <li>1. Signing of the contract</li> <li>2. On submission of Performance Security of (as per GeM) of total contract value.</li> <li>3. On submission of Performance Bank Guarantee from a nationalized bank and or a bank recognized by the RBI equal to 10% of the of total contract value.</li> <li>4. On giving details of the addresses of the state office, Name of the state nodal officer (team leader), telephone /fax numbers, communication details of the field supervisors, email IDs.</li> </ol>	<ul style="list-style-type: none"> <li>• On receipt of signed agreement/contract.</li> <li>• On physical receipt of the Performance Security.</li> <li>• On physical receipt of the Performance Bank Guarantee at the IIPS and verification.</li> <li>• On physical receipt of the details from the head/team leader.</li> </ul>	10%
2	<p>At the time of the beginning of the main survey field work after raising required number of teams on</p> <ol style="list-style-type: none"> <li>a. Completion of mapping and listing training and mapping and listing operation.</li> <li>b. Checking and verification of Android Tablets by IIPS personals and loading of the GSS software.</li> <li>c. Completion of main survey training, and</li> <li>d. Certification of FA by the IIPS Junior Research Officer (JRO) based in field locations.</li> </ol>	<p>Letter from Head of the FA giving details of recruitment of field staff (education qualification, experience), Group Insurance for field staff (Accidental and Health covered for the period of field work, etc.) and completion of training and training report etc.</p> <p><b>And</b></p> <p>Receipt of mapping &amp; listing data at the IIPS</p> <p><b>And</b></p> <p>Validation notes from IIPS personnel on the availability and</p>	25%



	e. Self-certification by Head of the Field Agency.	<p>readiness of the Android Tablets for the main survey.</p> <p><b>And</b></p> <p>Formation of required number of teams of trained interviewers and supervisors for GATS-3 survey.</p> <p><b>And</b></p> <p>Report of the JRO/ project coordinator from the IIPS</p> <p><b>And</b></p> <p>Completion of the financial requirements of previous release as per prescribed format provided by the IIPS and certified by CA.</p>	
3	On the completion of field work in 50 percent of PSUs and receipt of data at the IIPS and a self-certification by Head/MD of the Field Agency.	<p>Letter from Head/MD of the FA giving details of progress of field work.</p> <p>And Report of the JRO/ Coordinator from the IIPS.</p> <p>And completion of the financial requirements of previous releases.</p> <p><b>And</b></p> <p>Statement/certificate of Salary and DA paid to household survey field investigators as per the IIPS norms.</p>	25%
4	On completion of 100% PSUs and receipt of data at the IIPS and validation of data.	<p>Same as above</p> <p><b>And</b></p> <p>Submission of 100% data accepted (quality) and approved by the IIPS</p> <p><b>And</b></p> <p>Completion of the financial requirements of previous releases</p>	25%
5	On Submission/ returning of GPSs and all materials/documents and verify by the IIPS.	<p>Same as above</p> <p><b>And</b></p> <p>Same as above</p> <p><b>And</b></p>	15%

		Submission of GPSs and all materials provided to FA by the IIPS and verify all the materials returns are functional and good conditions/ non-damage.	
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**Note:** Payment is subject to provisions of clause 4 (a), (b), (c), (d), (e) and (f) in the contract and the condition mentioned below:

- i. The Performance Bank Guarantee initially for One year and should be renewed and remain valid till the work of GATS-3 is completed.
- ii. If the FA fails to complete the work in the stipulated time provided as in Implementation Schedule given in Attachment B-II, an amount equivalent to 0.1 percent of the total cost would be deducted for each week's delay or part thereof.
- iii. If FA fails to complete the work inclusive of the conditions mentioned in Para 5, Director IIPS will have the right to invoke the Performance Bank Guarantee.
- iv. If during the period of this contract, the FA becomes insolvent or disintegrates and not in a position to abide by the contract, it would tantamount to breach of trust and it would be up to the Director IIPS to proceed legally against the second party and recover the damages wholly or partially caused to the project.
- v. Progress Reports and Statement of Expenditures should be sent regularly.
- vi. Utilization Certificate (GFR-19 A) should be sent financial year basis as given in Attachment.

**Attachment-C**  
(Specimen)  
**Request for Funds**

From:

To  
The Director,  
International Institute for Population Sciences, Govandi Station Road, Deonar,  
Mumbai-400 088

**Sub: Request for Installment No. \_\_ of funds for GATS-3**

Dear Sir,

As per the provision contained in the contract dated, \_\_\_\_\_ I hereby request you to release \_\_\_\_\_ Installment of total budget amount of Rs. \_\_\_\_\_ to us by cheque/ bank draft payable to \_\_\_\_\_.

As per clause 17 (A) of the contract, I am enclosing herewith the documents and certify that the activities/progress/ completion of work specified have been satisfactorily completed. The amount requested is required for carrying out the survey activities. It is certified that necessary service tax/income tax/excise regulations as applicable to this organization for this project has/have been complied with.

Yours faithfully,

( \_\_\_\_\_ )  
(Name of authorized Signatory)

Seal/Stamp of FA

Encl: Reports as per clause 17.

## Attachment-D1

### Tablet Specifications for Field Data Collection

Each FA is required to have the sufficient number of tablets for field data collection for allotted States for GATS-3. Tablet with necessary configuration and attachments/peripheral units specified as follows:

<b>Android version 12-14+ (Manufactured ~2022 or later)</b>
<ul style="list-style-type: none"><li>• 2.3 GHz Octa-Core</li><li>• Screen: 7-9" Touch</li><li>• Memory: 3GB+ RAM</li><li>• 32GB+ Storage</li><li>• Network: Wi-Fi (802.11 b/g/n/ac), Bluetooth, GPS</li><li>• Camera: 8MP Rear/2MP Front</li><li>• Battery: 5,000+ mAh (~ 8 hours with standard use)</li><li>• Google account access (to be set up by project)</li></ul>

#### Notes:

- The FAs should use only the Android Tablets with the recommended configuration.
- A bidding agency should have sufficient number of Android Tablets with the prescribed configuration but of only one model/brand for all States they bid for, to ensure uniformity in data collection as well as installation of GSS software.
- The IT Team of the IIPS for the GATS-3 survey will check the configuration of the Tablets of the FAs to be used for the data collection.
- Tablets that do not conform to the recommended configuration will not be allowed to be used in the survey.
- FAs should ensure that they possess the Android Tablets with the recommended configuration well in advance before the main survey ToT and state level training of Field Investigators.
- FAs must keep additional Tablets with them in their main office for a replacement, in case of any technical problems arise in the Tablets which are in use in the field survey.

## **Attachment-D2**

### **Computer Requirements**

Each FA is required to have the minimum number of fully operational computers with necessary configuration and attachments/peripheral units specified in this attachment fully dedicated to GATS-3 data management during the field work and till all the data is cleaned, validated and approved by the IIPS.

**Attachment-E**

(Specimen) (On Letter Head)

GFR12

**UTILISATION CERTIFICATE FOR F.Y**  
**FOR AUTONOMOUS BODIES OF THE GRANTEE ORGANIZATION**  
UTILIZATION CERTIFICATE FOR THE YEAR \_\_\_\_\_ in respect of  
recurring/nonrecurring GRANTS-IN-AID/SALARIES/CREATION OF CAPITAL ASSETS

- 1 Name of the Scheme: **IIPS – Global Adult Tobacco Survey-3 (GATS-3)**
- 2 Whether recurring or non-recurring grants: **Recurring**
- 3 Grants position at the beginning of the financial year
  - i. Cash in Hand/Bank -
  - ii. Unadjusted advances NIL
  - iii. Total -
- 4 Details of grants received, expenditure incurred and closing balances (Actuals)

Unspent Balance of Grants received in previous Financial Years (figure in SI 3 i.)	Interest Earned thereon	Interest Deposited back to Govt.	Other Receipts #	Grant received during the year _____			Total Available Funds (1+2+3+4+5)	Expenditure incurred	Closing Balance (Rs.) (6-7)
				Section No.	Date	Amount			
				(i)	(ii)	(iii)			
1	2	3	4		5		6	7	8
-	-	-	-		-		-	-	-

**Component wise utilization of grants**

Grant-in-aid General	Grants-in-aid Salary	Total Rs.

Details of Grants position at the end of the financial year (Rs.)

i. Cash in Hand/Bank	-
ii. Unadjusted advances	NIL
iii. Total	-

Certified that I have satisfied myself that the conditions on which grants were sanctioned have been duly fulfilled/are being fulfilled and that I have exercised following checks to see that the money has been actually utilized for the purpose for which it was sanctioned:

- i. The main accounts and other subsidiary accounts and registers (including assets registers) are maintained as prescribed in the relevant Act/Rules/Standing instructions (mention the Act/Rules) and have been duly audited by designated auditors. The figures depicted above tally with the audited figures mentioned in financial statements/accounts.
- ii. There exist internal controls for safeguarding public funds/assets, watching outcomes and achievements of physical targets against the financial inputs, ensuring quality in asset creation etc. and the periodic evaluation of internal controls is exercised to ensure their effectiveness.
- iii. To the best of our knowledge and belief, no transactions have been entered that are in violation of relevant Act/Rules/standing instructions and scheme guidelines.
- iv. The responsibilities among the key functionaries for execution of the scheme have been assigned in clear terms and are not general in nature.
- v. The benefits were extended to the intended beneficiaries and only such areas/districts were covered where the scheme was intended to operate.
- vi. The expenditure on various components of the scheme was in the proportions authorized as per the scheme guidelines and terms and conditions of the grants-in-aid.
- vii. It has been ensured that the physical and financial performance under \_\_\_\_\_ (name of the scheme has been according to the requirements, as prescribed in the guidelines issued by Govt. of India and the performance/targets achieved statement for the year to which the utilization of the fund resulted in outcomes given at Annexure – I duly enclosed.
- viii. The utilization of the fund resulted in outcomes given at Annexure – II duly enclosed (to be formulated by the Ministry/Department concerned as per their requirements/specifications.)
- ix. Details of various schemes executed by the agency through grants-in-aid received from the same Ministry or from other Ministries is enclosed at Annexure –II (to be formulated by the Ministry/Department concerned as per their requirements/specifications).

Date:

Place:

Signature

Name.....

Chief Finance Officer

Signature

Name.....

Head of the Organization (Head of the Finance)

(Strike out inapplicable terms)

## Annexure-G

### SAMPLE OF UNDERTAKING FOR RECEIVING GPS BY FIELD AGENCY

This UNDERTAKING is made on this **00 day** of XXXXX **2025** BETWEEN the Director International Institute for Population Sciences, Mumbai, (hereinafter called IIPS) in the first part.

AND

\_\_\_\_\_ (hereinafter called FA)  
which expression shall, subject to the contract, include its successors in business and permitted assignees of the second part.

### OBJECTS OF THE UNDERTAKING

#### 1. THAT WHEREAS:

- A. The Party of the Second Part, M/s. \_\_\_\_\_, is awarded to conduct Global Adult Tobacco Survey-3 (GATS-3) field work in the State/UT/ Group of States/UTs of \_\_\_\_\_. In GATS-3 data will be collected by using Android based Tablets.
- B. That the following GPS items will be supplied to the party of the Second Part for using during data collection in the State/ UT/Group of States/UTs of by the IIPS.

Sr. No.	Items	Quantity
Global Positioning System (GPS) Instrument		
1	GPS	

The second party has to bear the cost of transportation for returning all the items mentioned in the clause B) to GATS-3 project office, IIPS, Mumbai.

- C. However, if any of these items are damaged/lost (other than those covered under warranty) by Party of the Second Part then the item(s) including data will be replaced by the party of the second part/equivalent cost including per unit cost of household will be deducted from the final installment by the IIPS.
- D. WHEREAS THIS Undertaking is mainly to govern the GPS accessories/ data damaged/lost during the data collection in the State/UT /Group of States/UTs-\_\_\_\_\_.

#### E. Cost Details of GPS

Sr. No.	Item	Quantity	Pre unit cost	Total cost
Global Positioning System (GPS) Instrument				
1	GPS			

### IT IS AGREED AS UNDER

- Therefore, this undertaking contract is necessary for safe return of GPS items provided for data collection by the IIPS. That the GPS items given in Clause B) provided under the GATS-3 project should be delivered by the party of the Second Part to IIPS in good working condition.
- In case during the data collection or transportation, GPS items are damaged/lost/not in working condition, the FA should reimburse/replace the appropriate cost mentioned in



clause F) of this contract within 15 days/equivalent amount will be deducted in addition to unit cost per individual interview from next installment by the IIPS.

3. AND WHEREAS the Party of the Second Part has agreed to reimburse the losses/damage incurred during the data collection and safe handling of all the items supplied.
4. The second party is liable to check the functioning of GPS equipment including software installed in tablet before starting to use them either for survey or training of investigators.
5. The party of the second part hereby undertake that they will not cause to be raised or raise any dispute, claim or demand upon the IIPS of any nature whatsoever including that of compensation or any other monetary claim due or payable.
6. This contract shall be enforceable within the jurisdiction of Mumbai Courts only.

IN WITNESS WHEREOF THE PARTIES HERETO HAVE CAUSED THIS CONTRACT TO BE EXECUTED THE DAY, MONTH AND YEAR FIRST ABOVE WRITTEN.

**International Institute for Population Sciences, Mumbai,**

(Through its Authorized Signatory)

Witnesses:

- 1.
- 2.

**M/s. \_\_\_\_\_**

(Through its Authorized Signatory)

Witnesses:

- 1.
- 2.

## Annexure-H

### Details of completed surveys by Field Agency in last seven years

Sr. No.	Name of the survey	Sample size (households)	Period of survey	Geographical Coverage	Name of Funding Agency*	Key person's Name & Contact (Funding Agency)	Survey cost
1							
2							
3							
4							
5							

**Note:** Add rows if required.

\*It is highly desirable to attach completion certificate from the funding agency for those projects which are to be considered for evaluation.