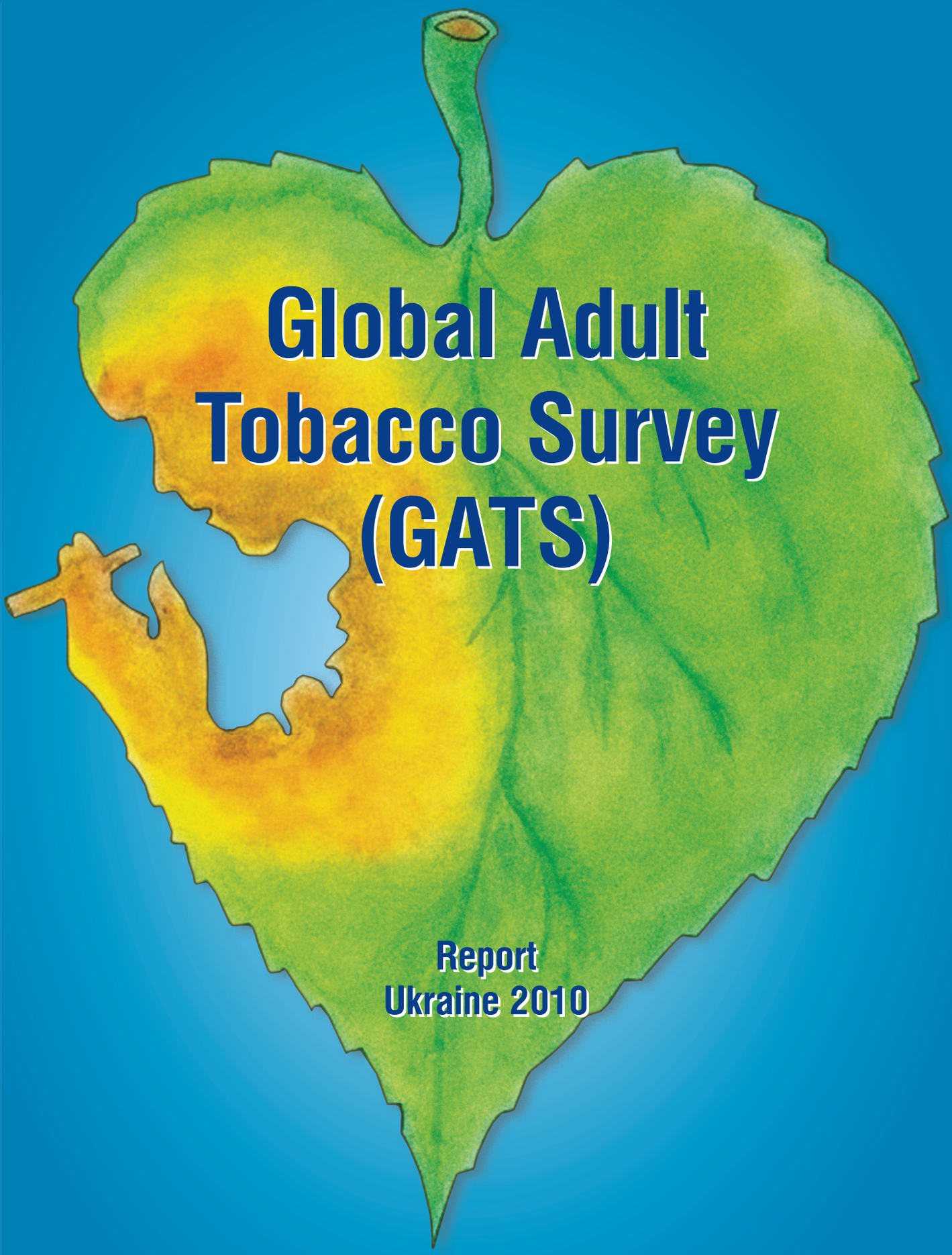

Global Adult Tobacco Survey (GATS)

Report
Ukraine 2010

GTSS
GLOBAL TOBACCO SURVEILLANCE SYSTEM

CDC
Tobacco Control

WORLD HEALTH ORGANIZATION
EUROPE

mpower

Global Adult Tobacco Survey (GATS) Ukraine 2010

Preface

Zinoviy Mytnyk

Minister of Health of Ukraine

Across the world tobacco use is the leading cause of preventable deaths. Annually, tobacco kills 5 million people worldwide and more than 100 thousand in Ukraine. To combat the tobacco epidemic, the World Health Organization (WHO) developed the world's first international public health treaty – the Framework Convention on Tobacco Control (FCTC), ratified by Ukraine in 2006. On September 3, 2009 the Cabinet of Ministers of Ukraine by its Decree № 940 approved the National Targeted Social Program on Mitigating of the Harmful Effects of Tobacco on Human Health until 2012, which includes monitoring of the effectiveness of policies for prevention and reduction of tobacco use and its adverse effects on human health.

The Global Adult Tobacco Survey (GATS) was conducted in Ukraine in accordance with the Article 20 of the FCTC "Scientific research, epidemiological surveillance and exchange of information" and paragraph 5.2 of Tasks and Measures for Implementation of the National Targeted Social Program. During 2008-2010 years, Ukraine participated in the GATS along with 13 other countries: Bangladesh, Brazil, China, Egypt, India, Mexico, the Philippines, Poland, Russia, Thailand, Turkey, Uruguay and Vietnam. The GATS uses a comprehensive, standard protocol, which allows for obtaining high quality data that can be compared with data from other countries and also provides an opportunity for more detailed country data on tobacco use prevalence and related problems.

The decision to participate in the GATS was very useful for Ukraine, as it provided an opportunity not only to obtain very important data, but also to make a substantial step in establishement a national surveillance system of the tobacco use and effectiveness of the

measures aimed at mitigating the health effects of tobacco use.

This report presents the results of the GATS, which collected data in Ukraine in late 2009 and early 2010. Discussion of the report results and the recommendations presented are based on the six major strategies in overcoming the tobacco epidemic, the WHO MPOWER. These strategies have been proven effective by research. Outlined survey results provide an opportunity to improve the effectiveness of the tobacco control policies in Ukraine and in other countries.

I would like to express my gratitude to all who contributed to the GATS in Ukraine. We highly appreciate the generous financial, technical and expert assistance rendered by our international partners: Centers for Disease Control and Prevention USA, the WHO, and Bloomberg Philanthropies. We emphasize the persistence and dedication of the Ukrainian GATS participants: Kiev International Institute of Sociology, School of Public Health of the National University of Kyiv-Mohyla Academy, and the Ukrainian Institute of Strategic Research of the Ministry of Health of Ukraine. The success of the GATS encourages us to strive to strengthen tobacco control measures in Ukraine and establish a system of monitoring the effectiveness of tobacco control policies aimed to reduce associated disease and death burden.

Igor Pokanevych

Head of the WHO Country Office in Ukraine

According to WHO data, in the last century the tobacco epidemic caused premature deaths of about 100 million people, almost half of regular tobacco products consumers die prematurely. If current trends persist, tobacco epidemic will take away lives of about 8 million smokers annually before the year 2030.

In response to the rapid development of the global tobacco epidemic in May 1996 at the World Health Assembly, WHO Member States invited the Organization to initiate the development of the international Framework Convention on Tobacco Control (FCTC). In May 2003 this document was unanimously adopted and in 2005 the FCTC came into force.

After FCTC was ratified by Law of Ukraine N3534-IV of 15.03.2006 "On Ratification of the World Health Organization Framework Convention on Tobacco Control", Ukraine began to purposefully take comprehensive measures on tobacco control: amendments to the legislation on increasing the excise taxes on tobacco products were introduced; issues of transferring the attracted costs for priority activities and programs in the health care, ensuring protection from tobacco smoke exposure were resolved; some kinds of tobacco advertising were banned, etc.

It is important for Ukraine to carry out a comprehensive monitoring of not only the prevalence of smoking among different age and social strata of the population, but also economic indicators and political steps towards reducing the prevalence of tobacco use and exposure to tobacco smoke.

Global Adult Tobacco Survey (GATS) results provide Ukraine with advanced materials for development of the new national strategies for overcoming the tobacco epidemic.

Global Adult Tobacco Survey was introduced into the Global Tobacco Surveillance System in 2007 by initiative of the Centers for Disease Control and Prevention (CDC), USA, and Johns Hopkins

Bloomberg School of Public Health. GATS is conducted in 14-countries, four out of which (Turkey, Poland, Ukraine and Russia) belong to the WHO European Region, which enables extensive information sharing, comparison of international and national experience in tobacco control.

GATS is the first large-scale tobacco use research in Ukraine carried out involving most influential international institutions, using new information technologies and common for all countries-participants algorithm of data collection and analysis.

I want to sincerely thank all the participants of the GATS in Ukraine and express confidence that the obtained results will provide the foundation for the new, effective steps in tobacco control.

Mykola Polishchuk

Chairman of the Organizing Committee of the Coalition of NGOs and initiatives "For Tobacco Free Ukraine", Minister of Health of Ukraine in 2005, the author of the Law "On measures to prevent and reduce tobacco products use and its harmful effects on human health"

The Ukrainian Global Adult Tobacco Survey Report not only contains current detailed information on tobacco use in our country, but it also provides an opportunity to track changes in smoking in Ukraine over the past five years. In September 2005, the Parliament passed the Law on measures to prevent and reduce use of tobacco products and its harmful effects on human health. A few months prior to this, in June 2005, a nationwide survey was conducted, which demonstrated that tobacco epidemic in Ukraine had reached an extraordinary scale, thus demanding decisive actions: among the Ukrainian population over 15 years of age, 67% of men smoked, which was the highest indicator throughout Europe at that time, and 20% of women – the highest rate among the former USSR countries.

Entry into force of the abovementioned Law finally allowed for some effective tobacco control policies, including gradual introduction of smoke-free policies in public and workplaces. Since the end of 2006, large size textual health warnings on tobacco packs were introduced. Later, the Parliament adopted other legislation: certain types of tobacco advertising were banned, and the list of smoke-free public places was expanded in 2009. Since 2008, due to targeted civil society efforts, authorities have finally dared to significantly raise excises on tobacco products, which produced a two-fold positive result: increased revenues while reducing cigarette consumption. In September 2009, the government approved the National Targeted Program on Mitigating of the Harmful Effects

of Tobacco on Human Health, which stipulates the establishment of the system to provide assistance in quitting smoking.

Conducting the Global Adult Tobacco Survey was one of the tobacco control measures, which was implemented in Ukraine in the recent years. It is important to emphasize that the data of the Global Adult Tobacco Survey in Ukraine, in general, support the results of other surveys and confirm the significant reduction in smoking prevalence among population of Ukraine. Overall smoking prevalence in Ukraine in the last five years among men decreased from 67% to 50% and among women smoking decreased from 20% to 11%. This reduction was the result of implementing policies in Ukraine, which had been proven effective in other countries. Reducing the prevalence of smoking does not only promote better health of the population, but also makes significant contribution to the economic potential of the country. Removal of active and passive smoking contributes to labor productivity growth. We hope that the GATS results will convince the authorities of Ukraine to strengthen and adequately fund further effective tobacco control policies in our country, as well as inspire other countries to introduce similar policies to overcome the tobacco epidemic.

Serhiy Kvit

The President of the National University
of "Kyiv-Mohyla Academy"

The solution of some social problems implies formation of new perspective on them, change of public opinion, effective use of information, and leadership.

For a long time there has been widespread opinion that smoking is an insuperable problem. As in other universities, we observed that non-smoking youth enters the university, and later on they start smoking during their student's years. We witnessed the students who gathered on the university campus during class breaks or after classes to smoke. The survey of NaUKMA students in 2007 demonstrated that with each consecutive year of study, more students began smoking, and especially among females students.

We made a decision to stop this pernicious process. With this aim, first, we established the ban of smoking in the university campus, though this decision met significant resistance. Therefore, initially, the ban was partial: some smoking places were designated. It was not very effective, but the university community got accustomed to the idea that smoking can be prohibited.

In autumn 2008, a full ban of smoking was established. Already within the first months we saw the ban working. It was well received, and it turned out that it was much easier to control the full rather than partial ban. Smoking moved outside academy. A small survey of tutors, students and university staff demonstrated that the smoking ban is positively accepted by the university community. Hereby we saw that surveys are useful for both decision making and evaluation of their effectiveness.

At present, the National University of "Kyiv-Mohyla Academy" is among the leading universities not only in its academic successes, but also in establishing smoke-free policies within educational institutions. It makes sence not only from the point of view of those who work or study in university. It is also important when we take into account that those who

currently are students will work in various institutions, establishments, organizations, and enterprises. They will already have experience of creating healthy environments at workplaces.

Currently more and more people in Ukraine are joining the new movement "Ukrainians without smoking." The report on the Global Adult Tobacco Survey (GATS) demonstrates that prevalence of smoking and secondhand smoke exposure in Ukraine is declining. This means that we move together with other countries in right direction and that even more Ukrainians understand that smoking tobacco is unhealthy, is out of fashion and even inconvenient. A modern civilized person cannot poison oneself, one's relatives, friends and colleagues with tobacco smoke.

Dr. Irena Gryga

Head, School of Public Health,
National University of Kyiv-Mohyla Academy

Among different areas in Public Health, tobacco control is an outstanding example of successful public health strategies to overcome a devastating epidemic of multiple diseases resulting in many premature deaths considered together as the tobacco epidemic. While most deaths happening nowadays in both developed and developing countries are due to non-communicable diseases, public health resources are mostly spent on overcoming problems related to infectious diseases. Because of that, evidence which informs political decisions aimed to overcome those health problems responsible for the major part of the disease and death burden becomes a valuable tool. Risk factor surveillance systems unfortunately are not sufficiently developed in low and middle income countries. Surveillance of effective public health policies is not yet in place in less affluent countries as well. Thus, the Global Adult Tobacco Survey (GATS) together with other components of the Global Tobacco Surveillance System makes a valuable contribution in gaining evidence and bridging the gap resulting from absence of reliable population-based data.

Tobacco control measures recently were rather successful in Ukraine, and this sets a good example for other areas of public health which require evidence-based decisions and measures as well. There is much to learn both from tobacco control as a whole and the GATS. Such data collected according to international standards is also good teaching material for our students.

We hope that the GATS report will not be the only outcome of the survey. On the one hand, it needs to be translated into policy measures and recommendations based on the survey results. On the other hand, the collected data should be used for a wider range of studies which need to be published in both Ukrainian and international scientific journals.

ACKNOWLEDGEMENTS

The Global Adult Tobacco Survey (GATS) project was a joint national and international project investigating tobacco use in Ukraine. The project was made possible by: funding from the Bloomberg Initiative to Reduce Tobacco Use, which supported this project throughout its implementation phases; technical support provided by the Centers for Disease Control and Prevention (CDC), Research Triangle International (RTI) and Johns Hopkins Bloomberg School of Public Health; and programme support provided by the CDC Foundation.

The implementation of this important survey and production of this report would not have been possible without the dedicated efforts, technical support and full commitment of the implementing partners. The implementing partners thank the Ministry of Health, and the WHO Country Office in Ukraine for their sincere efforts to ensure the successful completion of the survey and also for their collaboration and cooperation in conducting the survey.

The partners also gratefully acknowledge the guidance of members of the GATS national committee for their valuable input in all phases of the survey. Thanks are also extended to all fieldwork staff and information technology engineers who stand behind our success, as well as the individuals who helped prepare this report.

International partners:

World Health Organization at different levels (WHO headquarters, WHO Regional Office for Europe and WHO Country Office in Ukraine) facilitated the introduction of GATS to the Ukrainian government, ensured political commitment, provided technical and management assistance, coordinated all phases of survey implementation with the national and international partners to facilitate and strengthen country surveillance capacity, and provided logistics and technical advice throughout the process.

The Centers for Disease Control and Prevention (CDC) provided technical assistance for implementing standard survey operating practices. Standardized GATS protocol and methodology documents included the core and optional questionnaires, a sampling design framework, a series of manuals and a series of guidelines.

CDC Foundation was responsible for administration of the survey funds.

Research Triangle Institute (RTI) International provided software and technical support for all matters related to electronic data collection, including downloading of adapted Ukrainian and Russian language questionnaires into handheld machines and training of the survey information technology team on handheld machine usage.

Johns Hopkins Bloomberg School of Public Health provided technical support in GATS methods and protocol.

The Bloomberg Initiative to Reduce Tobacco Use provided financial support for the survey.

National implementing agencies:

Kiev International Institute of Sociology (KIIS) was responsible for the GATS sample selection, the implementation of the pilot testing of the questionnaire, the fieldwork of the GATS main survey. It also took part in data analysis and final report writing.

The Ministry of Health provided the continuous political support for the survey in Ukraine and was responsible for establishing mechanisms to disseminate and utilize the GATS data within a context of a national tobacco surveillance system to develop and implement tobacco control initiatives.

The Ukrainian Institute of Strategic Research of the Ministry of Health and School of Public Health (SPH) of the National University of "Kyiv-Mohyla Academy" (NaUKMA) were responsible for the GATS data analysis and final analytical report writing.

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Acronyms:

CDC: Centers for Disease Control and Prevention
FCTC: Framework Convention on Tobacco Control
GATS: Global Adult Tobacco Survey
BI: Bloomberg Initiative to Reduce Tobacco Use
GHPSS: Global Health Professions Student Survey
GSPS: Global School Personnel Survey
GTSS: Global Tobacco Surveillance System
GYTS: Global Youth Tobacco Survey
KIIS: Kiev International Institute of Sociology
MOH: Ministry of Health of Ukraine
PSU: Primary sampling unit
SHS: Secondhand smoke
SPH NaUKMA: School of Public Health, National University of Kyiv-Mohyla Academy
TFI: Tobacco Free Initiative
UISR: Ministry of Health of Ukraine, Ukrainian Institute of Strategic Research
WHO: World Health Organization

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Executive Summary

Tobacco use is a major preventable cause of premature death and disease worldwide, presently causing over 5 million deaths each year and expected to cause over 8 million deaths yearly by 2030. Within the European Region, tobacco is responsible for approximately 1.6 million deaths a year. The World Health Organization (WHO) Tobacco Free Initiative (TFI) aims to reduce the global burden of disease and death caused by tobacco, thereby protecting present and future generations from the devastating health, social, environmental, and economic consequences of tobacco consumption and exposure to tobacco smoke. This will be accomplished by providing global policy leadership — promoting the WHO Framework Convention on Tobacco Control (FCTC), as well as the MPOWER package of tobacco policies as a key entry point to the WHO FCTC. Within the European Region, 46 countries and the European Community have ratified the Treaty. Ukraine ratified the WHO FCTC in 2006.

In August 2006, the WHO and the United States Centers for Disease Control and Prevention (CDC) convened an expert consultation to discuss adult tobacco surveillance and made recommendations for the development of a standard survey protocol. The Global Adult Tobacco Survey (GATS) enables countries to collect data on key tobacco control measures in the adult population. The aim of the GATS is to collect data on tobacco use and tobacco control measures using a standardized questionnaire, sample design, and data collection/management procedures among adults aged 15 years and older. Results from the GATS will assist countries in the formulation, tracking and implementation of effective tobacco control interventions, and countries will be able to compare results of their survey with results from other countries implementing the GATS.

Methods

The GATS survey was completed in Ukraine in 2010. All settlements in Ukraine were used for the sample design. The sampling method was a two-stage stratified systematic cluster sample. Voter precincts were used as the as primary sampling units (PSUs) in the urban areas of Ukraine and villages were used in the rural areas of Ukraine. In the first stage, a total of 600 PSUs were selected - 300 PSUs from urban areas and 300 PSUs from rural areas. Household enumeration was then conducted in all 600 PSU. In the second stage, on average 26 households in each urban PSU and 22 households in each rural PSU were selected randomly. A total of 13,833 households were selected. One eligible individual aged 15 years and older was selected randomly from within each selected household by using a list from the household roster that constituted all eligible individuals by gender. The overall household response rate was 80.1%; 73.1% urban and 89.0% rural. In total, the household roster was completed for 8,649 households. The individual response rates were 95.1% overall, 93.8% urban, and 96.5% rural. In total, 8,173 persons completed the survey.

Tobacco use

Results from the survey showed that 28.8% of adults (approximately 11.5 million) aged 15 years and older were currently smoking tobacco in Ukraine. Men (50.0%) were more likely to smoke tobacco than women (11.2%). Approximately 9.1 million men and 2.5 million women smoked tobacco. Less than half of men (45.4%) and 8.9% of women were current daily smokers (8.3 million men and 1.9 million women). Almost all (99.7%) current smokers smoked manufactured cigarettes. More than two-thirds (67.2%) of current daily cigarette smokers consumed more than half a pack of cigarettes (11 cigarettes and more) per day; while 11.6% consumed more than 20 cigarettes daily. On average, men consumed more cigarettes per day (18.2) than women (11.8). The estimated annual consumption of manufactured cigarettes in Ukraine was 64 billion.

The minimum age for purchasing tobacco products is 18 years old under the current legislation. Nevertheless, more than half (53.7%) of the daily smokers said they started

smoking on a daily basis before this legal age. Men (56.9%) were more likely than women (45.6%) to have initiated daily smoking before age 18. The average initiation age was 16.8 years for men and 18.2 years for women.

The number of cigarettes smoked per day and having the first cigarette within 30 minutes after awakening were the two measures of tobacco dependency included in the GATS. Nearly half (45.5%) of men smoked almost a pack a day, and one in seven (14.1%) smoked more than a pack of cigarettes daily (heavy smokers), while 1.3% of women smoked more than a pack a day. Overall, 61.6% of daily smokers smoked tobacco within 30 minutes of awakening — 22.3% within 5 minutes of waking. Men (64.0%) were more likely than women (51.5%) to have their first cigarette within 30 minutes of waking.

Smoking tobacco in water pipes (nargile) is an emerging form of tobacco use in Ukraine, especially among young adults; 2.0% of the adult population currently smoked nargile. Use of nargile was highest for men ages 15-24 (7.7%) and those living in urban areas (3.7%).

Smoking cessation

More than one fourth (25.9%) of ever daily smokers had quit smoking. Two in five (40.5%) smokers (current and former smokers who quit in the past 12 months) had attempted to quit in the past year. However, only 6.7% of those who had tried in the past 12 months were successful.

Approximately a third (32.3%) of smokers had visited a health care provider in the past 12 months. Only (41.7%) of the smokers who had visited a health care provider were asked by the provider if they smoked. Almost three quarters (74.0%) of those asked about their smoking status by their health care provider were advised to quit. Only 6.3% of those advised to quit were successful in doing so.

Over two thirds (67.9%) of current cigarette smokers stated they were interested in quitting, but only 7.5% stated they planned to quit in the next month. Results from the survey indicated that 7.8 million current cigarette smokers were interested in quitting — 6.0 million men and 1.8 million women.

Exposure to secondhand smoke (SHS)

Results from the survey revealed that almost 5.8 million adults (34.0%) who worked indoors were exposed to SHS in indoor workplaces. An estimated 4.0 million men and about 1.9 million women who work indoors were exposed to SHS at their workplaces. Almost 2.9 million (26.6%) non-smokers were exposed to SHS at their workplaces.

Among adults in Ukraine, 12.2 million (30.6%) lived in homes where smoking was allowed. Over 6 million (21.7%) of Ukraine's non-smokers lived in homes where smoking was allowed. Almost 2.5 million (8.6%) non-smokers lived in homes where someone smoked at least daily inside the home.

Exposure to SHS was high in many locations, particularly in restaurants or cafes. Exposure to SHS (among those who visited such facilities within the past month) was lowest in health care facilities (6.6% of respondents saw somebody smoking there); however, 64.1% reported exposure in restaurants or cafes, 31.8% in private workplaces, 23.5% at universities, 17.5% on public transportation, and 10.2% in government buildings/offices. During the past 30 days, 7.2 million adults who had visited restaurants, 3.0 million had who visited a private workplace, 4.9 million who had used public transportation; 1.1 million who had visited a university; and 2.1 million who had visited a government building were exposed to SHS.

Tobacco economics

Overall, 68.0% of those who currently smoked manufactured cigarettes made their last purchase in a store and 26.8% purchased them at a kiosk. Only 3.0% of smokers bought cigarettes from street vendors. Current daily smokers of manufactured cigarettes spent an average of 142.7 UAH per month for their cigarettes.

Advertising, sponsorship, and promotion

Among adults in Ukraine, 66.0% had noticed an anti-cigarette smoking message during the past 30 days; the highest probability of viewing these messages was on television (46.3%), followed by billboards (24.7%),

newspapers (23.5%), and health care facilities (21.4%).

Among current smokers of manufactured cigarettes, 96.6% had noticed health warnings on cigarette packages during the past 30 days, and more than half (57.9%) of those smokers thought about quitting because of the warning. Of the packs shown to interviewers by smokers, health warnings were displayed in Ukrainian (98.4%), in Russian (0.6%), in Moldovan (0.9%), and 0.1% had no health warnings.

Overall, 40.8% of adults in Ukraine had noticed pro-cigarette advertisements in the last 30 days. The highest exposure to pro-cigarette ads was in stores (20.5%). Having seen pro-cigarette advertisement was higher among those aged 15-24 (60.6%) than among those aged 25 years and older (36.4%), and 15.3% of young people aged 15-24 years had noticed cigarette advertisements on the Internet.

Overall, 2.2% of adults in Ukraine had noticed cigarette sports sponsorships, and 15.8% had noticed cigarette promotions. Cigarette promotions were most commonly observed in the form of clothing items with a brand name or logo (9.5%), prize competitions (5.9%), or receiving free gifts or discounts (4.8%).

Knowledge, attitudes, and perceptions

Overall, 86.3% of adults believed inhaling other people's smoke caused serious illness and 93.1% believed smoking caused serious illness. Of those who believed smoking caused serious illness, 95.2% believed smoking caused lung cancer, 82.7% believed smoking caused heart attacks, and 81.3% believed smoking caused stroke. However only 31.4% believed smoking nargile caused serious illness.

Policy implications

The GATS findings that 45.4% of men and 8.9% of women in Ukraine were current daily smokers were consistent with the earlier observed decrease in current daily smoking since 2005, when 62.3% of men and 16.7% of women were daily smokers. The reduction in smoking prevalence since 2005 resulted from tobacco control policies implemented in Ukraine since the adoption of the first national tobacco control law in 2005 and the ratification of the WHO FCTC in 2006.

The National Special Social Program for Reduction of the Harmful Impact of Tobacco on Public Health in Ukraine until 2012 adopted by the Government of Ukraine, strengthens the tobacco control policies in Ukraine by developing and implementing effective tobacco control policies in line with the WHO FCTC provisions and the WHO MPOWER strategies.

The following recommendations were made:

- A national monitoring and surveillance system should be established to measure the effectiveness of tobacco control policies and tobacco consumption.
- National legislation and regulations should be amended to increase coverage and improve enforcement of smoke-free policies.
- A comprehensive national system of activities to diagnose and treat tobacco dependence should be established.
- Greater visibility of messages about the various dangers of tobacco use, including nargile, cigarillos, and other tobacco products, through tobacco package health warnings, posters in educational and health facilities and other informational activities, should be developed.
- Legislation should be amended to remove point-of-sale, Internet, and other kinds of tobacco advertising.
- An annual increase in the excise tax on tobacco is needed with the aim of reaching European Union (EU) tobacco taxation rates, first in percentage terms and then in monetary terms.

These policies, when fully enacted and enforced, will reduce the burden of disease and deaths in those who smoke or are exposed to the tobacco smoke of others.

I. Introduction

Tobacco use is a major preventable cause of premature death and disease, presently causing over 5 million deaths worldwide each year, and is expected to increase to over 8 million deaths yearly by 2030 (1). Unless current trends are changed, the vast majority of these deaths are projected to occur in the developing world. The World Health Organization (WHO) — Tobacco Free Initiative (TFI) is working with countries to reduce the global burden of disease and death caused by tobacco, thereby protecting present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke. The WHO is accomplishing this by providing global tobacco control policy leadership — promoting the WHO Framework Convention on Tobacco Control (WHO FCTC) and the MPOWER (2) package[1] of tobacco policies as a key entry point to the WHO FCTC (3). The WHO FCTC encourages countries to adhere to its principles and the TFI supports countries in their efforts to implement comprehensive tobacco control programs through MPOWER.

Monitoring the tobacco epidemic through an efficient surveillance system is one of the essential components of a comprehensive tobacco control program. In August 2006, the WHO and the Centers for Disease Control and Prevention (CDC) convened a group of tobacco control experts to discuss the need for adult tobacco surveillance. The group concluded that an adult tobacco survey with a consistent core questionnaire and methodology was needed. The group also recognized the challenges of limited funding and methodological complexities when conducting systematic adult tobacco surveys.

The Bloomberg Initiative to Reduce Tobacco Use (BI) offered resources to fill the data gap for measuring adult tobacco use globally and to optimize the reach and results of the ongoing Global Tobacco Surveillance System (GTSS), which originally comprised three school-based surveys for youth and selected adult populations: the Global Youth Tobacco Survey (GYTS), the Global School Personnel Survey (GSPS), and the Global Health Professions Student Survey (GHPSS) (4).

The Global Adult Tobacco Survey (GATS) is a household survey that was launched in February 2007 as a new component of the ongoing GTSS. The GATS enables countries to collect data on key tobacco control measures in the adult population aged 15 years and older. Results from the GATS can assist countries in the formulation, tracking and implementation of effective tobacco control interventions, and countries will be able to compare results of their survey with results from other countries implementing the GATS.

The GATS is being implemented initially in 14 countries where it is estimated that more than half of the world's smokers live and that consequently bear the highest burden of tobacco use: Bangladesh, Brazil, China, Egypt, India, Mexico, Philippines, Poland, Russian Federation, Thailand, Turkey, Ukraine, Uruguay, and Vietnam. The CDC, the CDC Foundation (CDCF), the Johns Hopkins Bloomberg School of Public Health (JHSPH), RTI International (RTI), the WHO, and countries throughout the world are working together to design and implement the GATS. The GATS survey of adults uses a standard protocol and produces data on adult tobacco use that can be compared across countries and provides evidence for evaluating tobacco control policies, especially the WHO FCTC provisions.

1.1. Burden of Tobacco Use in Ukraine

1.1.1. Prevalence of tobacco use among adults

Beginning in 2000, several smoking prevalence surveys were conducted in Ukraine, supported by various international donors. Data from these surveys are summarized in Table 1.1.

1 The MPOWER package is a series of six proven policies aimed at reversing the global tobacco epidemic and include: Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco use; Warn about the dangers of tobacco; Enforce bans on tobacco advertising, promotion, and sponsorship; and Raise taxes on tobacco.

The inconsistency in the information with regard to smoking prevalence was partly due to different methods of data collection, different age limits, sampling, etc. Even so, there was a change in smoking prevalence between 2000-2006 and 2007-2009 (14). Daily smoking prevalence among adults in 2000-2006 ranged from about 30% to 37%, but from 2007 to 2009 it decreased to 25-27%. The daily smoking rate among men in Ukraine in 2000-2005 was about 60%, but in 2008-2009 the rate decreased to below 50%. Among women the daily smoking rate increased, from 10-13% at the beginning of the 2000s to 16-17% in 2004-2005 and then declined to 7-9% in 2008-2009. Comparison of different surveys revealed that questionnaires without specific questions about occasional smoking could measure only daily smoking, because occasional smokers usually said they did not smoke. Some questionnaires overestimated the proportion of occasional smokers. The adoption of the national tobacco control law in late 2005 and other effective tobacco control policies afterwards is a possible explanation for the reduction of smoking prevalence since 2005.

About 99% of all tobacco users smoked manufactured cigarettes in Ukraine. In the 1990s non-filter cigarettes constituted more than 50% of general tobacco consumption; in the late 2000s this had fallen to less than 10% (14). In the 1990s, the annual consumption of cigarettes was about 60–70 billion pieces, increasing in the middle 2000s to 80–90 billion cigarettes. Smoking hand-rolled cigarettes was limited to older male smokers. Cigars were smoked by 1% of male smokers. Consumption of smokeless tobacco or pipe tobacco was negligible.

1.1.2. Prevalence of tobacco smoking among youth

Ukraine has participated in three international surveys conducted among young people: the European School Survey Project on Alcohol and other Drugs (ESPAD), the Health Behavior in School-aged Children (HBSC) survey, and the GYTS. The ESPAD was conducted in Ukraine in 1995, 1999, 2003 and 2007 (16). The ESPAD

Table 1.1. Smoking prevalence among adults in Ukraine in 2000-2009

Year, month, source	N	Age	Males		Females		All	
			Daily smokers	Occasional smokers	Daily smokers	Occasional smokers	Daily smokers	Occasional
2000, February [5]	1590	18+	57		10		31	
2000, November [6]	2392	18+	58	6	13	6	34	6
2001, March [7]	1797	15+	53		11		27	
2001, June [6]	2721	14+	57		14		34	
2002 [8]	1711	18+	61		12		34	
2002, November [9]	2463	15+	59		16		37	
2004, August [10]	2008	18+	50		16		31	
2005, June [11]	2239	15+	62	5	17	3	37	4
2005, December [12]	2018	18+	56		17		33	
2006, March [12]	2004	18+	58		13		31	
2007, February [12]	1996	18+	52		11		27	
2008, November[12]	1000	18+	50	10	8	6	27	8
2009, May [13]	2008	18+	49	6	9	3	27	4
2009, October [13]	1997	18+	47	13	7	6	25	9

data showed that prevalence of both lifetime smoking and smoking in the past month among teenagers increased between 1995 and 1999, but had significantly decreased by 2007. Prevalence of smoking in the past month for youth aged 15-16 years was 37% among boys and 22% among girls in 2007, compared to 49% and 28%, respectively, in 2003. The HBSC report (17) showed that in 2002-2006, both lifetime and current smoking prevalence among aged 11-12-years remained unchanged, but decreased among those aged 13-16 years, especially among boys. For young people aged 15-16 years, the current smoking rate declined from 52% to 42% for boys and from 32% to 26% for girls. The GYTS was conducted in Ukraine in 1999 and 2004. Results showed that current smoking decreased slightly between 1999 and 2004. The next GYTS is planned for 2010 in Ukraine. The general change in smoking prevalence among youth was similar to the adult change: high rates in early 2000s and a decline in the second half of the 2000s.

1.1.3. Prevalence of tobacco use among health professionals

Smoking prevalence among health workers was just slightly lower than among the general population with the same level of education (18). A pilot GHPSS was conducted in Ukraine in 2009 among third year health professional students at the Kyiv Medical University (19, 20). The survey found that 62.5% of students were ever smokers, and the most frequent age of smoking initiation was between 11 and 15 years old. Smoking at the University during the previous year was reported by 31.6% of smokers. Exposure to secondhand smoke (SHS) at home within the last week was reported by 60.5% of students and 73.3% were exposed to SHS in other places beside their homes.

1.1.4. Exposure to secondhand smoke (SHS)

An analysis based on the national survey of tobacco use conducted in 2005 (21) showed that a majority of the population (53%) reported exposure to SHS at least daily. When such exposure for several days a week was combined with daily exposure, 74% of former smokers and 65% of non-smokers said they were exposed to SHS.

1.1.5. Health impact of tobacco use

According to the WHO European Health Report (22), tobacco is a major health risk factor. In Ukraine it caused 14.8% of total mortality and 12.8% of disability-adjusted life-years. Smoking caused 13% of the disease burden in Ukraine (23). The total number of tobacco-related deaths in Ukraine was estimated to be about 100,000 or 13% of total mortality (24). The main causes of tobacco-related deaths were: cardiovascular diseases (47%); respiratory diseases (19%); lung cancer (16%); other cancers (9%) and all others causes (9%). About 70% of the tobacco-related deaths occurred in the 35-69 age group, meaning that 19 years of life per smoking-related death were lost in this age group.

1.1.6. Economic impact of tobacco use

According to international experts, the estimated indirect tobacco costs to Ukraine's economy were US$3 billion in 2007 (25). The estimated population expenditure on tobacco products increased from 6.3 billion UAH in 2001 to 8.3 billion UAH in 2005 (15). According to official statistics, the proportion of household disposable income spent on tobacco gradually decreased from 1.5% in 2000 to 0.8% in 2008, while in 2009 it increased sharply to 1.7%. This was possibly because real (inflation-adjusted) prices of tobacco products decreased by 46% in 2001-2007. However in 2009, the consumer price index (CPI) for tobacco was 1.67, while the general CPI was 1.12. The price changes reflected the tobacco taxation policy in Ukraine.

1.2. Current tobacco control policies in Ukraine

In 2001, the parliament of Ukraine adopted the *Concept for a State Policy of Tobacco Control Implementation,* with the aim of protecting the public from the harmful impact of tobacco smoking and reducing consumption of tobacco products. Unfortunately, no resources were provided to implement the measures presented in the Concept.

In 2005, the *Law on Measures to Prevent and Reduce the Use of Tobacco Products and Their Harmful Impact on Public Health* was adopted by the parliament. This law prohibited such descriptors as "lights" on cigarette packs and introduced partial smoking bans, 30% text health warnings, and other measures. Ukraine ratified the WHO FCTC in 2006. In 2009, the abovementioned Law was amended to require 50% pictorial health warnings and more severe smoking bans. The Law was also amended by a provision that public health interests had priority over the vested interests of the tobacco industry.

Currently national law bans smoking in all health and educational settings, public transport, and some other places. In other public settings and workplaces, smoking is allowed only in specially designated areas. At least 50% of restaurants, bars, and hotels should be smoke-free zones. According to national law, local authorities have the right to introduce local smoke-free regulations, which allow for more restrictions than the national law. Several cities (Cherkasy, Lutsk, Donetsk, Sumy, and others) have already issued special local by-laws to further restrict smoking in public places. However, enforcement of smoke-free national and local laws is still a challenge.

In Ukraine, national law has banned tobacco advertising on television (since 1996), on the radio (since 1996), on public transport (since 2003), outdoors (since 2009), and in print media (since 2010); national law also has banned distribution of free samples of cigarettes. In late 2009, draft legislation proposing a comprehensive ban on tobacco advertising, promotion, and sponsorship was submitted to the parliament.

In 2000-2007, tobacco taxes in Ukraine were increased but only moderately. While state revenue increased during those years, the tax policy caused several negative trends (15). First, there was a decline in the real price; the general CPI increased by 131% in 1999–2007, whereas the CPI for tobacco products only increased by 25%. Second, it caused an increase in cigarette smuggling out of Ukraine. Low excise taxes on cigarettes created incentives for the illegal export of cigarettes purchased legally in Ukraine to other countries. Recently the estimated annual amount of smuggling out of Ukraine exceeded 30 billion cigarettes. Third, the proportion of tobacco excise taxes in total national tax revenues decreased from 4% in 1999 to 1.6% in 2007.

Since the middle of 2008, the tobacco taxation policy in Ukraine has changed. Tobacco excise taxes have increased several times. In September 2008, the minimum excise tax for filter cigarettes, the most popular tobacco product, was increased from 18 UAH to 40 UAH per 1,000 cigarettes. Then it was increased to 47 UAH in February 2009, 100 UAH in May, 2009, 115 UAH in January 2010, and 150 UAH starting in July 2010. By law, tobacco excise specific tax rates must be adjusted annually according to the inflation rate. Within a 22-month period, the minimum specific rate was increased more than 8 times. During this period the average price of a filter cigarette pack increased from 2.7 UAH to 6.4 UAH. The proportion of excise tax for filter cigarettes retail price increased from 19% in early 2008 to 39% in early 2010. Government revenues increased from 2.44 billion UAH in 2007 to 3.58 billion UAH in 2008 and 9.06 billion UAH in 2009. The proportion of tobacco excise taxes in the total national tax revenues increased to 6% in 2009.

On September 3, 2009, the Government of Ukraine adopted the *National Special Social Program for the Reduction of the Harmful Impact of Tobacco on Public Health in Ukraine until 2012*. The objectives of this Program are: to protect and promote public health; to protect the population against the consequences of tobacco consumption and the exposure to tobacco smoke; and to minimize the social, environmental, and economic consequences of tobacco use by implementing tobacco control measures at the national and local levels. The National Program includes a comprehensive range of tobacco control activities. The Ministry of Health (MOH) is the key government implementing agency.

The National Program plans to develop activities to diagnose, to prevent, and to treat tobacco dependence, including the establishment of a national telephone quit line. Since 2009 a local quit line has been operating

in the city of Kiev. The National Program also plans to develop education and training for health, pharmaceutical, social, and pedagogical workers in the implementation of activities aimed at preventing and reducing tobacco use and providing tobacco dependence treatment. In 2009 the National Medical University, with support from the WHO country office, developed a comprehensive tobacco control curriculum for medical students. The National Program also includes conducting monitoring and evaluation of activities aimed at prevention and reduction of tobacco use and surveillance of the impact of tobacco use on public health. The GATS is a major part of these monitoring activities.

1.3. Survey objectives

The objectives of the GATS are:

- To systematically monitor adult tobacco use and track key tobacco control indicators in a nationally representative sample of Ukraine.
- To track implementation of the WHO FCTC recommended policies outlined in the MPOWER package.

II. Methodology

Adhering to the global standard protocol for systematically monitoring adult tobacco use and tracking key tobacco indicators, the 2010 Ukraine GATS was a cross-sectional household survey that aimed to produce national level estimates. The design also allowed estimates of indicators of interest at an acceptable level of precision by gender, age group, and residence.

2.1. Study population

The target population of the survey included all men and women in Ukraine aged 15 years and older who considered the country to be their primary place of residence, irrespective of citizenship. For logistical reasons, the survey was not conducted in institutionalized living facilities or collective dwellings, such as military institutions, prisons, convents, hotels, dormitories, hospitals, nursing homes, etc. Also excluded were the homeless.

2.2. Eligibility criteria

The eligible respondents were all non-institutionalized persons aged 15 years and older who resided in the country. Respondents were excluded if their primary places of residence were institutionalized living facilities or collective dwellings, such as military institutions, prisons, convents, hotels, dormitories, hospitals, nursing homes, etc.

2.3. Sample design

The 2010 Ukraine GATS was a household-based survey that conformed to the GATS sampling design protocol (refer to Appendix A for details). The 2010 Ukraine GATS employed a two-stage sample design. At the first stage, primary sampling units (PSUs) were selected randomly by probability proportional to the size. The definition of a PSU differed for urban and rural areas. For the urban population, PSUs were equal to voting precincts defined by the Central Electoral Commission for the 2007 nationwide parliamentary elections, and those PSUs consisted of eligible voters (citizens 18 years old and older). For the rural population, PSUs were equal to villages (or groups of small villages), and those PSUs consisted of the total population from the 2001 Census of Population. There were 300 PSUs selected in the urban areas and 300 PSUs in the rural areas. At the second stage, an average of 26 housing units in each urban PSU and 22 housing units in each rural PSU were randomly selected. The list of households was developed from a household count conducted in September 2009 as part of the GATS Ukraine project.

Half of the selected households were randomly assigned to be "male" respondent households and the other half "female" respondent households. One male member aged 15 years and older was randomly selected from each "male" household, and one female member aged 15 years and older from each "female" household.

2.4. Questionnaires

The 2010 Ukraine GATS used two types of questionnaires: the Households Questionnaire and the Individual Questionnaire. The questionnaires were based on a core set of questions designed for all GATS participating countries. Country-specific questions, recommended by the MOH, National University of Kyiv-Mohyla Academy, School of Public Health, CDC, and WHO to address relevant issues in the country and approved by the CDC Questionnaire Review Committee, were added (refer to Appendix B for details). The questionnaires were developed in English and translated into both Ukrainian and Russian. The questionnaires were also back-translated to check the quality of the translations.

The Household Questionnaire was used to collect information on the number of persons in the sampled household who considered that housing unit as their primary place of residence the night prior to the survey date. Any adult aged 18 years and older in the household could give the information regarding the number of eligible persons in the household (either "male" or "female" based on sampling strategy). Information on age, sex, and current use of tobacco was also collected during the household interview. The respondent selected for the individual questionnaire was randomly selected from the list of eligible household members.

The Individual Questionnaire was used to collect information from each selected eligible male or female respondent. The questionnaire consisted of 10 sections:

1. **Section A — Background characteristics:** Questions on sex, age, education, work status, possession of household items, marital status, and financial well-being were included.
2. **Section B — Tobacco smoking:** Questions covered patterns of use (daily consumption, less than daily consumption, not at all), former/past tobacco consumption, age of initiation of daily smoking, consumption of different tobacco products (cigarettes, pipes, cigars, and other smoked tobacco), nicotine dependence, and frequency of consultations with a health care provider.
3. **Section WP — Water pipe (nargile):** Questions covered frequency of nargile use, age of initiation of water pipe smoking and some details about the most recent smoking session (duration, number of participants).
4. **Section C — Smokeless tobacco:** Questions on patterns of use (daily consumption, less than daily consumption, not at all), former/past use of smokeless tobacco, and consumption of different smokeless tobacco products (chewing tobacco, snus, snuff, and nasvai) were included.
5. **Section D — Cessation:** Questions related to advice to quit smoking by health care provider, and methods used to try to stop smoking were included. Similar information was requested for cessation of smokeless tobacco use.
6. **Section E — SHS:** Questions were included about the smoking policy in the home, exposure to SHS at home, indoor smoking policy at the work place, and exposure in the last 30 days at different sites including: work place, government buildings/offices, health care facilities, restaurants or cafes, public transportation, universities, and private companies. An additional item was included on knowledge about serious illnesses in non-smokers due to SHS.
7. **Section F — Economics:** Questions pertaining to the brand, quantity, cost, and source of manufactured cigarette(s) purchased were included.
8. **Section G — Media:** Questions regarding exposure to pro- and anti-tobacco advertising in the media such as: television, radio, billboards, posters, newspapers/magazines, cinema, Internet, public transportation, others; exposure to sporting events sponsored by tobacco companies; exposure to tobacco promotion activities; and reaction to health warning labels on cigarette packages were included. The reference period for the questions in this section was the last 30 days.
9. **Section H — Knowledge, attitudes, and perceptions:** Questions on knowledge about health effects of smoking, SHS, smokeless tobacco, and water pipes were included.
10. **Section CP — Cigarette packs:** Information printed on any cigarette packages that respondents had with them (brand, health warning message, contents of tar and nicotine, date of production, and maximum retail price) was obtained.

2.5. Recruitment, training, and fieldwork

2.5.1. Implementing agencies

The Kiev International Institute of Sociology (KIIS) was the implementing agency responsible for the 2010 Ukraine GATS data collection. Funding for the survey was provided by the BI through the CDCF, and the WHO. Technical support was also provided by these organizations, as well as the CDC.

The KIIS Project Manager provided overall direction for implementation of the survey. The Fieldwork Director was assisted by four Fieldwork Managers (FMs), who served as field coordinators in the respective regions, while 25 Fieldwork Supervisors (FSs) supervised the field activities in the areas (oblasts). In general, each team was composed of one team supervisor and two to seven Field Interviewers (FIs).

2.5.2. Pretest

The KIIS conducted a GATS pretest during February - March, 2009. The pretest ensured the applicability of the questionnaire in Ukrainian and Russian in terms of clarity of the questions, logical flow or sequence of the questions, adequacy and appropriateness of response categories used, and clarity and correctness of translations. Also, the pretest aimed to determine if the respondents' attitude, interest, and motivation to answer the questions would be sustained; establish the average interview time in order to set a reasonable quota per day; and assess problems during the pretest that would likely be encountered during the actual GATS field operation and identify solutions for such problems. Another important objective of the pretest was to test the use of handhelds (IPAQ) in data collection. Fieldwork was conducted in both urban and rural areas, with a total of 138 respondents, adequately distributed by sex, urban/rural residence, smoking status, and age groups.

2.5.3. Training

In order to prepare the KIIS Central Office personnel, training for trainers was held to identify which particular items and instructions needed extra emphasis and preempt issues that would arise during the training of field staff. This was held for the KIIS GATS core team, who assisted in the pretest and the finalization of the questionnaires and manuals.

The training for all personnel involved in the field operations for the 2010 Ukraine GATS was conducted in five regional sessions from October 19 to November 6, 2009. Staff from the KIIS Central Office served as trainers, while the GATS team from the CDC and WHO served as resource persons. Participants in regional training sessions included 25 FSs and 94 FIs (some supervisors worked on the GATS Ukraine project as interviewers as well). Each training session covered survey concepts and definitions, questionnaire administration using IPAQ, and other field operation procedures. All sessions included classroom lectures, written exercises, demonstration interviews, role playing, mock interviews, and field practice.

2.5.4. Fieldwork

For the 2010 Ukraine GATS, the KIIS employed a total of 103 FIs, distributed among 25 teams nationwide. A team supervisor was responsible for two to seven interviewers and ensured that the team strictly followed the protocol or the prescribed procedures in interviewing the sample households and the male and female individuals. In each oblast, a FS from the permanent KIIS survey network was designated to monitor the progress of the team in his/her oblast and ascertain that the workload was completed within the survey period. The FMs were assigned to supervise implementation of the survey in their groups of oblasts and provide technical assistance on survey concepts, questionnaire items, and field operation procedures. Usually regional FSs provided technical assistance on the use of IPAQs, while the IT team at the KIIS Central Office solved more complicated issues. The FSs conducted spot checks, and the KIIS quality control supervisors conducted short verification interviews. The GATS fieldwork started right after the training, as scheduled. Completion was targeted for February 5, 2010, but was extended to March 4, 2010 due to the H1N1 epidemic and weather conditions.

2.5.5. Confidentiality / informed consent

Parental consent was required for participants aged 15-17 years. Verbal consent was obtained in the presence of his or her parents.

Commonwealth Act 591, Section 4 stipulates that data collected through the GATS are confidential. Respondents were assured that all answers in the survey would be used only for research and analysis, and could not be used for any other purpose, and that their identifying data, such as name and address, would never be associated with their interview responses. In addition, the FIs signed a Statement of Confidentiality to ensure that they would maintain the confidentiality of the data.

2.6. Data processing and aggregation

The GATS used an electronic questionnaire posted on the IPAQs. The IPAQ questionnaire

setup, processing software, management and integration of the data were managed by the WHO and RTI.

At the KIIS Central Office, technical staff served as the GATS Data Managers (DMs). The FSs exported data files from the FIs' IPAQs on a daily basis. In some extraordinary cases (if the FI was in a remote area), the data were exported less frequently than daily. After data export, the data files were transmitted to the KIIS National Data Center at the end of the day.

The DM received and managed the data files transmitted by the FSs. For the early detection and resolution of problems in the data files, the GATS Project Manager viewed and scrutinized the data upon receipt.

The DM routinely reviewed and monitored the transmitted data files, and provided a weekly status report indicating the number of completed and uncompleted cases per FI. The General Survey System (GSS) aggregation software was used to provide the status report containing this information.

During processing, the aggregation software sorted and processed the files in the selected folders by the most recent submitted standard database format (sdf) files. After ensuring the completeness of the sdf files, the DM merged and aggregated all the files into a single sdf file, using an aggregation module of the GSS software. The aggregated data was converted into SPSS format for initial evaluation of data quality.

2.7. Statistical analysis

The sample weights were computed for each respondent following standard procedures of the CDC contained in the GATS sample weights manual. The details of the sampling weights process are described in Appendix A. Weighted point estimates and standard error calculations were estimated using SAS Version 9.2 (refer to Appendix C for details).

2.8. Response rates and weighting

Response rates

The GATS sampled 13,833 households throughout the country, with results shown in Table 2.1 (All the tables are in Appendix D). The overall household response rate was 80.1%; 73.1% urban and 89.0% rural. In total, the household roster was completed in 8,649 households. From the 8,649 households, 8,173 individual interviews were completed — 4,076 urban and 4,097 rural. The individual response rate was 95.1% overall, 93.8% urban and 96.5% rural. Total response rates were 76.2% overall, 68.6% urban and 85.9% rural.

Weighting

Weighting is a method used to obtain parameters from the data set resulting from sampling so as to represent the universe. A three-step weighting procedure was used in accordance with the GATS Sample Weights Manual.

First step of weighting

Base weights were calculated, which were inversely proportional to the overall selection probabilities for each sample respondent. Calculations in this stage included probabilities of selection of PSUs, households, and eligible individuals. Base weights were calculated using these probabilities based on the household and individual selection.

Second step of weighting

In the second stage, base weights were adjusted to compensate for losses in the sample outcomes due to non-response. In this stage, household-level non-response adjustments were performed using weighted data by PSU; individual-level non-response adjustment was done using weighted data on forty cells, which took into account residence, gender, age group, and tobacco use.

The household-level non-response adjustments were made using the following household-level response rate formula for each PSU (26):

$$\text{Household-Level Response Rate} = \frac{"200"+"201"}{"200"+"201"+"202"+"203"+"204"+"207"+"208"}$$

where:

″200″ = Completed household questionnaire, 1 person selected

″201″ = Completed household questionnaire, no one selected

″202″ = Completed part of household questionnaire, could not finish roster
″203″ = Household questionnaire not complete, could not identify an appropriate screening respondent
″204″ = Household refusal
″207″ = Household respondent incapacitated
″208″ = Other household non-response

Individual-level non-response adjustment was made using the following individual-level response rate formula on forty weighting classes, which took into account residence, gender, age group, and tobacco use (26).

$$\text{Individual-Level Response Rate} = \frac{\text{"400"}}{\text{"400"+"404"+"407"+"408"}}$$

where:
″400″ = Completed individual questionnaire
″404″ = Selected respondent refusal
″407″ = Selected respondent incapacitated
″408″ = Other individual non-response

Third step of weighting

In the final stage of the weighting, calibration adjustment was made to adjust weights to the 2001 Census distribution. The variables used for calibration were gender, age group, and residence.

2.9. Population characteristics

The 8,173 completed interviews represented an estimated 40.0 million adults aged 15 years and older in Ukraine (Figure 1 and Table 2.2). Overall, 45.4% were men and 54.6% were women; 18.3% were aged 15-24, 34.3% were aged 25-44, 30.1% were aged45-64, and 17.3% were aged 65 years and older.

Over two-thirds (68.0%) of adults lived in urban areas, compared to 32.0% in rural areas (Table 2.2). The distribution across the regions varied slightly from 29.9% in the Central region to 20.1% in the Eastern region2. With regard to education, over one-third (36.1%) of the adults had completed high school, 22.4% had completed secondary and 22.3%

[2] Western Region — Volynska, Zakarpatska, Ivano-Frankivska, Lvivska, Rivnenska, Ternopilska, Khmelnytska, and Chernivetska oblasts (provinces).
Central Region — the city of Kyiv, Vinnytska, Zhytomyrska, Kyivska, Kirovohradska, Poltavska, Sumska , Cherkaska, and Chernihivska oblasts (provinces).
Southern Region — The Autonomous Republic of Crimea, Dnipropetrovska, Zaporizka, Mykolayivska, Odeska, and Khersonska oblasts (provinces).
Eastern Region — Donetska, Luhanska, and Kharkivska oblasts (provinces).

Figure 1: Percent Distribution of Individual Respondents by Sex and Age; Ukraine Global Adult Tobacco Survey (GATS), 2010

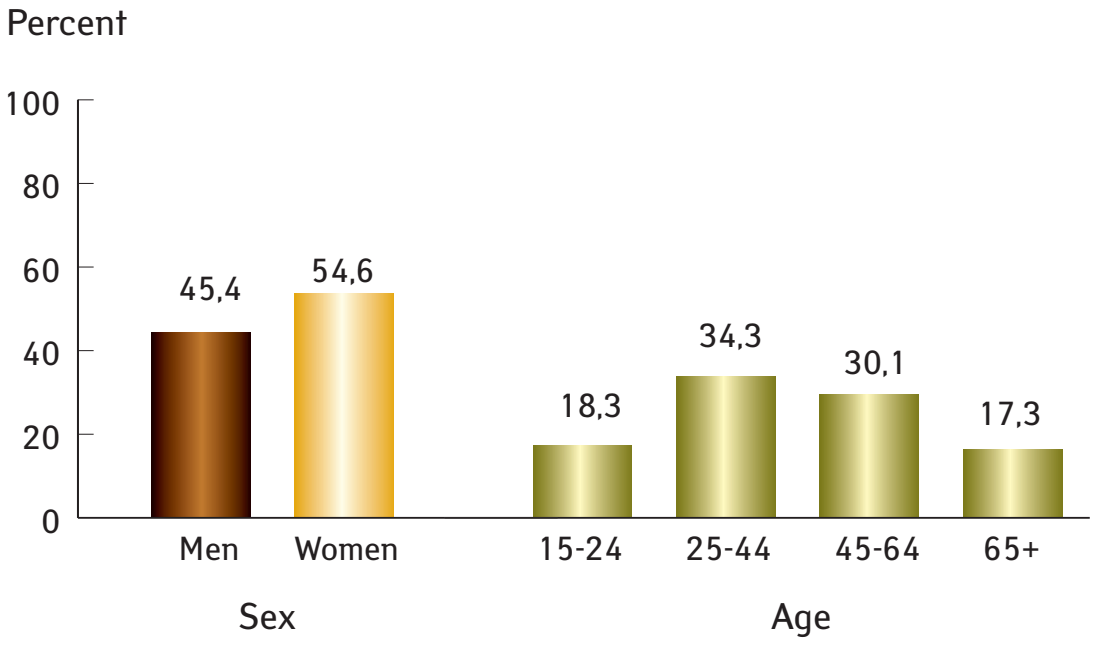


Figure 2: Percent Distribution of Individual Respondents by Educational Level; Ukraine Global Adult Tobacco Survey (GATS), 2010

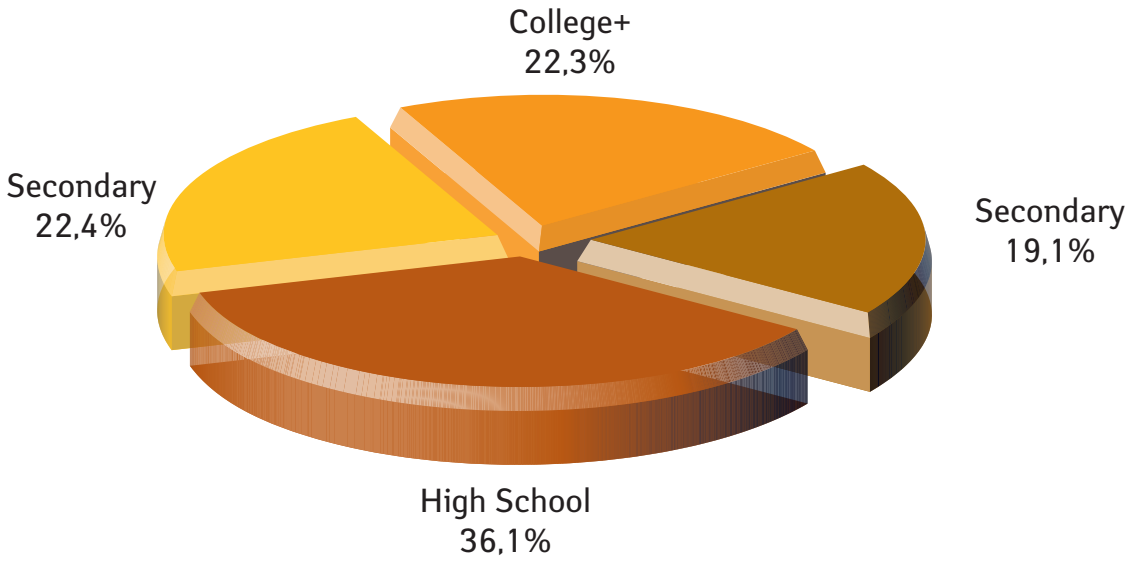
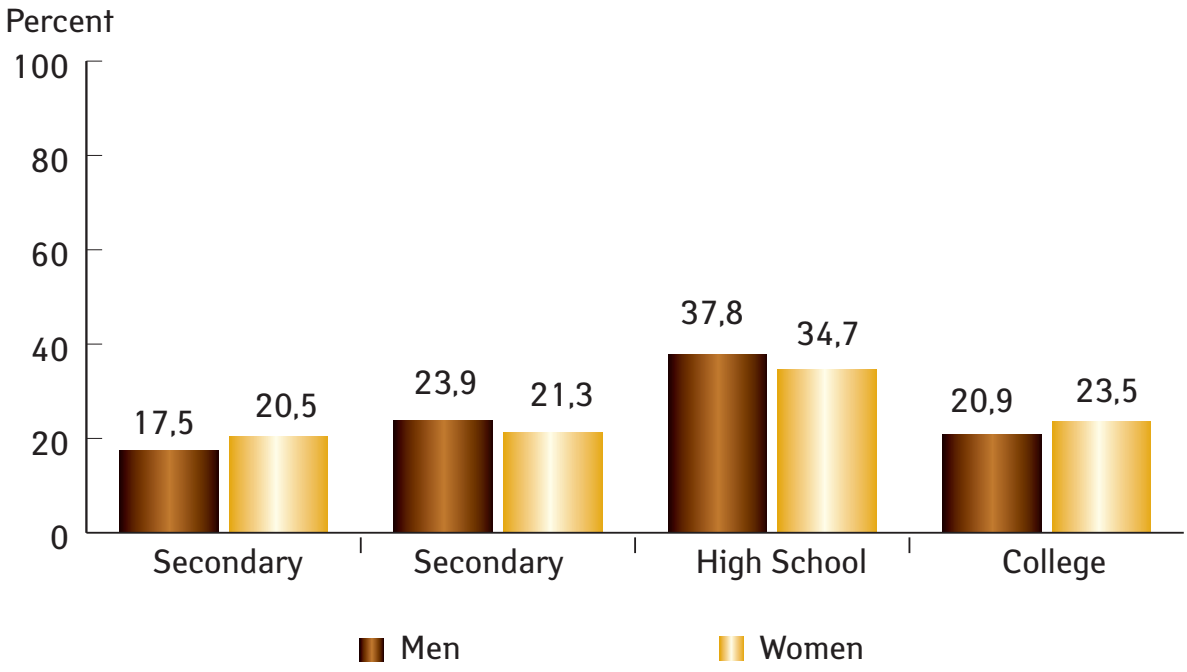


Figure 3: Percent Distribution of Individual Respondents by Education and Gender; Ukraine Global Adult Tobacco Survey (GATS), 2010



had completed college or higher education, and 19.1% had completed less that secondary education (Figure 2).

There was no difference between men and women with regard to education (Figure 3).

These aforementioned population characteristics matched those of the 2001 Census, as the Ukraine GATS was calibrated to the latest census.

III. Results

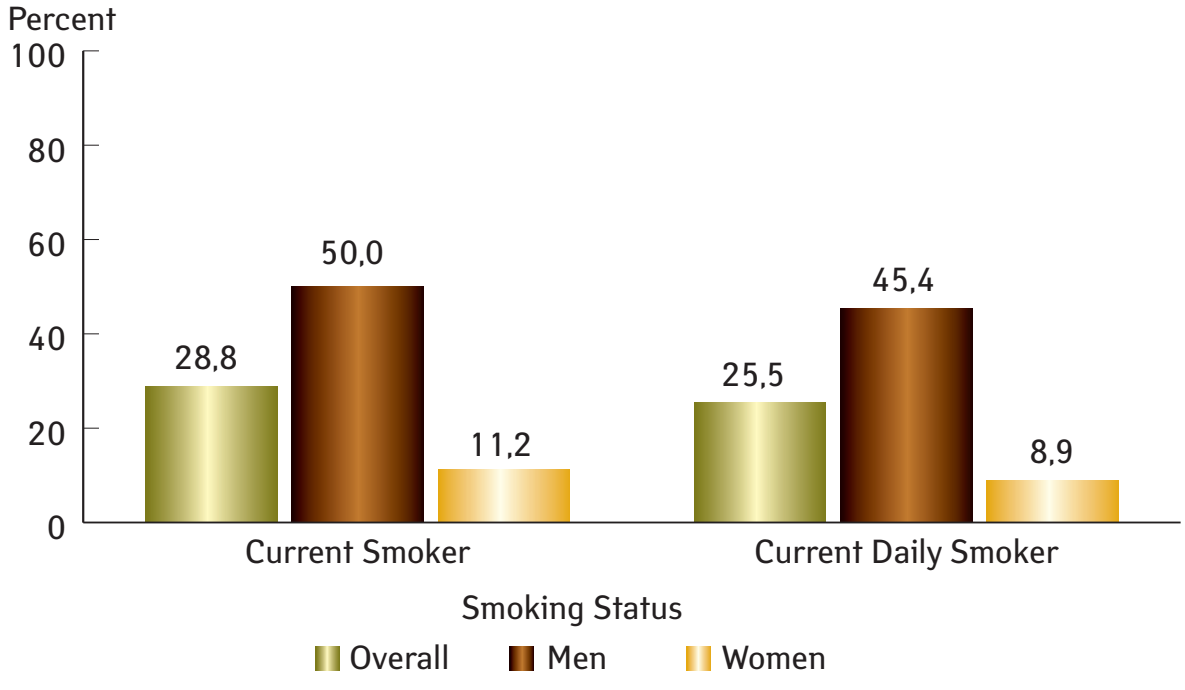
3.1. Tobacco Use

Among adults 15 years or older, 28.8% were current tobacco smokers, representing 11.5 million Ukrainians (Figure 4 and Tables 3.1 and 3.2. All the tables are in Appendix D). Men (50.0%) were more likely than women (11.2%) to smoke tobacco. Approximately 9.1 million men and 2.5 million women were current tobacco smokers. Overall, 45.4% of men were daily smokers (representing 91% of all current men smokers) and 8.9% of women were current daily smokers (representing 79.5% of all current women smokers). For men, 4.6% were occasional smokers (representing 9% of all current men smokers) and 2.4% of women were occasional smokers (representing 21% of all current women smokers).

There were 10.2 million daily smokers in Ukraine (8.3 million men and 1.9 million women) (Table 3.2). For men, daily smoking was highest for ages 25-44 (56.3%) and 45-64 (47.0%); and highest for those with secondary (47.9%) or high school (51.4%) education, compared to those with less than secondary education (40.3%) and college or higher education (35.8%) (Table 3.3). Daily smoking did not differ by residence and region. For women, daily smoking was highest for ages 15-24 (12.1%) and 25-44 (15.1%); for those in urban areas (11.3%) compared to rural areas (3.7%); and for those living in the Southern (13.5%) or Eastern (12.0%) regions compared to those in the Western region (3.6%). With respect to education, daily smoking among women was highest among those with the highest education (approximately 10%) and lowest for those with less than secondary education (4.4%). For men, occasional smoking did not differ by residence, region or education; however, for women, occasional smoking was higher for those aged 15-24 (3.3%) and 25-44 (4.9%) compared to the other ages, and for those in urban areas (3.2%) compared to 0.7% in the rural areas. There was no difference in occasional smoking by region or education.

Overall, 28.6% of adults smoked cigarettes (28.5% manufactured and 1.1% hand-rolled) and 2.0% smoked nargile (water pipe) (Table 3.4). Men (49.4%) were more likely than women (11.1%) to smoke manufactured

Figure 4: Current Smoking Status;
Ukraine Global Adult Tobacco Suvey (GATS), 2010



cigarettes. An estimated 9.0 million men and 2.4 million women smoked manufactured cigarettes (Table 3.5). The prevalence of men who smoked manufactured cigarettes increased with age, from 44.5% for ages 15-24 to over 50% for ages 25-64, then declined to 24.3% for those aged 65 years and older. Among men smoking manufactured cigarettes increased with level of education, from less than secondary education (44.6%) to high school (56.2%), then decreased for those with college or higher education (39.1%). There was no difference in level of smoking manufactured cigarettes for those with less than secondary education and those with college or higher education. Smoking manufactured cigarettes did not differ by residence or region. For women, smoking manufactured cigarettes increased with age, from 14.7% for ages 15-24 to 19.8% for ages 25-44, then decreased to 0% for those aged 65 years and older. Women in urban areas (14.2%) were more likely than those in rural areas (4.3%) to smoke manufactured cigarettes; women in the Southern (16.1%) and Eastern (14.8%) regions were more likely than those in the Western or Central regions (4.9% and 8.9%, respectively) to smoke manufactured cigarettes. Women with secondary or higher education (over 10%) were more likely than those with less than secondary education (5.5%) to smoke manufactured cigarettes.

Among manufactured cigarette smokers, 8.6% responded that they last purchased non-filter cigarettes (10.7% of men and 0.9% of women), 81.4% purchased regular filter cigarettes (88.0% of men and 56.5% of women), and 10.0% purchased filter slims (1.3% of men and 42.6% of women) (Table 3.6).

Smoking hand-rolled cigarettes was higher for men (2.3%) than women (0.1%); it was more prevalent in the rural areas (2.1% vs. 0.7% urban), and in the Central region (1.9%) compared to the Western (0.9%) and the Eastern (0.2%). People with less than secondary education (1.9%) were more likely to smoke hand-rolled cigarettes than those with college or higher education (0.5%) (Table 3.4).

Men (3.2%) were more likely than women (1.1%) to smoke nargile (Table 3.4). For men, smoking nargile was highest for ages 15-24 (7.7%) and those with college or higher education (6.0%). There was no difference by residence or region. For women, smoking nargile was highest for ages 15-24 (4.2%), and those in urban areas (1.6%). Women with secondary education (2.4%) and those with college or higher (1.8%) were more likely to smoke nargile. There was no difference by region.

Cigar and cigarillo use was higher in men (1.3%) than women (0.2%). Men aged 15-24 years (2.3%) were more likely to use this type of tobacco than men over 45 years, and those with college or higher education (2.7%) were more likely than those with secondary or less education to smoke cigars or cigarillos. (Table 3.4).

Over half (53.2%) of current daily cigarette smokers consumed 16 or more cigarettes per day (Table 3.7). Almost 60% of men who smoked daily consumed 16 or more cigarettes daily; 14.1% consumed over 20 cigarettes daily. In contrast, 63.8% of women who smoked daily consumed fewer than 11 cigarettes daily. Daily cigarette smokers smoked on average 16.9 cigarettes per day — 18.2 cigarettes for men and 11.8 cigarettes for women (Figure 5).

More than half (53.7%) of ever daily smokers aged 18 to 34 initiated daily smoking before age 18, the legal age for purchasing tobacco in Ukraine (Table 3.8). Over half of men (56.9%) reported they initiated daily smoking before age 18, compared to 45.6% of women. Initiation before age 18 was lowest in the Western region (47.8%) and highest in the Southern region (60.8%). The average age of initiation of daily smoking for men was 16.8 years, compared to 18.2 years for women (Figure 6).

Overall, 61.6% of daily smokers said they smoked tobacco within 30 minutes of awakening (22.3% within 5 minutes of awakening) (Table 3.9). Having the first cigarette within 30 minutes of awakening was higher for men (64.0%) than women (51.5%), for those aged 25 years and older (over 60%) compared to 50.3% for those aged 15-24, for those in rural areas (66.8%) compared to urban areas (59.5%), and for those with less than college education (over 60%) compared to 50% for college or higher education.

Overall, 0.2% of adults aged 15 years and older used smokeless tobacco (SLT), 0.5% of men and 0% of women (Table 3.10). This indicates that an estimated 84 thousand adults

Figure 5: Average Number of Cigarettes Smoked among Daily Cigarette Smokers by Sex;
Ukraine Global Adult Tobacco Survey (GATS), 2010

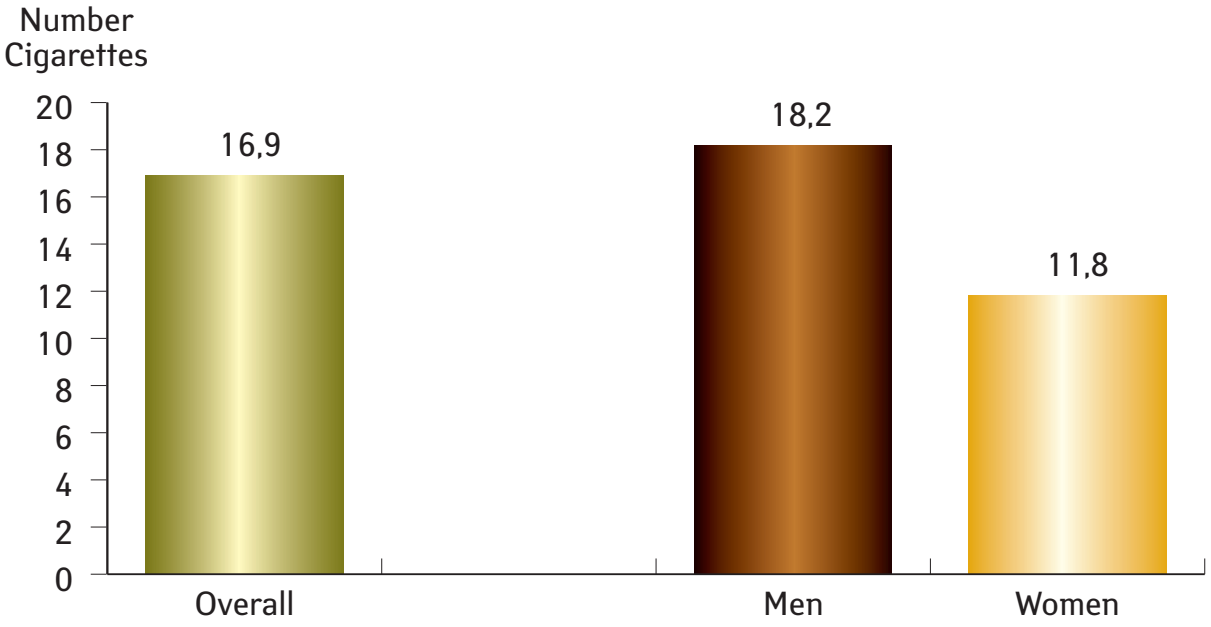
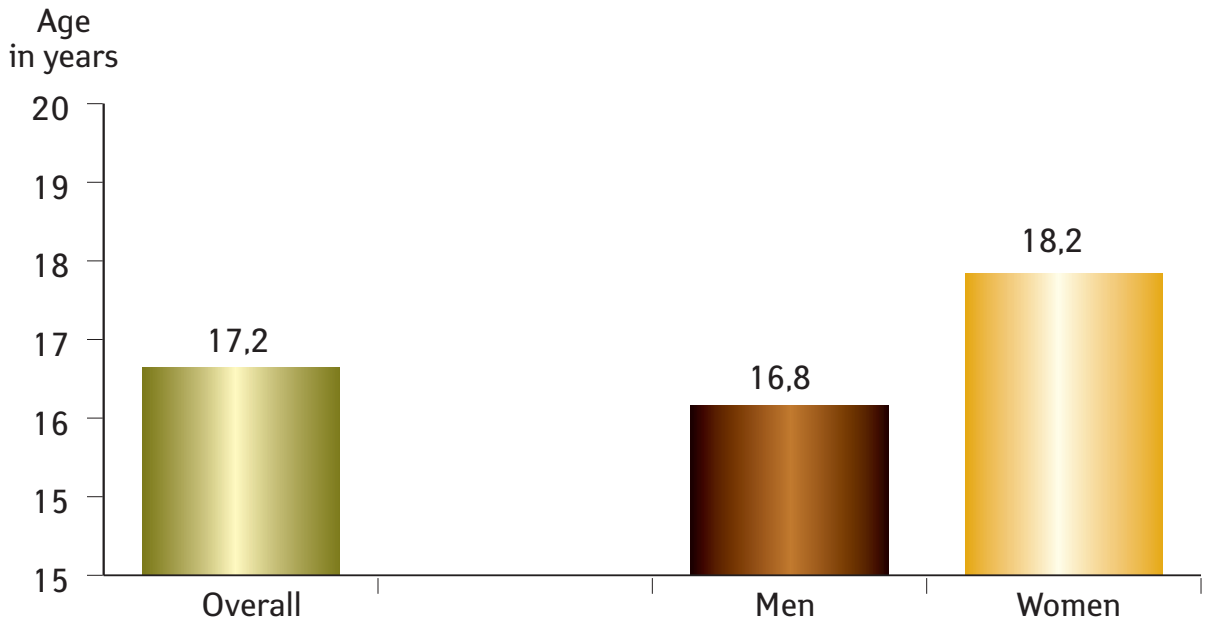


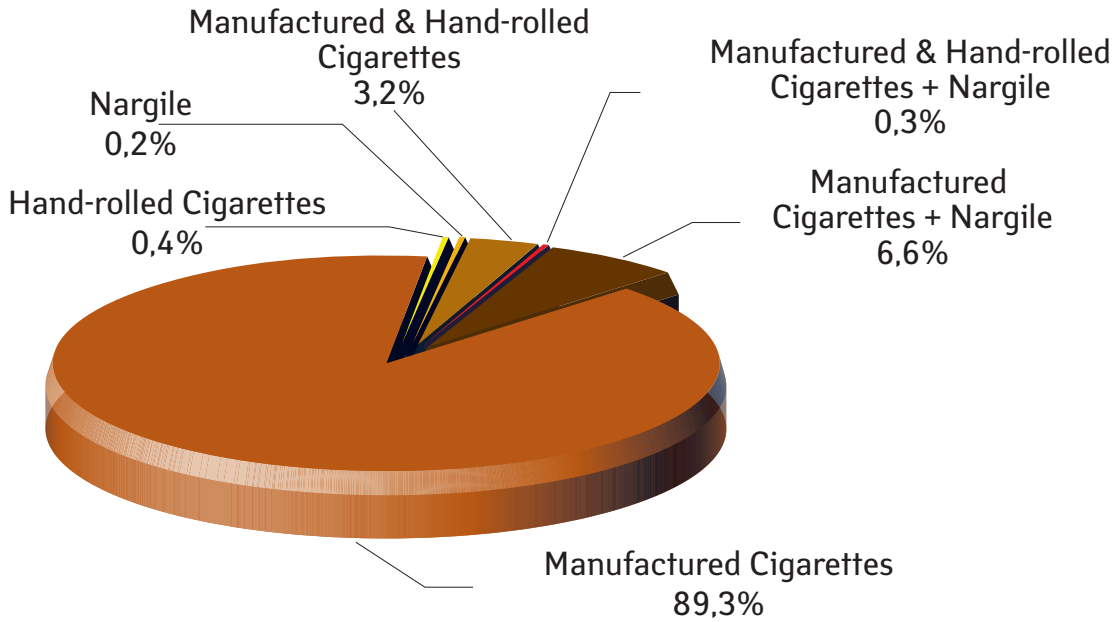
Figure 6: Average Age of Initiation of Daily Smoking Among Ever Daily Smokers 18-34 years old by Sex;
Ukraine Global Adult Tobacco Survey (GATS), 2010



used SLT compared to 11.4 million who smoked cigarettes (Table 3.11). None of the respondents reported daily use of smokeless tobacco.

Figure 7 shows the extent to which current smokers used single products compared to multiple product use. Overall, 89.3% of current tobacco users smoked manufactured cigarettes only, followed by 6.6% who smoked manufactured cigarettes and nargile, 3.2% who smoked manufactured and hand-rolled cigarettes, 0.4% who only smoked hand-rolled cigarettes, and 0.2% who smoked only nargile.

Figure 7: Percentage of adults 15 years and older who are current users of various tobacco products, including smoked and smokeless; Ukraine Global Adult Tobacco Survey (GATS), 2010.



3.2. Cessation

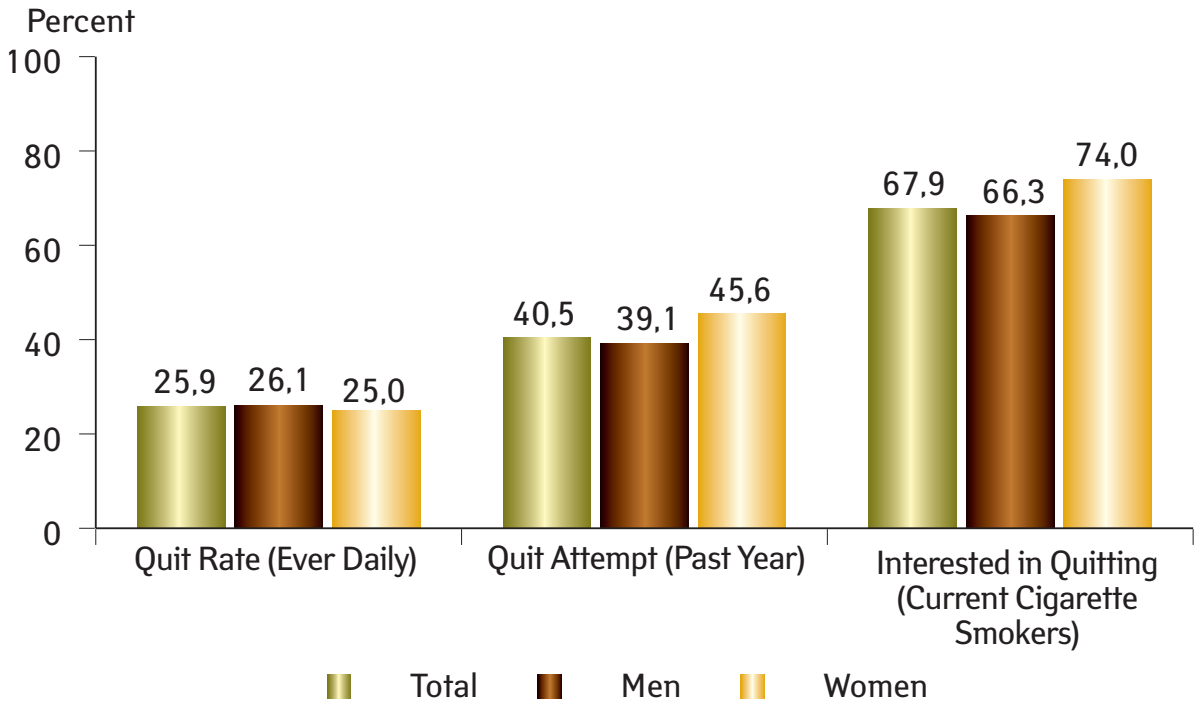
One in four (25.9%) of those who had ever smoked daily were former daily smokers (the indicator known as the "Quit Rate") (Figure 8 and Table 3.12). There was no difference in the quit rate by region, residence, or education. The quit rate increased with age for men (from 15.5% for ages 15-24 to 59.8% for ages 65 and over). There was no difference in the quit rate for either men or women by residence, region, or education.

Overall, 41.7% of former daily smokers had quit smoking during the past 5 years; compared to 42.6% who had quit 10 or more years ago (Table 3.13). Quitting in the past 5 years was higher for women (63.6%) than men (36.6%). Quitting smoking in the past 5 years decreased with age — from 88.3% for ages 15-24 to 10.1% for ages 65 and over; and was higher for those with secondary or higher education (over 40%) than those with less than secondary education (27.6%). There was no difference by residence or region. With respect to former daily smokers who quit 10 or more years ago, the rate was highest for those aged 65 years and older (79.7%) and those with less than secondary education (63.2%).

Overall, 40.5% of persons who were smoking during the previous year (current smokers and former smokers who had quit in the past 12 months) made a quit attempt during the past year (Table 3.14 and Figure 8). There was no difference in trying to quit by gender, region, or education. Attempting to quit for men was highest for those aged 15-24 (53.1%); those in rural areas (44.3%); and those in the Western Region (47.5%). For women there was no difference in attempting to quit by age, residence, region, or education. Only 6.7% of those who smoked in the past year were successful in quitting; there was no difference in success with quitting between men and women. Those aged 15-24 (12.0%) were more successful in quitting compared to those aged 45 years and older (over 3.5%).

Almost one-third (32.3%) of smokers indicated that they had visited a health care provider in the past 12 months (Table 3.15). Women (41.9%) were more likely than men (29.6%) to have visited a health care provider; as were those aged 15-24 (44.9%) compared to those aged 25 years and older; and those living in urban areas (35.0%) compared to rural areas (25.5%). Only 41.7%

Figure 8: Smoking Cessation Status of Adults 15 years and older by Sex; Ukraine Global Adult Tobacco Survey (GATS), 2010



of the smokers who had visited health care providers were asked by the provider if they smoked. Those aged 45 years and older (over 50%) were more likely than the younger groups to have been asked, as were those in the Western region (57.3%) compared to the Eastern region (28.8%). Almost three quarters (74.0%) of those who had visited a health care provider and were asked if they smoked, were advised by their health care provider to quit. Having been advised to quit smoking did not differ by gender, residence, region, or education. Of those smokers who had been advised to quit smoking by a health care provider, only 6.3% had actually quit. There was no difference by gender, age, residence, region, or education.

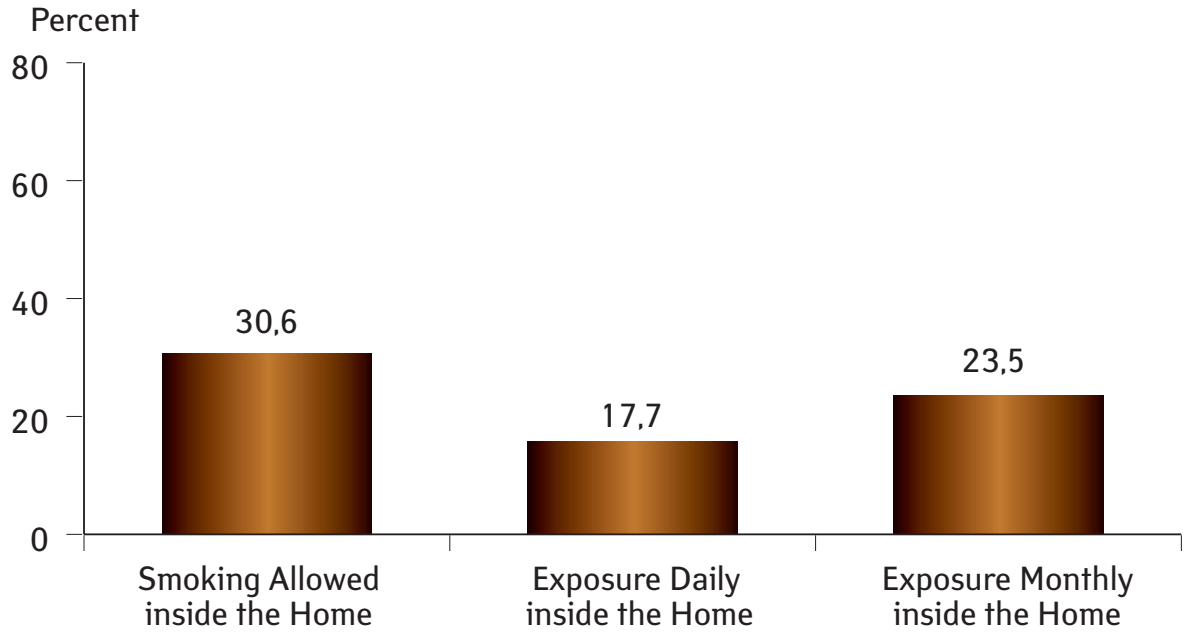
Among smokers who had made a quit attempt in the past 12 months, 1.9% used pharmacotherapy, 2.7% used counseling, 4.3% used non-prescription medicine, and 9.7% used other methods (Table 3.16). Overall, 84.7% of those who quit did not use any offered cessation method.

Over two thirds (67.9%) of current cigarette smokers stated they were interested in quitting, but only 7.5% stated they planned to quit in the next month (Table 3.17 and Figure 8). This indicates that 7.8 million current cigarette smokers were interested in quitting — 6.0 million men and 1.8 million women. Overall, 25.1% of current cigarette smokers were not interested in quitting. Interest in quitting was higher among those under age 65 (over 60%) than those aged 65 years and older (43.9%), among those in the Western and Central regions (over 70%) than those in the Eastern region (60.6%), and among those with high school or higher education (over 70%) than those with less than secondary education (54.9%). There was no difference in interest in quitting by gender or residence.

3.3. Exposure to SHS

Among adults in the Ukraine, survey results showed that 12.2 million (30.6%) were living in homes where smoking was allowed (Figure 9 and Table 3.18). Men (33.6%) were more likely than women (28.1%) to live in homes that allowed smoking, as were those under age 65 (over 30%), those in urban areas (32.5%), and those in the Western (33.7%) or Eastern regions (35.4%). The survey indicated that over 6.3 million adults (15.7%) had someone

Figure 9: SecondHand Smoke Exposure at Home; Ukraine Global Adult Tobacco Survey (GATS), 2010



who smoked at least daily inside their home. Over 9.4 million (23.5%) had someone who smoked at least monthly inside their home. Exposure to daily smoking was higher among those under age 65 (over 15%) compared to those aged 65 years and older (8.4%), and among those in urban areas (16.7%) compared to rural areas (13.5%). There was no difference in daily exposure by gender, region or education. Exposure to smoking at least monthly was higher among those under age 65 (over 20%), and those in the Western and Eastern regions (over 25%) compared to the Central and Southern regions (19.8% and 22.9%, respectively). There was no difference in monthly exposure by gender, residence or education.

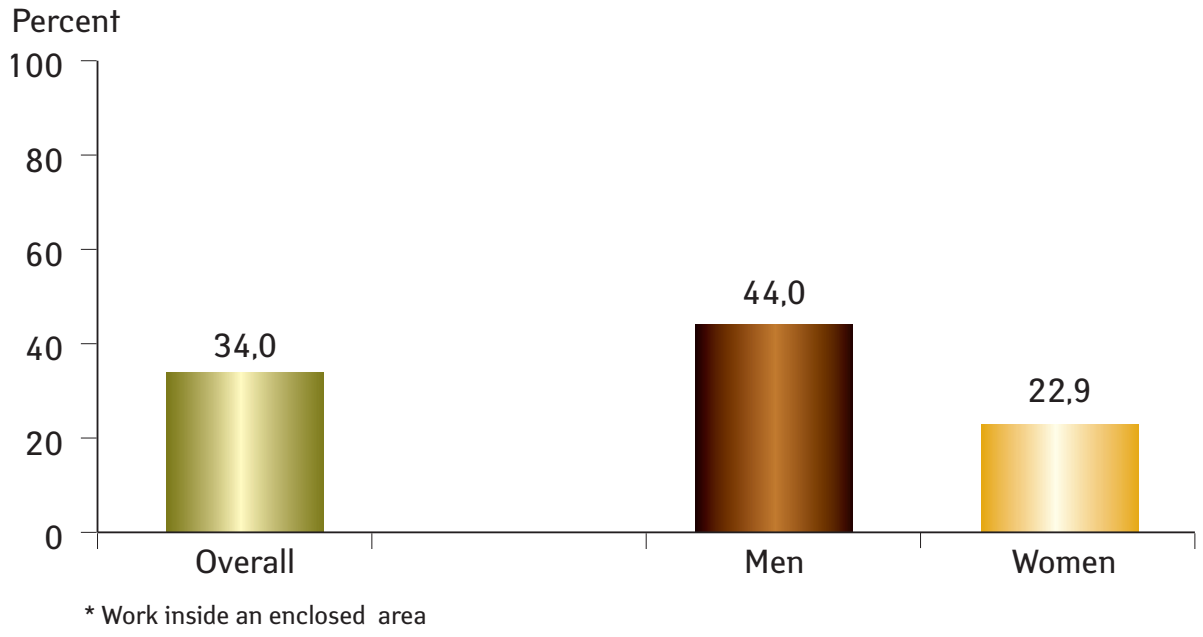
For non-smokers, 21.7% (6.2 million) lived in a home where smoking was allowed; 8.6% (2.4 million) reported that someone smoked daily inside their home; and 14.6% (4.2 million) reported someone smoked at least monthly inside their home (Table 3.18).

Overall survey results revealed that 5.8 million adults (34.0%) who worked indoors or outdoors with an enclosed area were exposed to SHS in the past month at their indoor workplace (Figure 10 and Table 3.19). Exposure to smoke at work was higher among men (44.0%) than women (22.9%).

Thus, an estimated 4 million men and 1.9 million women who worked indoors were exposed to SHS at their work (Table 3.19). Exposure to SHS at work was higher in the Eastern region (44.3%) than the other regions and among those with less than college education (over 34%) compared to those with college or higher education (26.4%). Almost 2.9 million (26.6%) non-smokers were exposed to tobacco smoke at their work. Among non-smokers, 1.4 million men (35.2%) and 1.5 million women (21.4%) were exposed to SHS at their work.

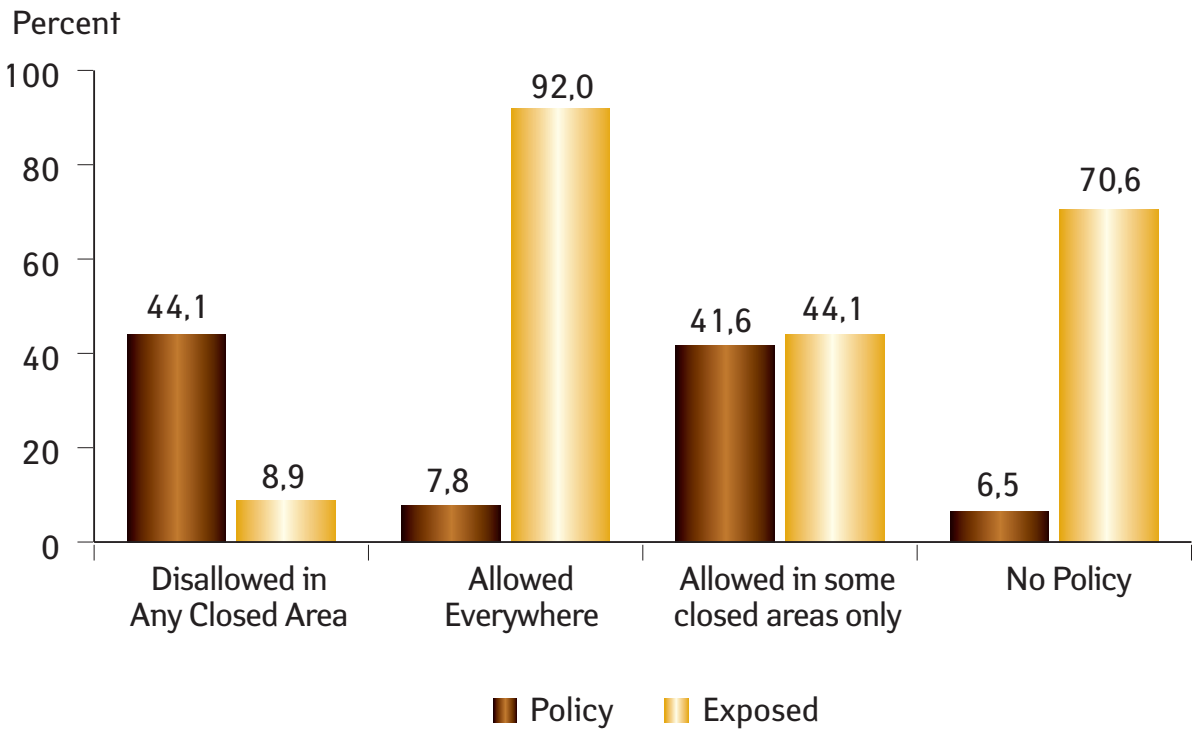
Overall 44.1% of adults who worked indoors worked in businesses where smoking was not allowed in all closed areas; smoking was allowed everywhere in 7.8% of the worksites; smoking was allowed in some areas in 41.6% of the worksites and there was no policy in 6.5% of the worksites (Figure 11 and Table 3.20). Women (56.8%) were more likely than men (32.7%) to work in sites where smoking was disallowed, as were those in rural areas (49.9%) compared to urban (42.5%), and those with college or higher education (50.6%).

Figure 10: Secondhand Smoke Exposure at Work* by Sex; Ukraine Global Adult Tobacco Survey (GATS), 2010



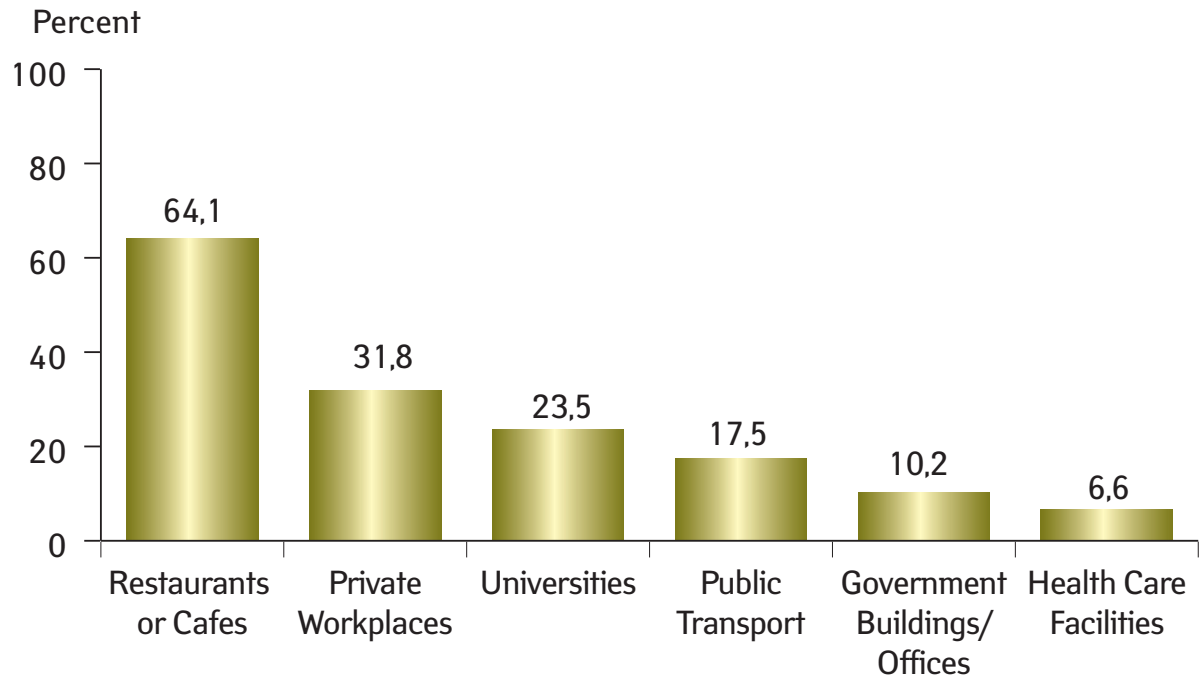
* Work inside an enclosed area

Figure 11: Smoking Policy for Indoor Work Places; Ukraine Global Adult Tobacco Survey (GATS), 2010



For adults who worked indoors, exposure to tobacco smoke at work varied by the smoking policy at the worksite (Figure 11 and Table 3.21). Overall, 8.9% of those who worked in sites where smoking was not allowed were exposed to smoke, compared to 44.1% who were exposed where smoking was allowed in some closed areas and 92.0% who were exposed in sites where smoking was allowed everywhere. For sites with no policy, 70.6% were exposed.

Figure 12: Secondhand Smoke Exposure in Public Places; Ukraine Global Adult Tobacco Survey (GATS), 2010



For specified locations, exposure to SHS was lowest in health care facilities (6.6%); however, exposure was 64.1% in restaurants or cafes, 31.8% in private workplaces, 23.5% at universities, 17.5% in public transportation, and 10.2% in government buildings/offices (Figure 12 and Table 3.22). During the past 30 days, 7.2 million adults who had visited restaurants or cafes, 3.0 million who had visited a private workplace, 4.9 million who had used public transportation, 1.1 million who had visited a university, and 2.1 million who had visited a government building/office were exposed to SHS. Exposure to SHS in restaurants or cafes was higher among those in urban areas (68.6%) than those in rural areas (48.9%); and those in the Eastern region (73.0%) compared to the Western region (58.7%). Exposure to SHS in government buildings/offices and health care facilities was higher among those in urban areas (11.5% and 7.6%, respectively) than those in rural areas (6.8% and 4.2%, respectively).

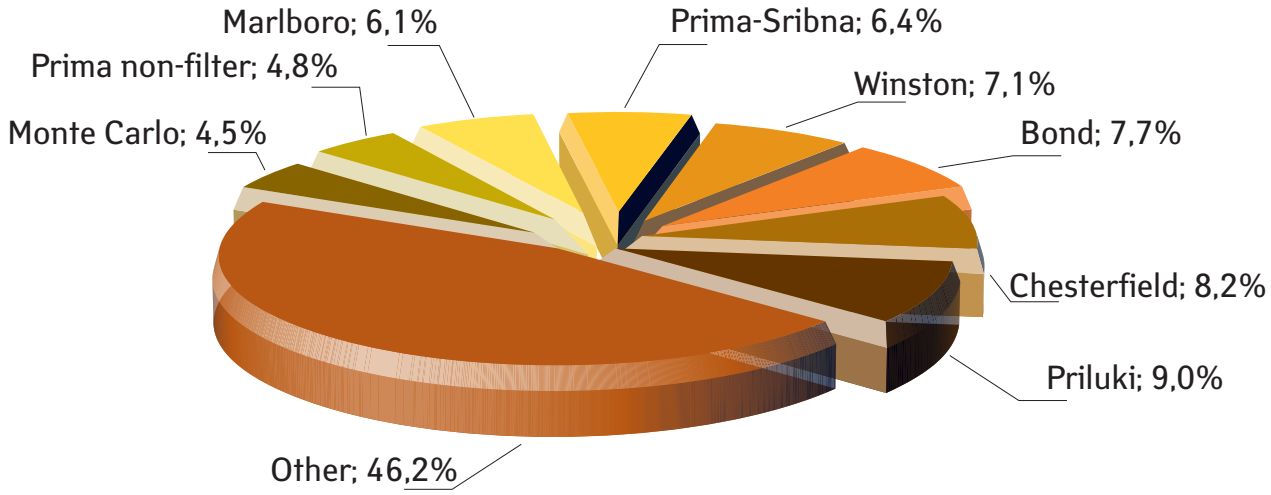
When asked whether smoking should be allowed in particular public places, the majority of survey participants were in favor of a total ban of smoking in most places: in schools — 99.6%, (99.4% of smokers); on public transportation — 99.6%, (99.4% of smokers), in places of worship — 99.8%, (99.9% of smokers); in hospitals — 98.4% (96.9% of smokers), in universities — 95.8%, (92.8% of smokers), and at workplaces — 91.1% (80.9% of smokers) (Table 3.23). Although the majority of the population supported a smoking ban in restaurants and bars, only about half of smokers expressed such support (53.7% for restaurants or cafes and 44.0% for bars).

In general, 7.9% of respondents reported having to inhale other people's smoke several times a day, 24.9% almost daily and 19.3% several times a week. However, 47.9% said they inhaled other people's smoke almost never or rarely (Table 3.24).

3.4. Economics

Among those who currently smoked manufactured cigarettes, Priluki (9.0%) was the most popular brand, followed by Chesterfield (8.2%), Bond (7.7%), Winston (7.1%), Prima-Sribna (6.4%), Marlboro (6.1%), Prima Non-filter (4.8%), Monte Carlo (4.5%), and Other (46.2%) (Figure 13 and Table 3.25).

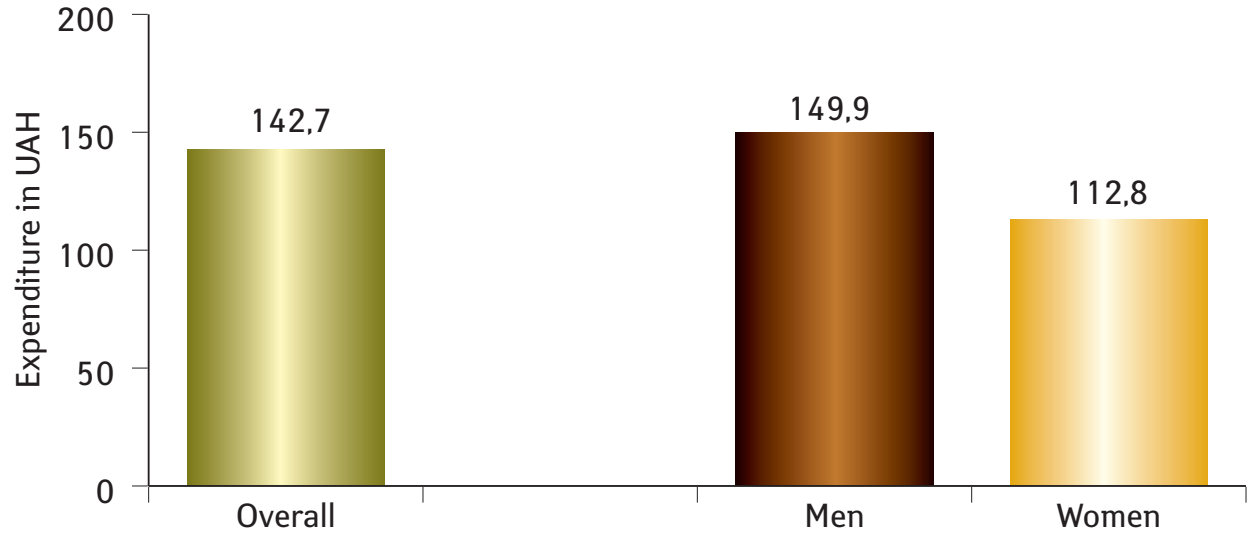
Figure 13: Percent Distribution of Current Manufactured Cigarette Smokers by Last Brand Purchased;
Ukraine Global Adult Tobacco Survey (GATS), 2010



Overall, 68.0% of those who currently smoked manufactured cigarettes made their last purchase in a store and 26.8% purchased them at a kiosk (Table 3.26). Only 3.0% of smokers bought cigarettes from street vendors. Current daily smokers of manufactured cigarettes spent an average of 142.7 UAH per month for their cigarettes (Figure 14 and Table 3.27).

With regard to a tobacco tax increase, 39.5% said that they strongly favored such increase, 12.3% somewhat favored it, 33.0% were somewhat opposed, and 15.2% strongly opposed a tax increase on tobacco products (Table 3.28). Overall, 84.3% of current smokers opposed increasing taxes compared to 31.8% of non-smokers. Over half (53.0%)

Figure 14: Average Cigarette Expenditure per Month Among Manufactured Cigarette Smokers by Sex;
Ukraine Global Adult Tobacco Survey (GATS), 2010



of non-smokers strongly favored increasing taxes. Among current manufactured cigarette smokers, the most prevalent expected reaction to a tobacco tax increase was diminishing the number of cigarettes smoked per day (32.5% in men and 40.5% in women); the second most frequent expected reaction was to quit smoking (28.3% in men and 25.8% in women), while 24.9% of men and 27.6% of women expected to smoke as before (Table 3.29).

3.5. Media

Among adults in Ukraine, 66.0% had noticed an anti-cigarette smoking message in any location in the last 30 days, with the highest exposure from television (46.3%), followed by billboards (24.7%), newspapers (23.5%), and on posters in health care facilities (21.4%) (Figure 15 and Table 3.30). The most likely to have noticed anti-cigarette advertising on TV were those aged 15-24 (51.4%) and those in rural areas (52.4%). There was no difference by gender, region, or education. Anti-cigarette billboard advertisements were most likely to have been noticed by those aged 15-24 (38.1%) and those in urban areas (27.1%); they were least likely to have been seen by those in the Eastern region (14.3%). Non-smokers were more likely than current smokers to have noticed anti-cigarette advertisements on the radio (15.3% compared to 10.6%), on posters in health care facilities (23.3% compared to 16.7%), and on posters in educational facilities (10.5% compared to 6.1%).

Among current smokers of manufactured cigarettes, 96.6% had noticed health warnings on cigarette packages during the past 30 days (Figure 16 and Table 3.31). There was no difference in having noticed health warnings by gender, age, residence, region, or education. Overall, 57.9% of current smokers of manufactured cigarettes who noticed health warnings thought about quitting because of the warning label. There was no difference in having thought about quitting because of seeing the warning labels by gender, age, residence, region, or education.

Figure 15: Percent of Respondents Who Noticed Anti-Cigarette Smoking Information;
Ukraine Global Adult Tobacco Survey (GATS), 2010

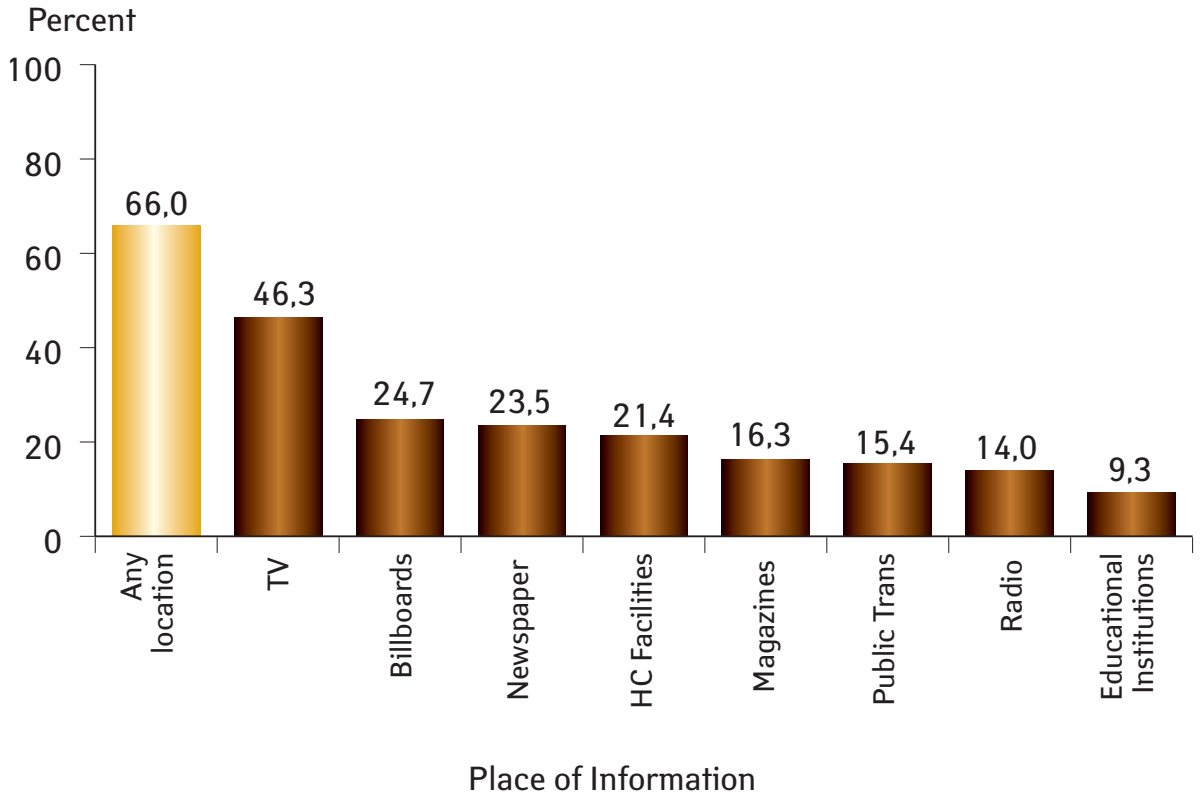
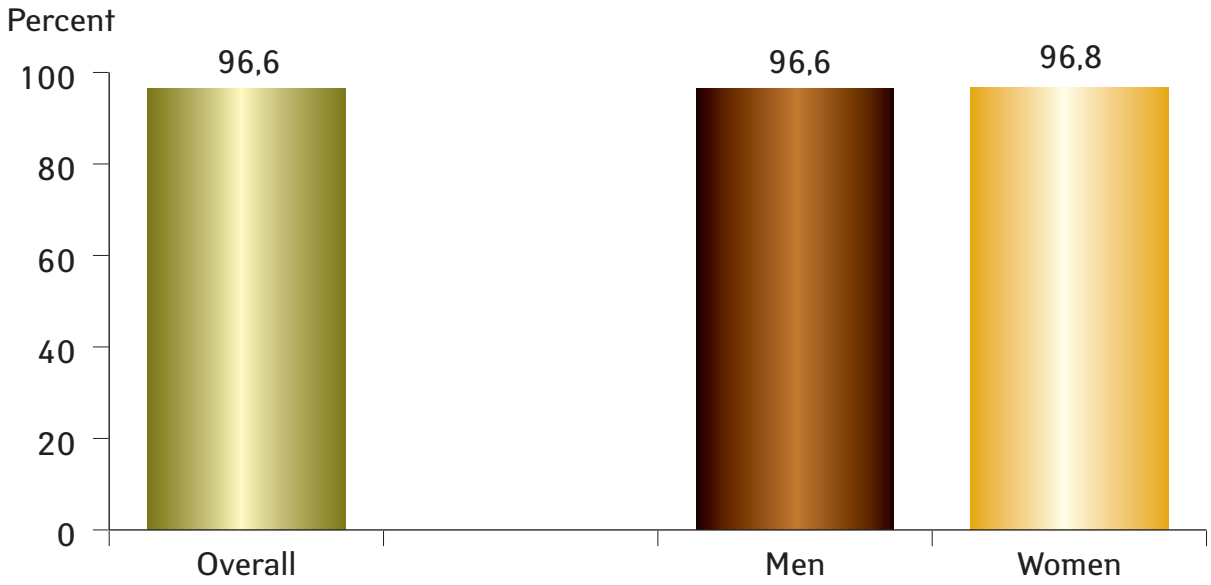


Figure 16: Percent of Current Manufactured Cigarette Smokers Who Noticed Health Warnings on Cigarette Packages by Sex; Ukraine Global Adult Tobacco Survey (GATS), 2010



Among the six warning labels that are required on cigarette packages, the message least likely to have been seen was "Protect children: do not make them breathe your smoke."(13.9%) (Table 3.32). Among current smokers of manufactured cigarettes who showed a package of cigarettes to the interviewer, 98.4% of the warning labels were in Ukrainian, 0.6% were in Russian and 0.9% were in Moldovan (Table 3.33). There were no differences between men and women.

Overall, 40.8% of adults in Ukraine had noticed pro-cigarette marketing in the last 30 days (Figure 17 and Table 3.34). Having seen pro-cigarette advertising was higher among men (46.1%) than women (36.4%), those aged 15-24 years (60.6%) than those aged 25 years and older (36.4%), and those with secondary or higher education (over 40%) compared to those with less than secondary education (28.2%). Current cigarette smokers (52.5%) were more likely than non-smokers (36.1%) to have seen pro-cigarette advertisements. Among adults in Ukraine, the highest exposure to pro-cigarette advertisements was in stores (20.5%), followed by billboards (14.9%) and on cigarette packs (14.6%). Advertising on billboards and posters was more likely to have been seen in the Southern region than in the others.

Overall, 70.1% of respondents were in favor of a comprehensive tobacco advertising ban and 16.6% believed more severe advertising restrictions should apply than are currently in effect (Table 3.35). Overall, 2.2% of adults in Ukraine had noticed any tobacco sponsorship of sports events, and 15.8% had noticed cigarette promotions (Figure 18 and Table 3.36). Cigarette promotions were more commonly observed in the form of clothing items with a brand name or logo (9.5%), prize competitions (5.9%), or receiving free gifts or discounts (4.8%). Men, as well as all those aged 15-24, were more likely to have noticed sports sponsorships or cigarette promotions compared to women and those aged 25 years and older.

3.6 Knowledge, attitudes, and perceptions

Overall, 93.1% of adults in Ukraine reported believing that smoking causes serious illness, including 95.2% for lung cancer, 82.7% for heart attacks, and 81.3% for stroke, compared to 42.3% who reported believing that smoking causes acute respiratory illness (Figure 19 and Table 3.37). Almost 7 in 10 (69.9%) knew that smoking could cause gastric ulcers, 81.2% knew that smoking

Figure 17: Percent of Respondents Who Noticed Pro-Cigarette Advertisement; Ukraine Global Adult Tobacco Survey (GATS) 2010

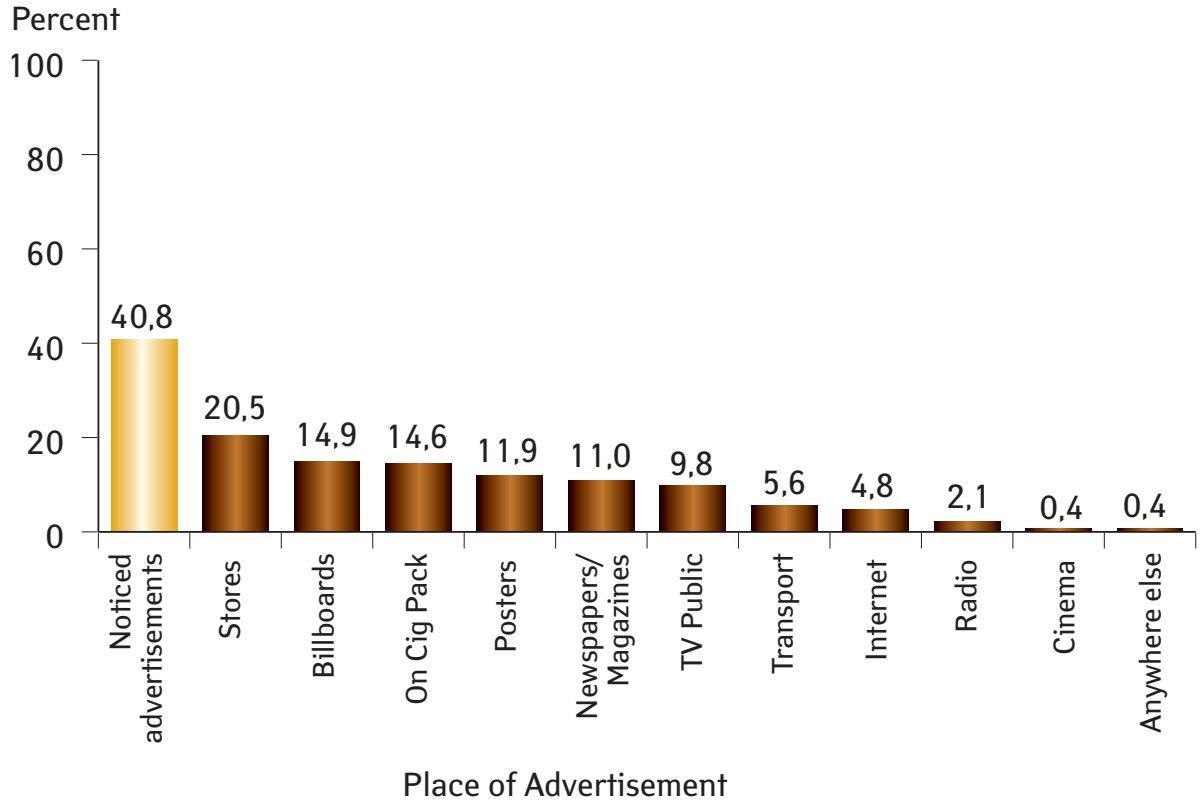


Figure 18: Percent of Respondents Who Noticed Cigarette Sponsorship or Promotion Ukraine Global Adult Tobacco Survey (GATS), 2010

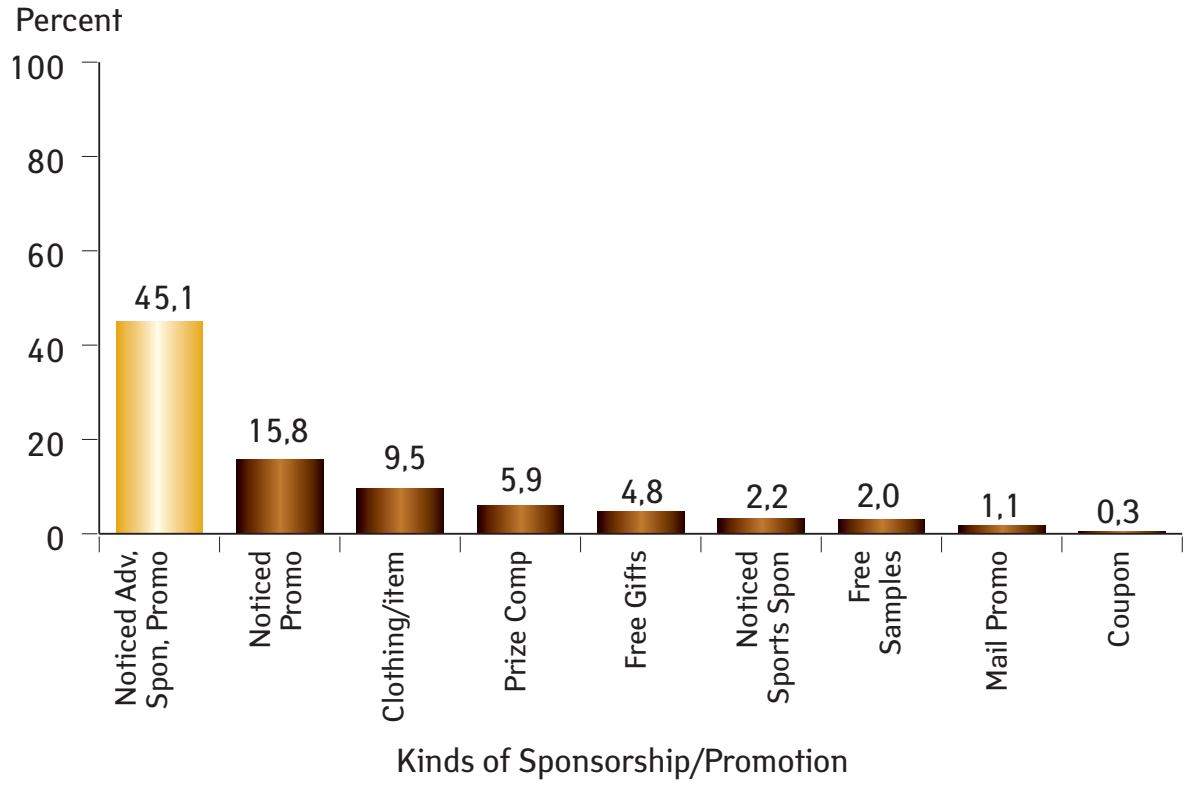
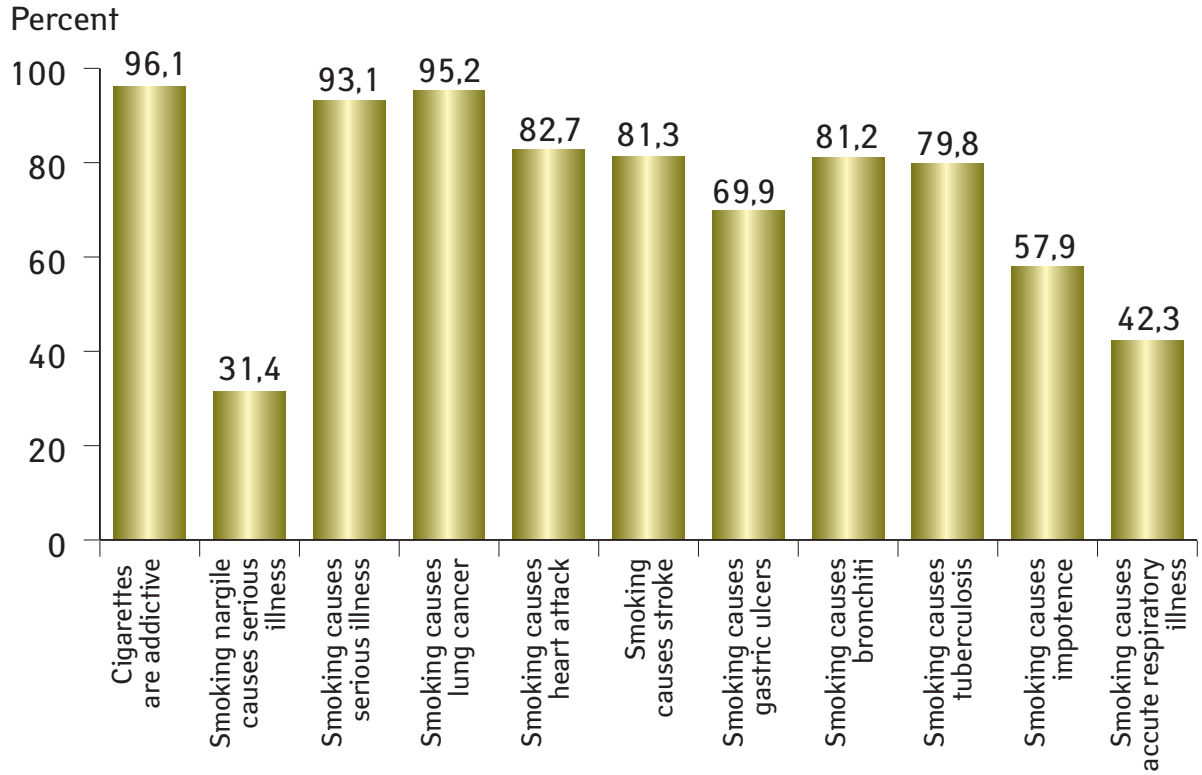


Figure 19: Percent of Respondents Who Reported Believing That Smoking Causes Certain Illness and Addiction
Ukraine Global Adult Tobacco Survey (GATS), 2010



causes bronchitis, 79.8% knew about the link between smoking and tuberculosis, but fewer than 6 in 10 (57.9%) knew that smoking causes impotence. Overall, 96.1% reported believing that cigarettes are addictive, and among current smokers this proportion was even higher (97.6%). However, only 31.4% of respondents overall believed that using water pipes could cause serious illnesses, and only 24.7% of smokers thought so.

Most of the population (89.7% of non-smokers and 78.0% of current smokers) believed that inhaling other people's smoke causes serious illness. Awareness of the dangers of passive smoking was highest (90.5%) among people with college or higher education and decreased by education level to 81.2% among people with less than secondary education.

To help countries fulfill the promise of the WHO FCTC (3) and turn this global consensus into a global reality, the WHO developed a policy package called MPOWER, which builds on the WHO FCTC measures that have been proven to reduce smoking prevalence (1, 2). The recommended MPOWER strategies are:

- Monitor tobacco use
- Protect people from tobacco smoke
- Offer help to quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising and promotion
- Raise taxes on tobacco products.

By effectively implementing MPOWER, countries can impact the tobacco epidemic and meet their commitments to the WHO FCTC.

IV. Discussion

4.1. Monitor tobacco use and prevention policies

The WHO FCTC Article 20, "Research, surveillance and exchange of information," recommends that countries develop surveillance programs that include *"…programmes for national, regional and global surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke"* (3). Ukraine has participated in three of the four surveys that comprise the WHO/CDC GTSS (4): the GYTS was conducted in 1999 and 2004, and is planned for 2010; the GHPSS was conducted among medical students in 2009; and the GATS was completed in 2010. In addition, a comprehensive nation-wide survey on tobacco use among the Ukrainian population aged 15 years and older was conducted in 2005 (11); and a small number of tobacco-related questions were included in several surveys between 2000 and 2009. Tobacco use by young people was also studied in two other surveys: ESPAD conducted in 1995, 1999, 2003, and 2007 (16), and HBSC conducted in 2002 and 2006 (17).

4.1.1. Smoking prevalence

Daily smoking prevalence for the Ukrainian population aged 15 years and older decreased from 37.4% in 2005 (11) to 25.5% in 2010. The GATS found that 45.4% of men and 8.9% of women were current daily smokers, which was consistent with the decrease in smoking for men and women found in 2006-2009. In 2005, 62.3% of men and 16.7% of women were daily smokers (14.1 million people were estimated to be daily smokers in Ukraine, 10.7 million men and 3.4 million women) (11). In 2010, there were an estimated 10.2 million daily smokers in Ukraine (8.3 million men and 1.9 million women). This decrease in smoking was noticed in several surveys conducted with different sampling techniques, different sample sizes, and different types of questions used to measure smoking status (12, 14). Prevalence of occasional smoking remained stable: 3.8% (4.5% for men and 3.2% for women) in 2005 and 3.4% (4.6% for men and 2.4% for women) in 2010. The decline in current smoking in 2005-2010 was similar for men with different levels of education. For women the largest decrease in smoking was for those with college or higher education — from 22-27% to 13%. This change is reassuring, as these women constituted the main group of female smokers in 2005.

4.1.2. Tobacco products consumption

The GATS found that 28.6% of adults smoked cigarettes (28.5% manufactured and 1.1% hand-rolled) and 2.0% smoked nargile; 99.7% of current cigarette smokers reported smoking manufactured cigarettes. However, the type of manufactured cigarettes smoked changed over time. In the 1990s, non-filter cigarettes constituted more than 50% of general tobacco consumption (6); in 2005, 20% of male smokers and 4% of female smokers (16% total) reported smoking non-filter cigarettes (11). In 2010, the GATS results showed that this percent declined to 8.6% of smokers (10.7% of men and 0.9% of women). The proportion of smokers who used slim cigarettes was measured for the first time in the 2010 GATS and was found to be 10.0% (1.3% of men and 42.6% of women).

A typical smoker of hand-rolled cigarettes in Ukraine was a man with secondary or less than secondary education, aged over 45 years old and living in a rural area mostly in the Central region of Ukraine. Compared to 2005 survey results, the use of hand-rolled cigarettes increased from 1.9% to 3.4% in men aged 45 years and older. Cigar and cigarillo use was found to be highest among young men with college or higher education. This type of tobacco use may cause new health problems, especially when cigarette smokers switch to cigars or cigarillos. According to the results of the 2005 survey (11), up to 1% of men aged 30-60 were current cigar smokers. In 2010, 2.3% of men aged 15-24 currently smoked cigars and cigarillos. The observed increases in hand-rolled cigarettes

and cigars/cigarillos may have been due to successful marketing by the tobacco industry, which needs to be counterbalanced by tobacco control measures.

Nargile smoking is an emerging public health problem in Ukraine. The GATS findings showed that nargile smoking was most prevalent in young people, those with college or higher education, or those living in urban areas; however, nargile smoking was found in all regions of Ukraine. The GATS did not include questions on ever use of nargile, so data from the GATS cannot be compared with other surveys, which showed as much as 50% to 70% of university students reported having ever smoked nargile (27). Higher prevalence of nargile smoking in young people with higher education may predict a dramatic increase in the nargile epidemic in Ukraine, with consequences typical for other tobacco products and specific for nargile, including tuberculosis and hepatitis. As tuberculosis is already a top-priority health problem for Ukraine, the predicted spread of nargile use makes policy measures to limit its use urgent. The survey did not uncover any significant smokeless tobacco use, as was also the case in earlier surveys.

4.1.3. Intensity of use

Daily cigarette smokers were found to smoke on average 16.9 cigarettes per day — 18.2 cigarettes for men and 11.8 for women. In 2005 (11), the average number of cigarettes smoked per day was 16 for male daily smokers and 11 for females, so the average number of cigarettes smoked per day slightly increased between 2005 and 2010. A decline was seen in the proportion of those who smoked only 1-5 cigarettes per day: for men, from 8% in 2005 to 4% in 2010 and for women, from 27% to 17%. At the same time the proportion of men who smoked more than 11 cigarettes per day increased, from 67% in 2005 to 74% in 2010. For women the proportion was stable at 36% from 2005-2010. So the recent smoking decline may be due to quitting among those persons who smoked fewer than 11 cigarettes per day, especially women.

4.1.4. Estimates of annual cigarette consumption

When the GATS was conducted, the average consumption of cigarettes by daily smokers in Ukraine was estimated at 172.2 million cigarettes per day (16.9 x 10,192,000). Assuming occasional smokers smoked just one cigarette per day, they accounted for 1 x 1,349,000 or 1.3 million cigarettes a day. In total, the 11.5 million smokers in Ukraine consumed 173.6 million cigarettes a day or an estimated 63.4 billion cigarettes per year. According to the State Tax Administration, in 2009 112 billion domestic and imported cigarettes were legally sold in Ukraine. This suggests that 49 billion cigarettes (112 - 63 = 49) were legally sold in Ukraine, but consumed by smokers outside the country. This represented 44% of the total legal sale of cigarettes.

4.1.5. Smoking initiation

The GATS found that over half (53.7%) of ever daily smokers aged 18 to 34 initiated daily smoking before age 18 (56.9% of men and 45.6% of women). In the 2005 survey, when the same age group of ever daily smokers was considered, 44.0% started daily smoking before age 18 (47.7% of men and 36.9% of women). The average age of initiation of daily smoking for men was 16.8, compared to 18.2 for women in the 2010 GATS. In the 2005 survey, when the same age group was considered (18-34 year old), the average age of initiation of daily smoking for men was 17.2 years and 18.6 years for women. So between 2005 and 2010, age of initiation of smoking decreased.

4.1.6. Nicotine dependence

In 2005 (11), 56% of male and 41% of female daily smokers reported having their first cigarette within 30 minutes after waking up, which was lower than the 64% of men and 52% of women reported in the 2010 GATS. Those more dependent on nicotine typically smoke their first cigarette earlier after waking up and those less dependent typically smoke later in the morning or day. The proportion of those more dependent in 2010 constituted a larger part of smokers than in 2005 which may mean that those who quit were less dependent. These findings reinforce the necessity of putting smoking cessation services on the public health agenda in Ukraine.

4.2. Protect people from tobacco smoke

4.2.1. Overall exposure

Identical questions about the frequency of exposure to SHS were asked in 2005 and in 2010 (11). The proportion of those who were exposed several times a week remained stable (21% and 19%, respectively) while the proportion of those who were exposed daily or almost daily decreased from 53% to 33%, and the proportion of those almost never or rarely exposed increased from 26% to 48%. This demonstrates the success of the smoke-free policies in Ukraine, however, enforcement still needs to be improved. Several local governments adopted ordinances regarding smoke-free policies based on the provisions of the national tobacco control law adopted in 2005, which allowed adoption of stricter policies at the local level. The list of cities that have adopted such policies includes Cherkasy, Lutsk, Kherson, Donetsk, Uzhgorod, Kyiv, Sumy, Kirovohrad, and Chernivtsi.

4.2.2. Household exposure

Among adults in Ukraine, 31% (34% of men and 28% of women) reported living in homes where smoking was allowed. This was a slight decrease from the 39% reported in 2005.

4.2.3 Workplace exposure

Both in 2005 and in 2010, respondents who worked indoors or in enclosed areas were asked about smoking restrictions at their workplace. In 2005, only 17% reported that smoking was either totally banned or there were no smokers, while in 2010, 44% reported their workplaces were smoke-free. In 2005, 34% reported that smoking was restricted to particular areas on the premises, and 20% said that places reserved for smoking were used by non-smokers. In 2010, smoking was allowed in some areas in 42% of the worksites. In 2005, 30% reported absolutely no restrictions on smoking, while only 8% did so in 2010. So, the proportion of workplaces with no restrictions and partial restrictions decreased greatly, while workplaces where smoking was totally forbidden smoking became more numerous.

The findings regarding the association between workplace smoking policies and SHS exposure provide support for more severe efforts aimed at smoke-free policy enforcement. Workplaces where smoking was allowed everywhere produced the highest risk of SHS exposure. Workplaces with no policy created the second highest risk of exposure. Workplaces with allocated smoking areas still created exposure for almost half of the employees, and in workplaces where smoking was totally banned, 9% of employees were still exposed. Besides the legislative establishment of smoke-free policies in all workplaces, authorities need to require business owners and premise renters to ban smoking in all closed areas, and develop and implement measures to enforce the proclaimed policies.

4.2.4. Exposure in public places

The GATS found that smoke-free policies were least observed in restaurants (64.1% of restaurant or cafe visitors reported being exposed), in private workplaces (31.8%), at universities (23.5%), on public transportation (17.5%), and in government buildings/ offices (10.2%). So restaurants or cafes, public transport, workplaces, and educational institutions are still priority targets for smoke-free policies.

According to the GATS results, the Ukrainian population supported a ban on smoking in all public places. Support for banning smoking in educational, health, and transport facilities exceeded 94%. The vast majority (91.1%) believed that workplaces should be smoke free. The lowest support was for bars, but that still reached 67.1%. Although smokers supported smoking bans in most public places, only about half supported smoke-free restaurants and bars.

4.3. Offer help to quit tobacco use

4.3.1. Interest in quitting

Over two thirds (68%) of current cigarette smokers stated they were interested in quitting. In 2005, male smokers expressed interest in quitting at the same level. In 2005, 65% of female smokers reported a

desire to quit smoking, and this proportion increased to 74% in 2010. For both genders the percentage of those willing to quit was substantially higher in younger age groups and declined with age. This age difference was still present in 2010.

4.3.2. Quitting process

Among those who had ever smoked daily, about 26% were former smokers in 2010, compared to 19% in 2005. This meant that in 2005 there were 3.6 million former daily smokers in Ukraine and by 2010 this number had increased to 3.8 million. The change in the quit rate occurred alongside a substantial decrease in the number of current daily smokers, but without an equivalent increase in the number of former daily smokers. Therefore quit rates have not increased dramatically. Possibly the recent decline in smoking prevalence in Ukraine was in part caused by men who quit, among whom the number of former daily smokers increased from 2.7 million to 3.0 million and the number of former occasional smokers from 200,000 to 700,000. The rest of the decline may have been accounted for by lower smoking initiation rates, so that most of the daily smokers who died were not replaced by new daily smokers. The small increase in the quit rates is also associated with the low provision of cessation services in Ukraine.

In 2005, 39% of ex-smokers reported more than 10 smoke-free years since quitting (42.6% in 2010), 20% reported from 5 to 10 years (15.7% in 2010), 26% from 1 to 5 years (the same as in 2010), 7% from 6 to 12 months, 7% from 1 to 6 months, and 2% less than one month smoke free (the same 16% reported less than one year smoke-free in 2010). This showed that quit rates were higher in 1995-2000 than in 2000-2005. In addition, the percentage of long-term former smokers who did not return to smoking increased.

4.3.3. Provision of cessation services

While 40.5% of those who smoked during the previous year had attempted to quit during the past year, only 6.7% were successful. Only 10% of all smokers and 31% of smokers who had visited a health care provider during the last year were advised to quit by a health professional. Of those smokers who had been advised to quit smoking by a health care provider, only 6.3% had actually quit. This is even slightly lower than the percentage of those smokers who successfully quit within the last year. Among those who quit, 85% did not use any help, and some counseling or advice was used by less than 3%.

These findings show that cessation services are almost absent in most settlements of Ukraine, and the situation did not change much between 2005 and 2010. However, the GATS results did show higher use of counseling and medication in Eastern and Southern regions than in the other regions. Overall, almost 216,000 people used non-prescription medication (such as *Tabex),* compared to 83,000 who used nicotine replacement therapy. All these findings indicate the urgent need for the development of smoking cessation services in Ukraine.

4.4. Warnings about the dangers of tobacco

4.4.1. Knowledge

Overall, the population of Ukraine was well informed about the widely known risks associated with smoking, such as lung cancer and heart attacks, and the addictiveness of tobacco products. The percentage of people informed about those dangers, which are mentioned in tobacco package health warnings, had increased substantially. In 2005, 39% of respondents said that tobacco causes addiction, compared to 96% in 2010. In 2005, 28% knew that passive smoking causes diseases, while in 2010 it was 86%. In 2005, only 10% knew that smoking causes impotence and in 2010 it was 58%. In 2005, 44% knew that smoking causes cardiovascular diseases, and by 2010, 83% knew that smoking causes heart attacks. However, only 42% reported that smoking could cause acute respiratory diseases, and 31% thought that nargile causes serious illnesses. Non-smokers recognized the association between smoking and such health problems as gastric ulcers, bronchitis, and tuberculosis at rates higher than smokers.

Information campaigns to provide knowledge about tobacco-related harms appear to have been successful. The majority (66%) of respondents said they had seen some anti-smoking messages within the last month, and most of the smokers were aware of health warnings on cigarette packs.

4.4.2. Health warnings

Among current smokers of manufactured cigarettes, 96.6% had noticed health warnings on cigarette packages during the past 30 days. Overall, 57.9% of current smokers of manufactured cigarettes who noticed health warnings thought about quitting because of the warning labels, indicating that health warnings on cigarette packs achieved their intended objective and facilitated quitting. When particular health warnings were explored, it was found that cigarette producers were less likely to place warnings on cigarette packs related to the SHS health impact, especially on children. This finding indicates that legislative amendments should require that different health warnings be equally represented to ensure their positive effects on public awareness and smokers' willingness to quit.

4.5. Enforce bans on tobacco advertising, promotion and sponsorship

The survey results provided a clear picture of tobacco advertising in Ukraine. Certain types of advertising, like point-of-sale and Internet advertising, which are not covered by the legislation, should be addressed in future amendments. Other types of advertising already covered by the legislation were still seen in certain territories, such as advertising on billboards and posters. This problem must be addressed at the local or regional level. Also advertising on TV and radio, which are banned but still seen or heard in most regions of Ukraine, require better enforcement at the national level.

Four surveys have asked about the Ukrainian population's support for a tobacco advertising ban since 2000. Support for a total ban in advertising increased from 49% in 2000 to 70% in 2010.

4.6. Raise taxes on tobacco

In the 2010 GATS, responses to questions on tobacco tax increases showed 39.5% strongly favored an increase, 12.3% somewhat favored, 33.0% were somewhat opposed, and 15.2% were strongly opposed.

The most prevalent expected reaction among smokers to a sharp tobacco tax increase would be to diminish the number of cigarettes they smoked per day (32.5% in men and 40.5% in women), the second most frequent reaction would be to quit smoking (28.3% in men and 25.8% in women), while 24.9% of men and 27.6% of women expected to keep smoking as before. Switching to cheaper cigarettes was the least frequent response (14.2% of men and 6.0% of women). In comparison with 2005, the proportion of those who would try to quit increased from 14% to 28%, and the proportion of those smokers who would smoke less also increased from 27% to 34%. So both pro-health reactions to tax increases were on the rise.

A common argument against a tobacco tax increase is that raising taxes would make most smokers switch to cheaper and allegedly more dangerous brands, but this was is not the case in Ukraine, as the proportion of smokers who reported they would switch to cheaper cigarettes was very low. Another common argument is that raising taxes makes many smokers switch to cheaper cigarettes smuggled from neighboring countries, and this was also not the case in Ukraine. The GATS data on health warnings revealed that only 1.5% of cigarette packs presented by smokers in Ukraine had Moldovan or Russian health warnings. In 2005, 4.5% of presented packs had Moldovan or Russian health warnings (11). So consumption of smuggled cigarettes in Ukraine was still limited, despite substantial tobacco tax increases in 2008 and 2009.

Price elasticity of demand between June 2005 and December 2009 was calculated based on estimates of cigarettes consumed annually (84 billion in 2005 and 64 billion in 2009), changes in smoking prevalence, and CPI for those 4½ years. It amounted to 2.4 for tobacco products and 1.9 for all other goods.

Consumption price elasticity was (64bln-84bln)/84bln/0.5 = –0.48. Participation price elasticity based on daily smoking was (25.5-37.4)/37.4/0.5 = –0.64. However, as for all price elasticity estimates, all other measures beside price increase that affected tobacco consumption should be taken into account.

V. Recommendations

The GATS provides reliable baseline data on a wide range of indicators that can measure the objectives of the national tobacco control program. Smoking prevalence and exposure to SHS, as well as compliance with many WHO FCTC articles and guidelines, can be benchmarked using the GATS. It is important that the GATS results are widely disseminated and used as a national resource for monitoring and implementing the WHO FCTC. Based on the findings of the GATS Ukraine, the following measures are recommended:

M — MONITOR

- The national surveillance and monitoring system should measure tobacco consumption and effectiveness of public health policies. The established system should monitor tobacco consumption in adolescents, adults, and some groups of particular interest (e.g., health professionals and personnel at educational institutions) at the national and local levels, and identify trends and determinants in order to monitor and assess effectiveness, identify the impact of tobacco control policies, initiatives and measures, and obtain globally comparable data.
- Sustain the surveillance and monitoring system in Ukraine by conducting the four component surveys of the GTSS on a timely basis (i.e., the school-based surveys — the GYTS, the GSPS, the GHPSS, and the household survey — the GATS) and ensure funding support to repeat GTSS surveys on a regular basis.
- Introduce core indicators collected by the GATS in other national and local surveys on knowledge, attitudes, and behaviors in relation to tobacco use.
- Develop a national tobacco control research agenda and establish a clearing house for the data release.
- Increase collaboration among tobacco control experts from various institutions and organizations to strengthen the tobacco surveillance and monitoring system.
- Establish communication with national and international agencies for technical and financial support to regularly administer GTSS surveys.
- Work closely with NGOs and the tobacco control community to monitor tobacco industry interference, as recommended by the Article 5.3 guidelines of the FCTC and to draw public attention to the revealed violations.
- Build capacity of local governments to appreciate the economic and health benefits of comprehensive tobacco control programs and strong surveillance system to monitor the progress of interventions within their jurisdictions.

P — PROTECT

At the national level:

- Amend national legislation in line with the WHO FCTC Article 8 to provide universal protection from SHS by ensuring that all indoor workplaces, indoor public places, public transport and, as appropriate, other public places are 100% smoke-free.
- Amend national legislation and regulations to improve enforcement of smoke-free policies.
- Enforce national legislation and regulations regarding restaurants and cafes that provide nargile sessions.
- Involve and train volunteers to advocate for enforcement of smoke-free policies.
- Reduce SHS exposure in enclosed workplaces and public buildings to 0% as an objective of the national tobacco control program.
- Continue to educate both smokers and non-smokers on the harms caused by SHS within the national tobacco control program information activities.
- Highlight the harmful effects of SHS on children and link this to national efforts and various initiatives for children.
- Highlight reproductive health disorders as consequences of SHS and integrate this into national efforts in the area of maternal and child health care.
- At the level of local jurisdictions:
- Advocate to local authorities for strict implementation of the existing smoke-free legislation.

- Advocate to local authorities for ordinances on smoke-free policies in their jurisdictions to include more public places.
- Provide incentives and support to local authorities that would like to implement smoke-free indoor policies and programs.

O — OFFER

At the national level:

Establish a comprehensive national system of activities to diagnose and treat tobacco dependence with a range of interventions, including the following:

- Train primary health care workers, including nurses, midwives, and other health staff, to provide at least brief advice to smokers.
- Establish referral networks and more advanced programs for treatment of tobacco dependence in secondary and tertiary health care institutions so that heavy smokers can be referred for counseling, motivational interviewing and treatment.
- Develop financial mechanisms to reimburse individuals for the cost of treatment of tobacco dependence and counseling of smokers by doctors and other health workers.
- Develop and adopt Clinical Practice Guidelines and conduct training for health care professionals and students to treat tobacco dependence.
- Establish quitline services to improve access to information and referral systems and to provide psychological support to tobacco quitters and their families.
- Ensure accessibility of medication for treatment of tobacco dependence with established effectiveness.
- Conduct widespread publicity campaigns to increase quit rates, especially through the quit-on-your-own mode.
- Integrate tobacco control into the national tuberculosis control program and include brief advice and referral in DOTS treatment.
- Develop gender-specific programs for prevention and treatment of tobacco dependence, oriented toward young women, with the emphasis on reproductive health consequences, and integrate such programs into maternal and child health care.

At the level of local jurisdictions:

- Develop local programs on treatment of tobacco dependence.
- Conduct training and capacity building for the establishment of community-based cessation services, including quitlines and self-help groups.

W — WARN

- Ensure comprehensive implementation of the WHO FCTC Conference of Parties Guidelines on FCTC Article 11 on tobacco packages health warnings, including regulation on warnings rotation.
- Use graphic health warnings to educate the public on tobacco-related harms, as well as to provide information regarding quit lines and cessation services.
- Ensure by regulatory acts that different health warnings on tobacco packages are equally represented.
- Create greater visibility of the various dangers of tobacco use, including nargile, cigarillos and other tobacco products, through posters and warnings in educational and health facilities.
- Disseminate information on health concerns and the economic impact of smoking, as well as the harmful effects of exposure to SHS, through media campaigns.

E — ENFORCEMENT

Bans on tobacco advertising, promotion and sponsorship should be enforced through the following measures:

- Raise public awareness on the tobacco industry's motives and tactics with regard to their tobacco promotion activities.
- Develop monitoring guidelines and tools for evaluation of enforcement status, i.e., assessment of tobacco advertising within particular jurisdictions and on different TV and radio channels, including hidden advertising in the print media.
- Draw public attention to revealed violations and abuses of point-of-sale advertising and other currently permitted kinds of tobacco advertising.
- Amend the law to remove point-of-sale, Internet and other kinds of tobacco advertising.

- Enforce laws and regulations rigorously to eliminate advertising by the tobacco industry, by providing an effective examination and investigation system.
- Enable NGOs to play a role in monitoring promotion and advertising violations.
- Monitor the tobacco industry's efforts to promote new types of tobacco products, to provide the basis for timely amendments of current legislation.
- As there is no significant group of consumers of smokeless tobacco in Ukraine, it is recommended that this type of tobacco product be fully banned by amending current legislation in line with the EU Directive 2001/37.

R — RAISE TAXES

- Ensure annual increases of tobacco excise rates with the aim of reaching EU tobacco taxation rates, first in percentage terms and then in monetary terms.
- Ensure that all tobacco products are subject to similar excise taxation rates to avoid substitution of some tobacco products by others.
- Increase the level of public concern about illicit tobacco product sales by street vendors.
- Strengthen and enforce laws to eliminate the illicit trade of tobacco products.
- Legislate for the establishment of a health promotion foundation or board that could use tobacco excise tax revenue earmarked for health promotion and tobacco control, as well as treatment of tobacco dependence.

Ukraine is committed to implement the WHO FCTC and the MPOWER policy package. Monitoring tobacco use through periodic surveys is a critical component of tobacco control, as envisaged in the FCTC Article 20 and the MPOWER policy package. Through GATS, a comprehensive characterization of the epidemic is now available to help guide policymakers and programme managers into taking concrete action. It is essential to ensure the sustainability and feasibility of continuing to collect globally comparable adult data, and such measures must be integrated into the National Tobacco Control Program.

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Appendix A: Sample Design

The 2010 Ukraine GATS was a nationally representative household survey of all non-institutionalized men and women age 15 and older, designed to produce internationally comparable data on tobacco use and tobacco measures for the country as a whole. It also allowed estimation of indicators of interest for gender, age, and residence groups at an acceptable level of precision.

Stages of selection

The 2010 Ukraine GATS used a stratified two-stage sample design. At the first stage, primary sampling units (PSUs) were selected randomly by probability proportional to size. Definition of PSU differed for urban and rural areas. For the urban population, PSUs were equal to voting precincts defined by Central Electoral Commission for 2007 nationwide parliamentary elections, and those PSUs consisted of eligible voters (citizens of 18 years old and older). For the rural population, PSUs were equal to villages (or groups of small villages), and those PSUs consisted of the total population from the 2001 Population Census. There were 300 PSUs selected in the urban areas and 300 PSUs selected in the rural areas.

At the second stage, an average of 26 housing units in each urban PSU and 22 housing units in each rural PSU was systematically selected. The listing of households was developed as a result of a household count conducted in September 2009 as part of the GATS Ukraine project.

Half of the selected households were randomly assigned to be “male” respondent households and the other half “female” respondent households. One male member aged 15 years and older was randomly selected from each “male” household, and one female member aged 15 years and older from each “female” household. There were no substitutes or replacement for the eligible individuals.

Weighting

Weighting is a method used to obtain parameters from the data set resulting from sampling so as to represent the universe. A three-step weighting procedure was used in accordance with the GATS Sample Weights Manual: Step 1 - computation of base weight for each sample respondent; Step 2 - adjustment of the base weights for non-response; and Step 3 - post-stratification calibration adjustment of weights to a known population.

Base weight

Base weights were calculated, which are inversely proportional to the overall selection probabilities for each sample respondent (Step 1). Calculations in this stage included probabilities of selection of PSUs, households, and eligible individuals. Base weights were calculated using these probabilities based on the household and individual.

Adjustment for unit non-response

In Step 2, base weights were adjusted to compensate for the losses in the sample outcome due to non-response. In this stage, household-level non-response adjustment was performed by using weighted data by PSU level; individual-level non-response adjustment was done by using weighted data on forty cells, which took into account urbanization, gender, age, and tobacco use.

Household-level Response Rate

Using the household disposition codes, the household-level response rates were computed separately for each sample PSU, using the formula below (26).

$$\text{Household-Level Response Rate} = \frac{"200"+"201"}{"200"+"201"+"202"+"203"+"204"+"207"+"208"}$$

where:
″200″ = Completed household questionnaire, 1 person selected
″201″ = Completed household questionnaire, no one selected
″202″ = Completed part of the household questionnaire, could not finish roster
″203″ = Household questionnaire not complete, could not identify an appropriate screening respondent
″204″ = Household refusal
″207″ = Household respondent incapacitated
″208″ = Other household non-response

The corresponding household-level weighting class adjustments were computed as follows: one divided by the weighted household response rate for each sample PSU. For the household-level non-response adjustments, there were only eleven PSUs with a household adjustment factor greater than 3.000 (3.1 — 31.0). For those 11 PSUs the household adjustment factor was trimmed to 3.000. The minimum value was 1.00 and the median value was 1.64. Appendix Table A1 lists all household-level adjustment factors.

Person-level Response Rate

Person-level non-response adjustment was done by using the individual-level response rates formula with a combination of weighting class variables. As with the household adjustment component, the person-level adjustment component was computed as follows: one divided by the weighted response rate for each person's weighting class (26).

$$\text{Individual-Level Response Rate} = \frac{"400"}{"400"+"404"+"407"+"408"}$$

where:
″400″ = Completed individual questionnaire
″404″ = Selected respondent refusal
″407″ = Selected respondent incapacitated
″408″ = Other individual non-response

The corresponding person-level weighting class adjustments were computed as follows: one divided by the weighted person-level response rate for each weighting cell. The minimum value was 1.00, while the maximum value was 1.12, with a median value of 1.05. Appendix Table A2 shows the person-level non-response adjustments.

Appendix Table A1. Household-level non-response adjustment factor.

PSU	Household-level Non-response Adjustment Factor	PSU	Household-level Non-response Adjustment Factor	PSU	Household-level Non-response Adjustment Factor	PSU	Household-level Non-response Adjustment Factor	PSU	Household-level Non-response Adjustment Factor
1	1.57	65	1.93	129	1.42	193	1.14	257	1.23
2	1.47	66	1.92	130	1.07	194	1.21	258	3.00
3	1.21	67	2.00	131	1.00	195	1.21	259	1.00
4	1.43	68	1.73	132	1.21	196	1.29	260	1.75
5	1.31	69	1.86	133	1.07	197	1.43	261	2.70
6	1.64	70	1.79	134	1.21	198	1.21	262	1.25
7	1.71	71	1.00	135	1.21	199	1.36	263	2.42
8	1.57	72	1.71	136	1.14	200	1.43	264	1.00
9	1.29	73	1.73	137	1.25	201	1.17	265	1.07
10	1.50	74	1.54	138	1.14	202	2.00	266	1.33
11	1.50	75	1.50	139	1.17	203	1.00	267	1.75
12	1.71	76	1.69	140	1.60	204	1.07	268	1.33
13	1.25	77	1.86	141	1.33	205	1.00	269	1.57
14	1.21	78	1.14	142	1.50	206	1.29	270	1.58
15	1.75	79	1.07	143	1.64	207	1.57	271	1.86
16	1.60	80	1.36	144	1.93	208	1.36	272	1.86
17	1.77	81	1.79	145	1.46	209	1.21	273	1.71
18	2.08	82	1.79	146	1.00	210	1.21	274	1.86
19	1.47	83	1.93	147	1.50	211	1.36	275	1.69
20	1.80	84	2.00	148	1.93	212	1.07	276	1.62
21	1.93	85	2.07	149	1.46	213	1.00	277	1.29
22	2.07	86	2.07	150	1.29	214	1.29	278	1.69
23	3.00	87	1.44	151	1.07	215	1.36	279	1.43
24	1.21	88	1.93	152	1.93	216	1.43	280	2.33
25	1.32	89	2.45	153	1.36	217	1.53	281	1.50
26	2.07	90	2.70	154	1.33	218	1.43	282	1.69
27	1.38	91	2.64	155	2.56	219	1.43	283	1.29
28	2.00	92	2.00	156	1.71	220	1.57	284	1.36
29	1.58	93	2.08	157	1.64	221	1.57	285	1.43
30	1.64	94	1.17	158	1.07	222	1.29	286	1.25
31	1.60	95	1.85	159	1.92	223	1.40	287	1.27
32	2.64	96	1.71	160	2.07	224	1.21	288	1.29
33	1.50	97	1.92	161	1.14	225	1.36	289	1.50
34	1.71	98	1.20	162	1.50	226	1.36	290	1.50
35	1.53	99	1.50	163	1.19	227	1.29	291	1.29
36	1.07	100	1.50	164	1.75	228	1.43	292	2.64
37	1.50	101	1.79	165	1.73	229	1.07	293	2.07
38	1.73	102	2.23	166	1.93	230	1.15	294	1.53
39	2.64	103	2.27	167	1.07	231	1.29	295	1.71
40	1.17	104	1.29	168	1.86	232	1.25	296	1.29
41	1.00	105	2.00	169	2.00	233	1.57	297	1.57
42	2.25	106	1.58	170	2.00	234	1.36	298	1.14
43	1.79	107	1.79	171	1.14	235	1.50	299	2.23
44	1.31	108	1.57	172	1.83	236	1.50	300	1.56
45	1.64	109	1.36	173	1.71	237	1.81	1023	1.67
46	1.54	110	1.43	174	1.42	238	1.18	2001	1.71
47	1.71	111	1.14	175	1.71	239	1.43	2090	1.21
48	1.17	112	1.69	176	2.08	240	1.50	3002	1.79
49	1.73	113	1.91	177	2.33	241	2.07	3005	1.71
50	1.29	114	2.07	178	1.40	242	1.21	3017	1.67
51	1.43	115	1.42	179	1.43	243	2.07	4027	2.42
52	1.36	116	1.14	180	1.92	244	1.77	5047	1.62
53	1.43	117	1.43	181	1.45	245	1.57	5052	1.64
54	1.07	118	1.57	182	1.64	246	1.29	5063	1.64
55	1.08	119	1.50	183	1.21	247	1.36	6012	1.67
56	1.29	120	1.29	184	1.86	248	1.50	6019	2.21
57	1.25	121	1.36	185	1.29	249	1.64	7054	2.21
58	1.07	122	1.29	186	1.14	250	1.83	9054	2.14
59	1.14	123	1.07	187	1.93	251	1.79	9074	2.21
60	1.29	124	1.50	188	1.60	252	1.42	9085	1.50
61	2.07	125	1.57	189	1.45	253	1.14	9132	1.79
62	1.00	126	1.57	190	1.29	254	1.00	9150	1.43
63	1.93	127	1.42	191	1.57	255	1.45	10023	1.14
64	1.86	128	1.57	192	1.36	256	2.09	17071	1.77

PSU	Household-level Non-response Adjustment Factor	PSU	Household-level Non-response Adjustment Factor	PSU	Household-level Non-response Adjustment Factor	PSU	Household-level Non-response Adjustment Factor	PSU	Household-level Non-response Adjustment Factor
23005	1.31	46073	2.07	94146	1.71	133099	2.82	184010	2.21
23011	1.17	46090	1.79	95010	1.21	133164	3.00	184105	1.87
23063	1.36	47023	1.77	95090	1.07	135073	3.00	185003	2.00
23081	1.17	47028	2.38	95097	1.07	135111	3.00	185122	1.79
24019	1.57	47050	1.29	97002	1.36	136078	1.86	188042	1.93
27031	2.21	47061	1.67	99005	1.07	137051	1.93	191084	1.07
27040	2.38	48001	1.71	100003	1.36	137053	1.93	192018	1.29
27089	2.38	48003	1.43	102003	1.60	139011	1.29	194001	2.30
27093	2.14	48029	1.43	102032	2.08	142034	1.14	194032	1.09
27094	2.21	48065	1.36	103025	2.21	142083	1.21	194043	1.67
27142	2.23	48070	1.71	103030	2.14	142092	1.29	194084	1.33
28044	2.14	51016	2.21	103076	2.07	142103	1.29	198026	1.86
28052	2.21	51143	1.36	103080	2.08	143004	1.08	199071	2.14
29001	1.87	53028	1.93	103086	2.00	143029	1.31	202121	1.71
29018	2.21	53044	1.92	104006	2.00	144026	1.25	203023	2.14
29078	2.07	53107	2.15	104039	2.21	144047	1.07	203048	1.50
29088	2.21	53115	1.80	104053	2.33	147104	1.25	204002	2.00
29102	1.93	56082	2.21	104054	1.88	151007	1.50	205026	1.92
29134	3.00	56085	1.79	105124	1.57	151087	1.21	205028	1.36
30069	2.31	59146	1.79	106013	2.07	151095	1.25	207022	1.56
30090	2.21	60004	1.93	106020	2.00	153059	1.21	207041	1.81
30096	2.07	65004	2.50	108038	2.00	157086	1.29	210123	1.62
30107	2.21	65015	1.79	108110	2.21	158075	1.83	211030	2.21
31052	1.86	65054	1.43	108122	1.75	158086	1.64	211033	2.07
32061	1.33	66012	2.58	109116	2.82	159006	1.57	211034	1.43
32111	1.93	68015	1.93	109118	1.07	161023	1.50	211082	1.21
33135	1.86	69002	2.00	111034	1.83	162008	1.36	213003	1.58
34026	2.21	70086	1.36	112005	2.21	163008	1.57	214030	1.50
34076	2.14	71051	1.79	112080	2.08	163098	1.55	216001	2.33
35029	2.21	71115	2.00	113007	2.58	163103	1.58	219059	2.31
36076	2.07	71121	1.71	113054	1.92	165042	1.56	219124	1.65
36084	2.21	71131	1.50	113067	1.71	165062	1.64	219145	2.64
39112	1.79	71135	2.07	113082	2.00	171136	1.29	219161	1.76
39127	1.54	72124	2.17	113096	1.93	172099	1.57	219170	3.00
40015	2.17	73044	1.86	113139	2.00	173009	1.64	220036	1.72
40029	1.79	73088	1.93	122080	2.00	173030	1.62	220040	1.87
40116	1.50	74041	2.42	122107	1.55	173043	3.00	220062	3.00
41067	2.17	74047	1.57	122126	2.38	173126	1.36	220065	2.10
41072	2.14	74090	2.33	124029	3.00	174069	1.64	220069	1.82
41088	1.67	75002	1.64	125002	1.57	174087	1.79	220091	2.58
42035	1.58	76018	1.17	125010	2.50	174098	1.58	220097	1.59
42045	2.00	76104	1.50	126029	2.31	174103	1.36	220102	3.00
42058	2.31	79001	1.47	126125	1.64	175067	1.21	221057	3.00
43015	2.08	79027	1.07	126152	2.21	175076	2.21	221100	2.82
43061	1.40	79063	2.15	126175	1.67	175095	2.21	222026	1.36
43149	1.64	84023	2.14	126177	1.17	175146	1.43	222036	1.00
44065	1.93	84030	1.64	126190	1.92	175170	1.43	222050	1.10
44067	1.79	86009	2.21	131012	2.00	176076	2.07	222103	1.27
44074	1.50	86063	1.75	131086	2.08	176104	1.36	222116	2.21
44111	1.79	89002	2.21	132017	2.21	177015	2.14	222144	2.38
45008	1.64	89142	1.57	132031	3.00	179145	1.86	223014	1.47
45014	1.86	91128	2.38	132054	1.35	180061	1.93	223080	1.18
45029	1.77	92017	2.38	132147	3.00	181040	1.50	224034	2.21
45086	2.21	92018	2.00	133034	1.48	181097	1.86	224081	2.07
46003	2.25	93023	1.64	133052	2.21	182042	2.07	225105	1.64
46005	2.17	94019	1.69	133097	2.38	184005	2.38	225152	1.75

Appendix Table A2. Person-level non-response adjustment factor.

Residence	Gender	Age Group	Current Smoking Status	Person-Level Adjustment Factor
Urban	Men	15–24	Smoking	1.06
			Not Smoking	1.05
		25–34	Smoking	1.05
			Not Smoking	1.12
		35–44	Smoking	1.09
			Not Smoking	1.12
		45–54	Smoking	1.07
			Not Smoking	1.08
		55+	Smoking	1.04
			Not Smoking	1.08
	Women	15–24	Smoking	1.06
			Not Smoking	1.09
		25–34	Smoking	1.08
			Not Smoking	1.05
		35–44	Smoking	1.03
			Not Smoking	1.07
		45–54	Smoking	1.04
			Not Smoking	1.04
		55+	Smoking	1.07
			Not Smoking	1.05
Rural	Men	15–24	Smoking	1.06
			Not Smoking	1.05
		25–34	Smoking	1.04
			Not Smoking	1.12
		35–44	Smoking	1.05
			Not Smoking	1.06
		45–54	Smoking	1.04
			Not Smoking	1.03
		55+	Smoking	1.03
			Not Smoking	1.03
	Women	15–24	Smoking	1
			Not Smoking	1.03
		25–34	Smoking	1.07
			Not Smoking	1.02
		35–44	Smoking	1
			Not Smoking	1.03
		45–54	Smoking	1.04
			Not Smoking	1.03
		55+	Smoking	1
				1.03

Post-stratification calibration adjustment

In the final stage of the weighting (Step 3), calibration adjustments were done to adjust weights to known population totals. Adjustment cells were defined by cross-classifying variables that are generally known to be correlated with the key measures of tobacco use. As in the GATS protocol, the following variables were used to form weighting cells: residence, gender, and respondent's age. Appendix Table A3 shows the post-stratification calibration adjustment factors. The mean calibration adjustment factor was 0.93.

Final weights

The final weights assigned to each respondent were computed as the product of the base weights, the non-response adjustments, and post-stratification calibration adjustment. The final weights were used in all analysis to produce estimates of population parameters.

Effect of variable sample weights on the precision of survey weights

Variation in sample weights can increase the amount of sampling error in survey estimates and thus lead to larger variances and standard errors of these estimates. More specifically, the multiplicative increase in the variance of survey estimates depends on how variable the weights are for the set of sample observations that were used to produce the estimate. The more variable weights are the larger the value of $Meff_{w.}$ It is preferable for the $Meff_w$ to be less than 2.00. In Appendix Table A4, the values of $Meff_w$ are shown by age, gender, residence and education categories. In this case, the values of $Meff_w$ were low, which implied that the effort to reduce the effect of variable weights on estimates, such as weight trimming, was not required.

Appendix Table A3. Post-stratification calibration adjustment factor.

Residence	Gender	Age	Calibration Adjustment Factor
Urban	Men	15–24	1.174257438
		25–44	0.837165134
		45–64	0.811661956
		65+	0.771188844
	Women	15–24	1.442632999
		25–44	1.017798110
		45–64	0.985551720
		65+	0.904475091
Rural	Men	15–24	0.779402415
		25–44	0.955795293
		45–64	0.706278269
		65+	0.705374277
	Women	15–24	1.035606130
		25–44	0.987475011
		45–64	0.870837118
			0.966046684

Appendix Table A4. Multiplicative effect by gender, residence, age group, and education

Domain	$Meff_w$
Age (years)	
15-24	1.623599
25-44	1.440314
45-64	1.483314
65+	1.418106
Gender	
Men	1.568666
Women	1.620113
Residence	
Urban	1.394354
Rural	1.562637
Education Level	
< Secondary	1.707221
Secondary	1.603125
High School	1.526751
College or Higher	1.61836
Overall	1.61218

Other computational checks

To validate if the calibration reflected the distribution of the known population by urbanization, gender and age, sample weights were computed by these categories. Appendix Table A5 shows that the population count was the same as the total sample weights by residence, gender, and age group.

Appendix Table A5. Sum of final weights by residence, gender, and age group

Residence	Gender	Age	Sample Weights	Population Counts
Urban	Men	15–24	2738083	2738083
		25–44	4642372	4642372
		45–64	3681585	3681585
		65+	1394776	1394776
	Women	15–24	2666609	2666609
		25–44	5065227	5065227
		45–64	4677460	4677460
		65+	2642954	2642954
Rural	Men	15–24	1038369	1038369
		25–44	2162289	2162289
		45–64	1723783	1723783
		65+	948715	948715
	Women	15–24	975978	975978
		25–44	2023202	2023202
		45–64	2055510	2055510
			2001072	2001072

Appendix B — Questionnaire

Global Adult Tobacco Survey (GATS) Questionnaire in Ukraine

24 June 2009

Identifying Information (Paper)

QUESTIONNAIRE ID NUMBER _____ [USE PRE-PRINTED LABEL IF APPLICABLE]

HOUSEHOLD DESIGNATION: MALE FEMALE

OBLAST/CITY ___ ___

AR Crimea 1
Kyiv 2
Kyiv oblast 3
Vinnytsia oblast 4
Volyn oblast 5
Dnipropetrovsk oblast 6
Donetsk oblast 7
Zhytomyr oblast 8
Zakarpattia oblast 9
Zaporizhzhia oblast 10
Ivano-Frankivsk oblast 11
Kirovohrad oblast 12
Luhansk oblast 13
L'viv oblast 14
Mykolayiv oblast 15
Odesa oblast 16
Poltava oblast 17
Rivne oblast 18
Sumy oblast 19
Ternopil oblast 20
Kharkiv oblast 21
Kherson oblast 22
Khmelnytskiy oblast 23
Cherkasy oblast 24
Chernivtsi oblast 25
Chernihiv oblast 26

RURAL DISTRICT
TOWN/VILLAGE ___ ___
URBAN/RURAL ___
LOCALITY _____

STREET ADDRESS _____
CENSUS SECTOR _____
HOUSEHOLD #_____
SEGMENT # _____

Type of settlement
City, population 1mn or more 1
City, population 100,000–999,000 2
City, population 50,000–99,000 3
Town, population 20,000–49,000 4
Town, population under 20,000 5
Urban settlement 6

Village 7

Result Codes

Household Questionnaire Pending Result Codes

102: Completed Part of Household Questionnaire, Could Not Finish Roster
103: Household Questionnaire Not Complete, Could Not Identify An Appropriate Screening Respondent
104: Household Refusal
105: Unoccupied/Vacant/Demolished House
106: Selected Address is Not a Household
107: Household Respondent Incapacitated
108: Other Household Nonresponse
109: Nobody Home

Household Questionnaire Final Result Codes

200: Completed Household Questionnaire, One Person Selected
201: Completed Household Questionnaire, No One Selected
202: Completed Part of Household Questionnaire, Could Not Finish Roster
203: Household Questionnaire Not Complete, Could Not Identify An Appropriate Screening Respondent
204: Household Refusal
205: Unoccupied/Vacant/Demolished House
206: Selected Address is Not a Household
207: Household Respondent Incapacitated
208: Other Household Nonresponse
888: Household Transferred to Another Field Interviewer
999: Household Replaced by Another Randomly Selected Address in the Missed Housing Unit Procedure

Individual Questionnaire Pending Result Codes

302: Completed Part of Individual Questionnaire

303: Selected Individual was Later Determine to be Survey Ineligible

304: Selected Respondent Refusal

307: Selected Respondent Incapacitated

308: Other Individual Nonresponse

309: Selected Respondent Not Home

Individual Questionnaire Final Result Codes

400: Completed Individual Questionnaire

401: Not Eligible for Individual Questionnaire

403: Selected Individual Was Later Determine to Be Survey Ineligible

404: Selected Respondent Refusal

407: Selected Respondent Incapacitated

408: Other Individual Nonresponse

888: Transferred to Another Field Interviewer

999: Household Replaced by Another Randomly Selected Address in the Missed Housing Unit Procedure

Household Questionnaire

INT: THE HOUSEHOLD SCREENING RESPONDENT MUST 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
TO DISCOVER WHAT LANGUAGE A RESPONDENT PREFERS TO SPEAK SAY "HALLO" WITHOUT STRESS ON THE LANGUAGE YOU SPEAK. (IN UKRAINIAN AND RUSSIAN THESE PHRASES SOUND RATHER SIMILAR)

Good day (evening).

IF THE RESPONDENT ANSWERS...

...IN UKRAINIAN, THEN ASK:	...IN RUSSIAN, THEN ASK:
A) Tell me please, is it easier for you to speak Ukrainian (Ukrainian) or maybe it is easier for you to speak Russian (Russian)?	**A) Tell me please, is it easier for you to speak Ukrainian (Ukrainian) or maybe it is easier for you to speak Russian (Russian)?**

Ukrainian…1 → TAKE THE UKRAINIAN QUESTIONNAIRE, MARK THE ANSWER AND CONDUCT THE INTERVIEW IN UKRAINIAN

Russian...2 → TAKE THE RUSSIAN QUESTIONNAIRE, MARK THE ANSWER AND CONDUCT THE INTERVIEW IN RUSSIAN

It does not matter (in Ukrainian)	It does not matter (in Russian)
↓	↓
B) What language of these two do you speak more often — Ukrainian or Russian? (Ukrainian)	What language of these two do you speak more often — Russian or Ukrainian? (Russian)

Ukrainian 3
DS maybe it does not matter (in Ukrainian) . 4
→ TAKE THE UKRAINIAN QUESTIONNAIRE, MARK THE ANSWER AND CONDUCT THE INTERVIEW IN UKRAINIAN

Russian 5
DS maybe it does not matter (in Russian) ... 6
→ TAKE THE RUSSIAN QUESTIONNAIRE, MARK THE ANSWER AND CONDUCT THE INTERVIEW IN RUSSIAN

INTRO: An important survey of adult tobacco use behavior is being conducted under the auspice of the Ministry of Health throughout Ukraine and your household has been selected to participate. All houses selected were chosen from a scientific sample and it is very important to the success of this project that each participates in the survey. All information gathered will be kept strictly confidential. I have a few questions to find out who in your household is eligible to participate.

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 PRIMARY PLACE OF RESIDENCE LAST NIGHT

☐☐ PERSONS

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

☐☐ PERSONS

HH3. How many (male/female) household members are 15 years of age or older?

☐☐ PERSONS

IF HH3 = 00 (NO ELIGIBLE MALES/FEMALES IN HOUSEHOLD), END INTERVIEW AND ENTER RESULT 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.

ASK THE FOLLOWING QUESTIONS AND RECORD ANSWERS IN TABLE BELOW

a. What is this person's first name?

b. What is this person's age?
IF RESPONDENT DOESN'T KNOW, PROBE FOR AN ESTIMATE

c. IF REPORTED AGE IS 15 THROUGH 17, ASK FOR BIRTH DATE:
What is the month and year of this person's date of birth?

CHECK TO VERIFY IF DATE OF BIRTH FALLS BEFORE THE DATE OF [FILL MONTH/YEAR] TO MAKE SURE PERSON IS 15 OR OLDER. IF NOT 15 OR OLDER, DELETE LINE.

IF RESPONDENT DOESN'T KNOW DATE OF BIRTH, CONTINUE TO d

d. RECORD GENDER

e. Does this person currently smoke tobacco, including cigarettes, cigars, pipes, or water-pipes?

MALE DESIGNATED HH.....☐ 1
FEMALE DESIGNATED HH .....☐ 2

	a. First Name	b. Age	ONLY IF AGE = 15-17 c. Date of Birth	d. Gender		e. Current Smoker?		
				M	F	YES	NO	DK
1	_____	___ ___	Місяць: __ __ Рік:__ __ __ __	☐1	☐2	☐1	☐2	☐7
2	_____	___ ___	Місяць: __ __ Рік:__ __ __ __	☐1	☐2	☐1	☐2	☐7
3	_____	___ ___	Місяць: __ __ Рік:__ __ __ __	☐1	☐2	☐1	☐2	☐7
4	_____	___ ___	Місяць: __ __ Рік:__ __ __ __	☐1	☐2	☐1	☐2	☐7
5	_____	___ ___	Місяць: __ __ Рік:__ __ __ __	☐1	☐2	☐1	☐2	☐7
6	_____	___ ___	Місяць: __ __ Рік:__ __ __ __	☐1	☐2	☐1	☐2	☐7
7	_____	___ ___	Місяць: __ __ Рік:__ __ __ __	☐1	☐2	☐1	☐2	☐7
8	_____	___ ___	Місяць: __ __ Рік:__ __ __ __	☐1	☐2	☐1	☐2	☐7
9	_____	___ ___	Місяць: __ __ Рік:__ __ __ __	☐1	☐2	☐1	☐2	☐7
10	_____	___ ___	Місяць: __ __ Рік:__ __ __ __	☐1	☐2	☐1	☐2	☐7

NOTE: SELECTION OF INDIVIDUAL RESPONDENT WILL BE PERFORMED BY THE HANDHELD SURVEY PROGRAM

Individual Questionnaire

IF THE HH MEMBER SELECTED FOR INDIVIDUAL INTERVIEW IS NOT THE ONE WHO ANSWERED HH QUESTIONNAIRE, REPEAT THE PROCEDURE OF PREFERABLE LANGUAGE SELECTION

Good day (evening).

IF THE RESPONDENT ANSWERS...

...IN UKRAINIAN, THEN ASK:	...IN RUSSIAN, THEN ASK:
A) Tell me please, is it easier for you to speak Ukrainian (Ukrainian) or maybe it is easier for you to speak Russian (Russian)?	**A) Tell me please, is it easier for you to speak Ukrainian (Ukrainian) or maybe it is easier for you to speak Russian (Russian)?**

Ukrainian…1 → TAKE THE UKRAINIAN QUESTIONNAIRE, MARK THE ANSWER AND CONDUCT THE INTERVIEW IN UKRAINIAN

Russian...2 → TAKE THE RUSSIAN QUESTIONNAIRE, MARK THE ANSWER AND CONDUCT THE INTERVIEW IN RUSSIAN

It does not matter (in Ukrainian)	It does not matter (in Russian)
↓	↓
B) What language of these two do you speak more often — Ukrainian or Russian? (Ukrainian)	What language of these two do you speak more often — Russian or Ukrainian? (Russian)

Ukrainian 3
DS maybe it does not matter (in Ukrainian) . 4 → TAKE THE UKRAINIAN QUESTIONNAIRE, MARK THE ANSWER AND CONDUCT THE INTERVIEW IN UKRAINIAN

Russian 5
DS maybe it does not matter (in Russian) ... 6 → TAKE THE RUSSIAN QUESTIONNAIRE, MARK THE ANSWER AND CONDUCT THE INTERVIEW IN RUSSIAN

CONSENT1. CHECK AGE OF SELECTED RESPONDENT FROM THE HOUSEHOLD QUESTIONNAIRE CASE DETAILS, AND SELECT THE APPROPRIATE CATEGORY BELOW:

15-17 ..... ☐ 1 [GO TO CONSENT2]

18 OR OLDER ..... ☐ 2 [GO TO CONSENT5]

EMANCIPATED MINOR (15-17) ..... ☐ 3 [GO TO CONSENT5]

CONSENT2. 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.

CONSENT3. READ THE FOLLOWING TO THE PARENT/GUARDIAN AND SELECTED RESPONDENT (IF AVAILABLE):

I am working with Kiev International Institute of Sociology. This institution is collecting information about tobacco use in Ukraine. This information will be used for public health purposes by the Ministry of Health.

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, you can contact the telephone numbers listed.

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 ..... ☐ 1 [GO TO CONSENT4]
NO ..... ☐ 2 [END INTERVIEW]

CONSENT4. WAS THE SELECTED MINOR RESPONDENT PRESENT?

PRESENT ..... ☐ 1 [GO TO CONSENT6]
NOT PRESENT ..... ☐ 2 [GO TO CONSENT5]

CONSENT5. READ TO THE SELECTED RESPONDENT:

I am working with Kiev International Institute of Sociology. This institution is collecting information about tobacco use in Ukraine. This information will be used for public health purposes by the Ministry of Health.

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.

{FILL IF CONSENT1=2: If you smoke cigarettes you will be asked to show your pack of cigarettes if you have it available and you agree to do so.

We will leave the necessary contact information with you. If you have any questions about this survey, you can contact the telephone numbers listed.

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

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

CONSENT6. ASK SELECTED RESPONDENT: Do you agree to participate?

YES.....☐ 1 [GO TO CONSENT4]
NO.....☐ 2 [END INTERVIEW]

SECTION A. BACKGROUND CHARACTERISTICS

INTRO: I am going to first ask you a few questions about your background.

A1. INTERVIEWER: RECORD GENDER FROM OBSERVATION. ASK IF NECESSARY.

MALE..... ☐ 1
FEMALE ..... ☐ 2

A2. What is the month and year of your date of birth?

MONTH: ☐☐ IF DON'T KNOW, ENTER "77"
YEAR: ☐☐☐☐ IF DON'T KNOW, ENTER "7777"

INT: IF MONTH=77 OR YEAR=7777 IN A2, ASK A3. OTHERWISE SKIP TO A4.

A3. How old are you?

INTERVIEWER: IF RESPONDENT IS UNSURE, PROBE FOR AN ESTIMATE AND RECORD AN ANSWER

☐☐☐ YEARS OLD

WAS RESPONSE ESTIMATED? YES ☐ 1
NO ☐ 2
DK ☐ 7

A4. What is the highest level of education you have completed?

INTERVIEWER: SELECT ONLY ONE CATEGORY

NO FORMAL SCHOOLING ..... ☐ 1 SKIP TO A5
PRIMARY SCHOOL ..... ☐ 2
LESS THAN SECONDARY SCHOOL COMPLETED (LESS THAN 9 GRADES).. ☐ 3
BASIC SECONDARY SCHOOL COMPLETED (FULL 9 GRADES) ..... ☐ 4
FULL SECONDARY SCHOOL COMPLETED, (11 GRADES)..... ☐ 5
HIGH SCHOOL COMPLETED, INCLUDING PROFESSIONAL SECONDARY EDUCATION AND VOCATIONAL SECONDARY EDUCATION..... ☐ 6
COLLEGE/UNIVERSITY COMPLETED..... ☐ 7
POST GRADUATE DEGREE COMPLETED..... ☐ 81
DON'T KNOW ..... ☐ 77

AA4a. What is the number of years of your formal education? _____

A5. Which of the following best describes your main work status over the past 12 months?

INTERVIEWER: INCLUDE SUBSISTENCE FARMING AS SELF-EMPLOYED

Employed in the public sector ..... ☐1
Non-government employee ..... ☐2
Self-employed, entrepreneur or employer ..... ☐3
Student ..... ☐4
Homemaker ..... ☐5
Retired ..... ☐6
Unemployed, able to work ..... ☐7
Unemployed, unable to work ..... ☐8
DON'T KNOW ..... ☐77

A6. The following questions are about different things that you may have in your household. Such questions are asked to all research participants in all countries and will be used for comparison. You may skip any of these questions if you like. Please tell me whether this household or any person who lives in the household has the following items:

READ EACH ITEM:	YES ▼	NO ▼	DON'T KNOW ▼
a. Electricity?	☐1	☐2	☐7
b. Flush toilet?	☐1	☐2	☐7
c. Fixed telephone?	☐1	☐2	☐7
d. Cell telephone?	☐1	☐2	☐7
e. TV set?	☐1	☐2	☐7
f. Radio receiver?	☐1	☐2	☐7
g. Refrigerator?	☐1	☐2	☐7
h. Car?	☐1	☐2	☐7
i. Moped/scooter/motorcycle?	☐1	☐2	☐7
j. Washing machine?	☐1	☐2	☐7
k. Computer?	☐1	☐2	☐7

AA7. Which of the following statements applies the most to you?

We don't have enough for food and basic necessities ..... ☐1
We have only enough for food and basic necessities ..... ☐2
We are doing well enough but can't yet afford more expensive items (apartment, car) ..... ☐3
We have already purchased an apartment and a car, but we can not afford more expensive items ..... ☐4
We can afford anything we want ..... ☐5
DON'T KNOW / HARD TO SAY ..... ☐77

A8. How many rooms in your household are used for sleeping?

☐☐ ROOMS

AA9. What is the language you started speaking first when you were a child?

Ukrainian ..... ☐1
Russian ..... ☐2
Ukrainian and Russian ..... ☐3
Ukrainian and other ..... ☐4
Russian and other ..... ☐5
Other language? ..... ☐6

AA10. How often did you attend religious services during the last 12 months?

DAILY ..... ☐1
WEEKLY ..... ☐2
MONTHLY ..... ☐3
SEVERAL TIMES A YEAR ..... ☐4
NEVER ..... ☐5

A11. What is your marital status? Would you say…

Married ..... ☐1
Living together without been married ..... ☐2
Separated ..... ☐3
Divorced ..... ☐4
Widowed ..... ☐5
Never been married ..... ☐6

SECTION B. TOBACCO SMOKING

INTRO: I would now like to ask you some questions about smoking tobacco, including cigarettes, cigars, pipes, and nargile.

Please do not answer about smokeless tobacco at this time.

B1. Do you currently smoke tobacco on a daily basis, less than daily, or not at all?

DAILY ..... ☐ 1 → SKIP TO B4
LESS THAN DAILY..... ☐ 2
NOT AT ALL..... ☐ 3 → SKIP TO B3
DO NOT KNOW ..... ☐ 7 → SKIP TO NEXT SECTION

B2. Have you smoked tobacco daily in the past?

YES ..... ☐ 1 → SKIP TO B8
NO..... ☐ 2 → SKIP TO BB3a
DO NOT KNOW ..... ☐ 7 → SKIP TO BB3a

B3. In the past, have you smoked tobacco on a daily basis, less than daily, or not at all?

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

DAILY ..... ☐ 1 → SKIP TO B11
LESS THAN DAILY..... ☐ 2 →GO TO BB3a
NOT AT ALL..... ☐ 3 →GO TO BB3a
DO NOT KNOW ..... ☐ 7 →GO TO BB3a

BB3a. {You have already said that you never smoked (on a daily basis)}. Nevertheless, adding all cigarettes you smoked in your entire life, have you smoked 100 cigarettes or 5 packs?

YES ..... ☐ 1
NO..... ☐ 2

ROUTING:
-IF B2=2 OR 7, GO TO B10
-IF B3=2, GO TO B13
-IF B3=3 OR 7, GO TO NEXT SECTION

[CURRENT DAILY SMOKERS]

B4. How old were you when you first started smoking tobacco daily?

☐☐ YEARS OLD IF DON'T KNOW, ENTER "99"

INT: IF B4 = 99, ASK B5. OTHERWISE SKIP TO B6.

B5. How many years ago did you first start smoking tobacco daily?

☐☐ YEARS

B6. On average, how many of the following do you currently smoke each day? Also, let me know if you smoke the product, but not every day.

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

INTERVIEWER: IF RESPONDENT REPORTS IN PACKS OR CARTONS, PROBE TO FIND OUT HOW MANY ARE IN EACH AND CALCULATE TOTAL NUMBER

READ EACH ITEM:

a. How many manufactured cigarettes?				PER DAY
a1. [IF B6a=888] On average, how many manufactured cigarettes do you currently smoke each week?				PER WEEK
b. (How many) Hand-rolled cigarettes?				PER DAY
b1. [IF B6b=888] On average, how many hand-rolled cigarettes do you currently smoke each week?				PER WEEK
d. (How many) Pipes full of tobacco?				PER DAY
d1. [IF B6d=888] On average, how many pipes full of tobacco do you currently smoke each week?				PER WEEK
e. (How many) Cigars, or cigarillos?				PER DAY
e1. [IF B6e=888] On average, how many cigars, or cigarillos do you currently smoke each week?				PER WEEK
f. (How many) Nargile sessions per day?				PER DAY
f1. [IF B6f=888] On average, how many nargile sessions do you currently participate in each week?				PER WEEK
g. Any others? (Specify type:_____)				PER DAY
g1. [IF B6g=888] On average, how many [FILL PRODUCT] do you currently smoke each week?				PER WEEK

B7. How soon after you wake up do you usually have your first smoke? Would you say…

Within 5 minutes,..... ☐ 1
6 to 30 minutes,..... ☐ 2
31 to 60 minutes, or..... ☐ 3
More than 60 minutes?..... ☐ 4

INT: SKIP TO NEXT SECTION

[CURRENT LESS THAN DAILY SMOKERS]

B8. How old were you when you first started smoking tobacco daily?

☐☐ YEARS OLD IF DON'T KNOW, ENTER "99"

INT: IF B8 = 99, ASK B9. OTHERWISE SKIP TO B10.

☐☐ YEARS

B9. How many years ago did you first start smoking tobacco daily?

☐☐ YEARS

B10. How many of the following do you currently smoke during a usual week?

INTERVIEWER: IF RESPONDENT REPORTS DOING THE ACTIVITY WITHIN THE PAST 30 DAYS, BUT LESS THAN ONCE PER WEEK, ENTER 888

INTERVIEWER: IF RESPONDENT REPORTS IN PACKS OR CARTONS, PROBE TO FIND OUT HOW MANY ARE IN EACH AND CALCULATE TOTAL NUMBER

READ EACH ITEM:

a. (How many) Manufactured cigarettes?	☐☐☐	PER WEEK
b. (How many) Hand-rolled cigarettes?	☐☐☐	PER WEEK
d. (How many) Pipes full of tobacco?	☐☐☐	PER WEEK
e. (How many) Cigars or cigarillos?	☐☐☐	PER WEEK
f. Number of nargile sessions per week?	☐☐☐	PER WEEK
g. Any others?	☐☐☐	PER WEEK

Specify type:_____

INT: SKIP TO NEXT SECTION

[FORMER SMOKERS]

B11. How old were you when you first started smoking tobacco daily?

☐☐ YEARS OLD IF DON'T KNOW, ENTER "99"

INT: IF B11 = 99, ASK B12. OTHERWISE SKIP TO B13.

B12. How many years ago did you first start smoking tobacco daily?

☐☐ YEARS

B13. How long has it been since you stopped smoking?

INTERVIEWER: ONLY INTERESTED IN WHEN RESPONDENT STOPPED SMOKING REGULARLY — DO NOT INCLUDE RARE INSTANCES OF SMOKING

ENTER UNIT AND NUMBER

YEARS	☐ 1	☐☐☐
MONTHS.....	☐ 2	☐☐☐
WEEKS.....	☐ 3	☐☐☐
DAYS	☐ 4	☐☐☐

LESS THAN ONE DAY (24 HOURS) .... ☐ 5

DON'T KNOW ..... ☐ 7

INT: IF B13 < 1 YEAR (< 12 MONTHS), THEN CONTINUE WITH B14. OTHERWISE SKIP TO NEXT SECTION.

B14. Have you visited a doctor or other professional health care provider in the past 12 months?

YES ..... ☐ 1
NO ..... ☐ 2 → SKIP TO B18

B15. 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 ..... ☐ 1
3 TO 5 ..... ☐ 2
6 OR MORE ..... ☐ 3

B16. 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 B18

B17. 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

B18. During the past 12 months, did you use any of the following to try to stop smoking tobacco?

READ EACH ITEM:	YES ▼	NO ▼
a. Counseling doctor, including a smoking cessation specialist?	☐1	☐2
b. Nicotine replacement therapy, such as the patch or gum?	☐1	☐2
c. Other prescription medications, for example zyban?	☐1	☐2
d. Other non-prescription medications, for example tabex?	☐1	☐2
e. Traditional medicines, for example aiyr root?	☐1	☐2
f. Acupuncture?	☐1	☐2
g. Psychotherapeutic methods, like hypnosis, coding ?	☐1	☐2
h. Internet site and mailing ?	☐1	☐2
i. Anything else? Specify:_____	☐1	☐2

SECTION WP — WATERPIPE (NARGILE) MODULE

Routing: B6f/B10f ask for the number of nargile smoking sessions per day/week

-IF B1=3 AND B3=3 (NEVER SMOKERS), SKIP TO NEXT SECTION
-IF B1=3 AND B3=1 OR 2 (FORMER SMOKERS), GO TO WP2

-IF B1=1 AND B6f>=1 (CURRENT DAILY SHISHA SMOKERS), GO TO WP3
-IF B1=1 AND B6f=888 (CURRENT LESS THAN DAILY SHISHA SMOKERS), GO TO WP1
-IF B1=2 AND B10f>=1 OR =888 (CURRENT LESS THAN DAILY SHISHA SMOKERS), GO TO WP1

-ELSE, GO TO NEXT SECTION

INTRO: I would now like to ask you some questions about smoking nargile.

WP1. Have you smoked nargile daily in the past?

YES ..... ☐ 1 → SKIP TO WP3
NO ..... ☐ 2 → SKIP TO WP3

WP2. In the past, have you smoked nargile on a daily basis, less than daily, or not at all?

INTERVIEWER: IF RESPONDENT HAS DONE BOTH "DAILY" AND "LESS THAN DAILY" IN THE PAST, CHECK "DAILY"

DAILY ..... ☐ 1
LESS THAN DAILY..... ☐ 2
NOT AT ALL ..... ☐ 3 → SKIP TO NEXT SECTION

WP3. How old were you when you first started smoking nargile?

		YEARS OLD IF DON'T KNOW, ENTER "99"

INT: IF WP3 = 99, ASK WP4. OTHERWISE SKIP TO ROUTING INSTRUCTION.

WP4. How many years ago did you first start smoking nargile?

		YEARS

ROUTING: -CURRENT NARGILE SMOKERS: IF (B1=1 OR 2) AND [(B6f>=1 OR =888) OR (B10f>=1 OR =888)], GO TO WP5
-OTHERWISE, GO TO NEXT SECTION

WP5. The last time you smoked nargile, how long did you participate in the nargile smoking session?

INTERVIEWER: ENTER UNIT AND NUMBER

HOURS.....	☐ 1	
MINUTES.....	☐ 2	

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

		PEOPLE

SECTION C. SMOKELESS TOBACCO

INTRO: The next questions are about using smokeless tobacco, such as chewing tobacco, snus, snuff and nasvai.

C1. Do you currently use smokeless tobacco on a daily basis, less than daily, or not at all?

DAILY ..... ☐ 1 → SKIP TO C10
LESS THAN DAILY..... ☐ 2
NOT AT ALL..... ☐ 3 → SKIP TO C3
DO NOT KNOW ..... ☐ 7 → SKIP TO NEXT SECTION

C2. Have you used smokeless tobacco daily in the past?

YES ..... ☐ 1 → SKIP TO C10
NO..... ☐ 2 → SKIP TO C10
DO NOT KNOW ..... ☐ 7 → SKIP TO C10

C3. In the past, have you used smokeless tobacco on a daily basis, less than daily, or not at all?

INTERVIEWER: IF RESPONDENT HAS DONE BOTH "DAILY" AND "LESS THAN DAILY" IN THE PAST, CHECK "DAILY"

DAILY ..... ☐ 1 → SKIP TO NEXT SECTION
LESS THAN DAILY..... ☐ 2 → SKIP TO NEXT SECTION
NOT AT ALL..... ☐ 3 → SKIP TO NEXT SECTION
DO NOT KNOW ..... ☐ 7 → SKIP TO NEXT SECTION

C10. How many times a week do you usually use the following?

INTERVIEWER: IF RESPONDENT REPORTS DOING THE ACTIVITY WITHIN THE PAST 30 DAYS, BUT LESS THAN ONCE PER WEEK, ENTER 888

READ EACH ITEM:

a. Snus, by mouth?.....				TIMES PER WEEK
b. Snuff, by nose?				TIMES PER WEEK
c. Chewing tobacco?				TIMES PER WEEK
d. Nasvai?.....				TIMES PER WEEK
e. Any others?				TIMES PER WEEK

→ Specify type:_____

SECTION D1. CESSATION — TOBACCO SMOKING

INT: CHECK THE ANSWER TO B1 AND RECORD BELOW: B1 = ___

IF B1 = 1 or 2 (RESPONDENT CURRENTLY SMOKES TOBACCO), THEN CONTINUE WITH THIS SECTION .....☐ 1

IF B1 = 3 or 7 (RESPONDENT DOES NOT CURRENTLY SMOKE TOBACCO), THEN SKIP TO NEXT SECTION .....☐ 2

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

D1. During the past 12 months, have you tried to stop smoking?

YES ..... ☐ 1
NO ..... ☐ 2 → SKIP TO D4

D2. Thinking about the last time you tried to quit, how long did you stop smoking?

ENTER UNIT AND NUMBER

MONTHS.....	☐ 1	
WEEKS.....	☐ 2	
DAYS.....	☐ 3	

LESS THAN ONE DAY (24 HOURS) ....☐ 4
DON'T KNOW .....☐ 7

D3. During the past 12 months, did you use any of the following to try to stop smoking tobacco?

READ EACH ITEM:	YES ▼	NO ▼
a. Counseling doctor, including a smoking cessation specialist?	☐ 1	☐ 2
b. Nicotine replacement therapy, such as the patch or gum?	☐ 1	☐ 2
c. Other prescription medications, for example zyban?	☐ 1	☐ 2
d. Other non-prescription medications, for example tabex?	☐ 1	☐ 2
e. Traditional medicines, for example aiyr root?	☐ 1	☐ 2
f. Acupuncture?	☐ 1	☐ 2
g. Psychotherapeutic methods, like hypnosis, coding ?	☐ 1	☐ 2
h. Internet site and mailing ?	☐ 1	☐ 2
i. Anything else? Specify:_____	☐ 1	☐ 2

D4. Have you visited a doctor or other professional health care provider in the past 12 months?

YES ..... ☐ 1
NO ..... ☐ 2 → SKIP TO D8

D5. 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 ..... ☐ 1
3 TO 5 ..... ☐ 2
6 OR MORE ..... ☐ 3

D6. 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 D9

D7. 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

D8. Which of the following best describes your thinking about quitting smoking?

I am planning to quit within the next month ..... ☐ 1
I am thinking about quitting within the next 12 months ..... ☐ 2
I will quit someday, but not within the next 12 months..... ☐ 3
I am not interested in quitting ..... ☐ 4
DON'T KNOW ..... ☐ 7

SECTION D2. CESSATION — SMOKELESS TOBACCO

INT: CHECK THE ANSWER TO C1 AND RECORD BELOW: C1 = ___

IF C1 = 1 or 2 (RESPONDENT CURRENTLY USES SMOKELESS TOBACCO), THEN CONTINUE WITH THIS SECTION ☐ 1

IF C1 = 3 (RESPONDENT DOES NOT CURRENTLY USE SMOKELESS TOBACCO), THEN SKIP TO NEXT SECTION ..... ☐ 2

INTRO: 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.

D9. During the past 12 months, have you tried to stop using smokeless tobacco?

YES ..... ☐ 1
NO ..... ☐ 2 → SKIP TO NEXT SECTION

D10. Thinking about the last time you tried to quit, how long did you stop using smokeless tobacco?

ENTER UNIT AND NUMBER

MONTHS ..... ☐ 1		
WEEKS..... ☐ 2		
DAYS ..... ☐ 3		

LESS THAN ONE DAY (24 HOURS) ..... ☐ 4
DON'T KNOW ..... ☐ 7

SECTION E. SECONDHAND SMOKE

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

E1. Which of the following best describes the rules 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 ..... ☐ 1
NOT ALLOWED, BUT EXCEPTIONS ..... ☐ 2
NEVER ALLOWED ..... ☐ 3 → SKIP TO EE3a
NO RULES ..... ☐ 4 → SKIP TO E3
DON'T KNOW ..... ☐ 7 → SKIP TO E3

E2. Inside your home, is smoking allowed in every room?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7

E3. How often does anyone smoke inside your home? Would you say daily, weekly, monthly, less than monthly, or never?

DAILY ..... ☐ 1
WEEKLY ..... ☐ 2
MONTHLY ..... ☐ 3
LESS THAN MONTHLY ..... ☐ 4
NEVER ..... ☐ 5
DON'T KNOW ..... ☐ 7

EE3a. How often do you happen to inhale other people's smoke? Would you say it happens almost never or rarely, several times a week, almost daily, or regularly-several hours a day?

ALMOST NEVER OR RARELY ..... ☐ 1
SEVERAL TIMES A WEEK ..... ☐ 2
ALMOST DAILY ..... ☐ 3
REGULARLY, SEVERAL HOURS A DAY ..... ☐ 4
DON'T KNOW ..... ☐ 7

E4. Do you currently work outside of your home?

YES ..... ☐ 1
NO/DON'T WORK ..... ☐ 2 → SKIP TO E9

E5. Do you usually work indoors or outdoors?

INDOORS ..... ☐ 1 → SKIP TO E7
OUTDOORS ..... ☐ 2
BOTH ..... ☐ 3 → SKIP TO E7

E6. Are there any indoor areas at your work place?

YES ..... ☐ 1
NO ..... ☐ 2 → SKIP TO E9
DON'T KNOW ..... ☐ 7 → SKIP TO E9

E7. 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 ..... ☐ 1
ALLOWED ONLY IN SOME INDOOR AREAS ..... ☐ 2
NOT ALLOWED IN ANY INDOOR AREAS ..... ☐ 3
THERE IS NO POLICY ..... ☐ 4
DON'T KNOW ..... ☐ 7

E8. During the past 30 days, did anyone smoke in indoor areas where you work?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7

E9. During the past 30 days, did you visit any government buildings or government offices?

YES ..... ☐ 1
NO ..... ☐ 2 → SKIP TO E11
DON'T KNOW ..... ☐ 7 → SKIP TO E11

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

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7

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

YES ..... ☐ 1
NO ..... ☐ 2 → SKIP TO E13
DON'T KNOW ..... ☐ 7 → SKIP TO E13

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

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7

E13. During the past 30 days, did you visit any restaurants or cafe?

YES ..... ☐ 1
NO ..... ☐ 2 → SKIP TO E15
DON'T KNOW ..... ☐ 7 → SKIP TO E15

E14. Did anyone smoke inside of any restaurants or cafe that you visited in the past 30 days?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7

E15. During the past 30 days, did you use any public transportation?

YES ..... ☐ 1
NO ..... ☐ 2 → SKIP TO E17
DON'T KNOW ..... ☐ 7 → SKIP TO E17

E16. Did anyone smoke inside of any public transportation that you used in the past 30 days?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7

E17. Based on what you know or believe, does breathing other people's smoke cause serious illness in non-smokers?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7

E18. [ONLY ADMINISTERED IF E17 = YES]

Based on what you know or believe, does breathing smoke from other people's cigarettes cause any of the following?

READ EACH ITEM:	YES ▼	NO ▼	DON'T KNOW ▼
a. Heart disease in adults?	☐ 1	☐ 2	☐ 7
b. Lung illnesses in children?	☐ 1	☐ 2	☐ 7
c. Lung cancer in adults?	☐ 1	☐ 2	☐ 7

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

YES ..... ☐ 1
NO ..... ☐ 2 → SKIP TO E23
DON'T KNOW ..... ☐ 7 → SKIP TO E23

E22. Did anyone smoke inside of any universities that you visited in the past 30 days?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7

E23. During the past 30 days, did you visit any private workplaces other than your own?

YES ..... ☐ 1
NO ..... ☐ 2 → SKIP TO E29
DON'T KNOW ..... ☐ 7 → SKIP TO E29

E24. Did anyone smoke inside of any of these private workplaces you visited in the past 30 days?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7

E29. For each of the following public places, please tell me if you think smoking should or should not be allowed in <u>indoor areas</u>.

READ EACH ITEM:	SHOULD BE ALLOWED ▼	SHOULD NOT BE ALLOWED ▼	DON'T KNOW ▼
a. Hospitals?	☐ 1	☐ 2	☐ 7
b. Workplaces?	☐ 1	☐ 2	☐ 7
c. Restaurants or cafe?	☐ 1	☐ 2	☐ 7
d. Bars?	☐ 1	☐ 2	☐ 7
e. Public transportation vehicles?	☐ 1	☐ 2	☐ 7
f. Schools?	☐ 1	☐ 2	☐ 7
g. Universities?	☐ 1	☐ 2	☐ 7
h. Places of worship?	☐ 1	☐ 2	☐ 7

SECTION F. ECONOMICS — MANUFACTURED CIGARETTES

INT: CHECK THE ANSWERS TO B1, B6a, AND B10a. RECORD BELOW:

B1 = ___
B6a = ___
B10a = ___

IF B1 = 1 OR 2 (RESPONDENT CURRENTLY SMOKES DAILY OR LESS THAN DAILY)

AND

[B6a OR B10a] > 0 OR = 888 (RESPONDENT SMOKES MANUFACTURED CIGARETTES)

THEN CONTINUE WITH THIS SECTION ☐ 1

OTHERWISE, SKIP TO NEXT SECTION ☐ 2

INTRO: The next few questions are about the last time you purchased cigarettes for yourself.

F1. The last time you bought cigarettes for yourself, how many cigarettes did you buy?

ENTER UNIT AND NUMBER

CIGARETTES..... ☐ 1
PACKS..... ☐ 2 → How many cigarettes were in each pack? ____
CARTONS..... ☐ 3 → How many cigarettes were in each carton? ____
OTHER SPECIFY:_____ ☐ 4 → How many cigarettes were in each [FILL]? ____
NEVER BOUGHT CIGARETTES.. ☐ 5 → SKIP TO NEXT SECTION

F2. In total, how much money did you pay for this purchase?

IF DON'T KNOW, ENTER 999

Hryvna (UAH)

F3. What brand did you buy the last time you purchased cigarettes for yourself?

BOND ..... ☐ 1
CAMEL ..... ☐ 2
CHESTERFIELD ..... ☐ 3
GLAMOUR ..... ☐ 4
KARELIA ..... ☐ 5
KENT ..... ☐ 6
L&M ..... ☐ 7
LUCKY STRIKE ..... ☐ 8
MARLBORO ..... ☐ 9
MONTE CARLO ..... ☐ 10
MORE ..... ☐ 11
NEXT ..... ☐ 12
PARLIAMENT ..... ☐ 13
PRILUKI ..... ☐ 14
PRIMA ..... ☐ 15 ➡ What sort of Prima sigarettes? ..... ☐ 20
PRIMA — NON-FILTER ..... ☐ 21
PRIMA LUX ..... ☐ 22
PRIMA OPTIMA ..... ☐ 23
PRIMA-SRIBNA ..... ☐ 24
RONSON ..... ☐ 16
WINSTON ..... ☐ 17
OTHER (SPECIFY:_____) .... ☐ 18

F4. The last time you purchased cigarettes for yourself, where did you buy them?

STORE ..... ☐ 2
STREET VENDOR ..... ☐ 3
OUTSIDE THE COUNTRY ..... ☐ 6
KIOSKS ..... ☐ 7
INTERNET ..... ☐ 8
FROM ANOTHER PERSON ..... ☐ 9
RESTAURANT OR BAR ..... ☐ 10
OTHER ..... ☐ 11 ➜ SPECIFY: _____
DON'T REMEMBER ..... ☐ 77

F5. The last time you purchased cigarettes for yourself, did you purchase non-filter, regular filter or filter slim cigarettes?

NON-FILTER ..... ☐ 1
REGULAR FILTER ..... ☐ 2
FILTER SLIM ..... ☐ 3

FF6. If the price for tobacco products were to rise significantly (say, double), would you continue to smoke as before, switch to cheaper products, start smoking less, or quit smoking?

SMOKE AS BEFORE ..... ☐ 1
SWITCH TO CHEAPER PRODUCTS .... ☐ 2
SMOKE LESS ..... ☐ 3
QUIT SMOKING ..... ☐ 4
DO NOT KNOW/ HARD TO SAY ..... ☐ 7

SECTION G. MEDIA

INTRO: The next few questions ask about your exposure to the media and advertisements in the last 30 days.

G1. In the last 30 days, have you noticed information about the dangers of smoking cigarettes or that encourages quitting in any of the following places?

READ EACH ITEM:	YES ▼	NO ▼	NOT APPLICABLE ▼
a1. In newspapers?	☐ 1	☐ 2	☐ 7
a2. In magazines?	☐ 1	☐ 2	☐ 7
b. On television?	☐ 1	☐ 2	☐ 7
c On the radio?	☐ 1	☐ 2	☐ 7
d. On billboards?	☐ 1	☐ 2	☐ 7
aa. In public transport?	☐ 1	☐ 2	☐ 7
e. On posters in health facilities?	☐ 1	☐ 2	☐ 7
bb. On posters in educational institutions?	☐ 1	☐ 2	☐ 7
f. Somewhere else?	☐ 1	☐ 2	

→ Specify: _____

G2. In the last 30 days, did you notice any health warnings on cigarette packages?

YES ..... ☐ 1
NO ..... ☐ 2 → SKIP TO G4
DID NOT SEE ANY CIGARETTE PACKAGES..... ☐ 3 → SKIP TO G4

G3. [ADMINISTER IF B1 = 1 OR 2. ELSE GO TO G4]

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

G4. In the last 30 days, have you noticed any <u>advertisements or signs promoting</u> cigarettes in the following places?

READ EACH ITEM:	YES ▼	NO ▼	NOT APPLICABLE ▼
a. In stores where cigarettes are sold?	☐ 1	☐ 2	☐ 7
b. On television?	☐ 1	☐ 2	☐ 7
c. On the radio?	☐ 1	☐ 2	☐ 7
d. On billboards?	☐ 1	☐ 2	☐ 7
e. On posters?	☐ 1	☐ 2	☐ 7
f. In newspapers or magazines?	☐ 1	☐ 2	☐ 7
g. n cinemas?	☐ 1	☐ 2	☐ 7
h. On the internet?	☐ 1	☐ 2	☐ 7
i. On or inside public transportation vehicles or stations?	☐ 1	☐ 2	☐ 7
j. On cigarette pack inserts?	☐ 1	☐ 2	☐ 7
k. Anywhere else?	☐ 1	☐ 2	

→ Specify:_____

G5. In the last 30 days, have you noticed any sport or sporting event that is associated with cigarette brands or cigarette companies?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7

G6. In the last 30 days, have you noticed any of the following types of cigarette promotions?

READ EACH ITEM:	YES ▼	NO ▼	DON'T KNOW ▼
a. Free samples of cigarettes ?	☐ 1	☐ 2	☐ 7
b. Prize competition for cigarette purchasers?	☐ 1	☐ 2	☐ 7
c. Coupons for cigarettes?	☐ 1	☐ 2	☐ 7
d. Free gifts or special discount offers on other products when buying cigarettes?	☐ 1	☐ 2	☐ 7
e. Clothing or other items with a cigarette brand name or logo??	☐ 1	☐ 2	☐ 7
f. Cigarette promotions in the mail or e-mail?	☐ 1	☐ 2	☐ 7

SECTION H. KNOWLEDGE, ATTITUDES & PERCEPTIONS

H1. Based on what you know or believe, does smoking tobacco cause serious illness?

YES ..... ☐ 1
NO ..... ☐ 2 → SKIP TO H2_3
DON'T KNOW ..... ☐ 7

H2. Based on what you know or believe, does smoking tobacco cause the following…

READ EACH ITEM:	YES ▼	NO ▼	DON'T KNOW ▼
a. Stroke (blood clots in the brain that may cause paralysis)?	☐ 1	☐ 2	☐ 7
b. Heart attack?	☐ 1	☐ 2	☐ 7
c. Lung cancer?	☐ 1	☐ 2	☐ 7
d. Respiratory disease?	☐ 1	☐ 2	☐ 7
e. Parkinson's disease?	☐ 1	☐ 2	☐ 7
f. Impotence?	☐ 1	☐ 2	☐ 7
g. Tuberculosis?	☐ 1	☐ 2	☐ 7
h. Bronchitis?	☐ 1	☐ 2	☐ 7
i. Gastric ulcer?	☐ 1	☐ 2	☐ 7

[H2_1 SHOULD ONLY BE ASKED OF CURRENT TOBACCO SMOKERS WHO BELIEVE THAT SMOKING CAUSES SERIOUS DISEASE (H1 = 1) OR WHO DON'T KNOW IF SMOKING CAUSES SERIOUS DISEASE (H1 = 7)

H2_1. [IF (B1 = 1 OR 2) AND (H1 = 1 OR 7), THEN ADMINISTER]

Based on your experience of smoking, do you think that your current brand might be a little less harmful, is no different, or might be a little more harmful, compared to other cigarettes?

A LITTLE LESS HARMFUL ..... ☐ 1 → SKIP TO H2_3
NO DIFFERENT ..... ☐ 2
A LITTLE MORE HARMFUL ..... ☐ 3 → SKIP TO H2_3

[H2_2 SHOULD BE ASKED OF EVERYONE EXCEPT FOR THOSE FOR WHOM H1 = 2 AND THOSE FOR WHOM H2_1 = 1 OR 3]

H2_2. Do <u>you</u> think that some types of cigarettes <u>could</u> be less harmful than other types, or are all cigarettes equally harmful?

COULD BE LESS HARMFUL ..... ☐ 1
ALL EQUALLY HARMFUL ..... ☐ 2

H2_3. Do you believe cigarettes are addictive?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7

H3. Based on what you know or believe, does using smokeless tobacco cause serious illness?

YES ..... ☐ 1
NO ..... ☐ 2
DON'T KNOW ..... ☐ 7

HH3_1. Based on what you know or believe, does smoking nargile cause serious illness?

YES ..... ☐ 1
NO ..... ☐ 2 → SKIP TO H4
DON'T KNOW ..... ☐ 7 → SKIP TO H4

HH3_2. Compared to smoking cigarettes, do you think smoking nargile is less harmful, no different, or more harmful to health?

LESS HARMFUL ..... ☐ 1
NO DIFFERENT ..... ☐ 2
MORE HARMFUL ..... ☐ 3
DON'T KNOW ..... ☐ 7

H4. Would you favor or oppose a law that would prohibit smoking in indoor workplaces and public places, such as restaurants and bars?

FAVOR..... ☐ 1 → H4a. Would you strongly favor or somewhat favor this law?
OPPOSE ..... ☐ 2 → H4b. Would you strongly oppose or somewhat oppose this law?
DON'T KNOW ..... ☐ 7

H5. Would you favor or oppose increasing taxes on tobacco products?

FAVOR..... ☐ 1 → H5a. Would you strongly favor or somewhat favor increasing taxes?
OPPOSE ..... ☐ 2 → H5b. Would you strongly oppose or somewhat oppose increasing taxes?
DON'T KNOW (DO NOT CARE) ... ☐ 7

HH6. How do you think the advertisement of tobacco products should be regulated? Would you say…

Advertising tobacco products should be completely banned ..... ☐ 1
Advertising should be banned in most forms (media, billboards/light boxes, Internet) .... ☐ 2
More severe restrictions should apply than currently, but such advertising should not be banned altogether ..... ☐ 3
Current restrictions are adequate ..... ☐ 4
Advertising tobacco products should be allowed on radio and television ..... ☐ 5
DON'T KNOW/HARD TO SAY ..... ☐ 7

HH7. Do you think inhaling tobacco smoke when somebody else is smoking is harmful or harmless to you?

HARMFUL ..... ☐ 1
HARMLESS ..... ☐ 2
DON'T KNOW/HARD TO SAY ..... ☐ 7

SECTION CP. CIGARETTE PACKS

CP0. IF (CALCULATED AGE FROM A2 (OR A3) = 18 OR OLDER) AND (B1 = 1 OR 2) AND [(B6a = 1 — 200 OR 888) OR (B10a = 1 — 200 OR 888), CONTINUE TO CP1.

ELSE, SKIP TO END OF INTERVIEW I00

CP1. Could you please show me a pack of cigarettes you have right now?

YES ..... ☐ 1
DOES NOT HAVE ..... ☐ 2 ➔ SKIP TO END OF INTERVIEW
REFUSES TO SHOW ..... ☐ 3 ➔ SKIP TO END OF INTERVIEW

CP2. RECORD THE HEALTH WARNING FROM THE PACK: (*Text provided in Ukrainian:*)

UKRAINIAN 1 ..... ☐ 1
UKRAINIAN 2 ..... ☐ 2
UKRAINIAN 3 ..... ☐ 3
UKRAINIAN 4 ..... ☐ 4
UKRAINIAN 5 ..... ☐ 5
UKRAINIAN 6 ..... ☐ 6
RUSSIAN..... ☐ 7
MOLDOVIAN ..... ☐ 8
OTHER LANGUAUGE..... ☐ 9 ➔ SPECIFY:_____
NO HEALTH WARNING ..... ☐ 10

CP3. RECORD THE TAR LEVEL FROM THE PACK: (In mg) _____

CP4. RECORD THE NICOTINE LEVEL FROM THE PACK: (In mg) _____

CP5. RECORD THE MAXIMUM RETAIL PRICE FROM THE BOTTOM OF THE PACK: (IN KOPECKS) _____

CP6. RECORD THE DATE OF PRODUCTION (BOTTOM OF THE PACK): (DAY-MONTH-YEAR) ____

CP7. RECORD THE CIGARETTE BRAND:

BOND ..... ☐ 1
CAMEL ..... ☐ 2
CHESTERFIELD ..... ☐ 3
GLAMOUR ..... ☐ 4
KARELIA ..... ☐ 5
KENT ..... ☐ 6
L&M ..... ☐ 7
LUCKY STRIKE ..... ☐ 8
MARLBORO ..... ☐ 9
MONTE CARLO ..... ☐ 10
MORE ..... ☐ 11
NEXT ..... ☐ 12
PARLIAMENT ..... ☐ 13
PRILUKI ..... ☐ 14
PRIMA ..... ☐ 15 ➔ What sort of Prima sigarettes? ..... ☐ 20
PRIMA — NON-FILTER ..... ☐ 21
PRIMA LUX ..... ☐ 22
PRIMA OPTIMA ..... ☐ 23
PRIMA-SRIBNA ..... ☐ 24
RONSON ..... ☐ 16
WINSTON ..... ☐ 17
OTHER (SPECIFY:_____) .... ☐ 18

END INDIVIDUAL QUESTIONNAIRE

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

RECORD ANY NOTES ABOUT INTERVIEW:

Appendix C: Estimates of Sampling Errors

The estimates from a sample survey are affected by two types of errors: non-sampling errors and sampling errors. Non-sampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the GATS Ukraine to minimize this type of error, non-sampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the GATS Ukraine is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

A sampling error is usually measured in terms of the *standard error* for a particular statistic (mean, percentage, etc.), which is the square root of the variance divided by the total number of cases in the frequency distribution. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95 percent of all possible samples of identical size and design.

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the GATS Ukraine' sample is the result of a multi-stage stratified design, and, consequently, it was necessary to use more complex formulae. The computer software used to calculate sampling errors for the GATS Ukraine is a Macro SAS procedure (SAS version 9.2). This procedure used the Taylor linearization method of variance estimation for survey estimates that are means or proportions.

The Taylor linearization method treats any percentage or average as a ratio estimate, $r = y/x$, where y represents the total sample value for variable y, and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below, with the standard error being the square root of the variance:

$$SE^2(r) = \text{var}(r) = \frac{1}{x^2}\sum_{h=1}^{H}\left[\frac{m_h(1-f_h)}{m_h-1}\left(\sum_{i=1}^{m_h} z_{hi}^2 - \frac{z_h^2}{m_h}\right)\right],$$

in which

$$z_{hi} = y_{hi} - rx_{hi}, \quad and \; z_h = y_h - rx_h,$$

where h represents the stratum which is 1 for urban and 2 for rural;
m_h is the total number of PSUs selected in the hth stratum;
y_{hi} is the sum of weighted values of variable y in the ith PSUs in the hth stratum;
x_{hi} is the sum of weighted number of cases in the ith PSUs in the hth stratum; and
f_h is the sampling fraction in stratum h, which is so small that it is ignored.

In addition to the standard error, the procedure computes the *design effect (DEFT)* for each estimate, which is defined as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater

than 1.0 indicates the increase in the sampling error because of the use of a more complex and less statistically efficient design. The procedure also computes the relative error and confidence limits for the estimates.

Sampling errors for the GATS Ukraine are calculated for selected variables considered to be of primary interest. The results are presented in this appendix for the country as a whole and by gender. Appendix Table C1 shows the list of indicators, the type of estimate, and the base population of the indicator. Appendix Table C2 to Appendix Table C4 on the other hand present the value of the statistic (R), its standard error (SE), the number of unweighted (N) and weighted (W) cases, the design effect (DEFT), the relative standard error (SE/R), the 95 percent confidence limits (R±1.96SE), and the Item Response Rate (RRI) for each variable. The DEFT is considered undefined when the standard error considering simple random sample is zero (when the estimate is close to 0 or 1).

Appendix Table C1. List of indicators for sampling errors, GATS Ukraine 2010

List of indicators for sampling errors, GATS Ukraine 2010		
Indicator	Estimate	Base population
Current Tobacco Smokers	Proportion	Adults ≥15 years old
Daily Tobacco Smokers	Proportion	Adults ≥15 years old
Occasional tobacco smokers	Proportion	Adults ≥15 years old
Current Cigarette Smokers	Proportion	Adults ≥15 years old
Current Manufactured Cigarette Smokers	Proportion	Adults ≥15 years old
Current smokeless tobacco users	Proportion	Adults ≥15 years old
Former daily tobacco smokers (among ever dally smokers)	Proportion	Ever daily smokers ≥15 years old
Current smokers who are interested in quitting	Proportion	Current cigarette smokers ≥15 years old
Smokers advised to quit by a health care provider among those who smoked in the past 12 months	Proportion	Current cigarette smokers and former smokers ≥15 years old
Smoking is allowed inside the home	Proportion	Adults ≥15 years old
Someone smoked inside the home in the past month	Proportion	Adults ≥15 years old
Adults exposed to tobacco smoke at the workplace in the past month	Proportion	Adults ≥15 years old who work outside of the home who usually work indoors and outdoors with an enclosed area
Exposed to SHS in Government buildings/ offices	Proportion	Adults ≥15 years old who visited Government buildings/offices in the past 30 days
Exposed to SHS in Health Care Facilities	Proportion	Adults ≥15 years old who visited Health Care Facilities in the past 30 days
Exposed to SHS in Restaurants	Proportion	Adults ≥15 years old who visited Restaurants in the past 30 days
Exposed to SHS in Public Transportation	Proportion	Adults ≥15 years old who used Public Transportation in the past 30 days
Exposed to SHS at Universities	Proportion	Adults ≥15 years old who visited Universities in the past 30 days
Last purchased in a store	Proportion	Current manufactured cigarettes smokers ≥15 years old
Adults who noticed any cigarette	Частка у відсотках	Дорослі віком 15 років і старші
advertisements/promotions (other than in stores) or sporting event sponsorship	Proportion	Adults ≥15 years old
Adults who noticed any advertisements for cigarettes	Proportion	Adults ≥15 years old
Adults who noticed any advertisements or signs promoting cigarettes in stores	Proportion	Adults ≥15 years old
Adults who noticed any cigarette advertisements for sports sponsorships	Proportion	Adults ≥15 years old
Adults who noticed any type of cigarette promotions	Proportion	Adults ≥15 years old
Adults who noticed anti-cigarette smoking information on any media	Proportion	Adults ≥15 years old

List of indicators for sampling errors, GATS Ukraine 2010		
Indicator	Estimate	Base population
Adults who noticed anti-smoking information on TV	Proportion	Adults ≥15 years old
Adults believe smoking causes serious illness	Proportion	Adults ≥15 years old
Adults who believe smoking causes stroke	Proportion	Adults ≥15 years old
Adults who believe smoking causes heart attack	Proportion	Adults ≥15 years old
Adults who believe smoking causes lung cancer	Proportion	Adults ≥15 years old

Appendix Table C2. Sampling errors for national sample, GATS Ukraine 2010

Indicator	Unweighted Count	Weighted Count in Thousands	Estimate Percent	Standard Error of Percent	Design Effect	95% Lower Limit	95% Upper Limit	Relative Error	Item Response Rate	Margin of Error
Current Tobacco Smokers	8,173	40,023	28.84252372	0.595778586	1.41350544	27.67223915	30.01280828	0.02065626	99.9996	1.,170285
Daily Tobacco Smokers	8,173	40,023	25.47047186	0.583597236	1.4663667	24.32411505	26.61682866	0.0229127	99.9996	1.146357
Occasional tobacco smokers	8,173	40,023	3.372051858	0.278303484	1.94277177	2.825381871	3.918721845	0.08253239	99.9996	0.54667
Current Cigarette Smokers	8,173	40,023	28.59635646	0.599824384	1.44011992	27.41812476	29.77458817	0.02097555	100.0000	1.178232
Current Manufactured Cigarette Smokers	8,173	40,023	28.48815074	0.599928989	1.44390602	27.30971356	29.66658792	0.0210589	100.0000	1.178437
Current smokeless tobacco users	8,173	40,023	0.21078308	0.074426857	2.15239265	0.064586818	0.356979343	0.35309692	99.9969	0.146196
Former daily tobacco smokers (among ever dally smokers)	3,196	14,567	25.85058192	0.910726756	1.38294495	24.06164641	27.63951742	0.03523042	99.9897	1.788936
Current smokers who are interested in quitting	2,381	11,414	67.90284531	1.301241003	1.84978122	65.34682484	70.45886578	0.01916328	99.9971	2.55602
Smokers advised to quit by a health care provider among those who smoked in the past 12 months	336	1,661	73.96985436	3.056256901	1.6300001	67.96646592	79.9732428	0.0413176	99.9924	6.003388
Smoking is allowed inside the home	8,173	40,023	30.6083344	0.775547903	2.31447101	29.08492996	32.13173883	0.0253378	99.9991	1.523404
Someone smoked inside the home in the past month	8,173	40,023	23.492488	0.676554667	2.08139351	22.16353542	24.82144057	0.02879877	99.9854	1.328953

Indicator	Unweighted Count	Weighted Count in Thousands	Estimate Percent	Standard Error of Percent	Design Effect	95% Lower Limit	95% Upper Limit	Relative Error	Item Response Rate	Margin of Error
Adults exposed to tobacco smoke at the workplace in the past month	3,187	17,088	33.97308953	1.183570061	1.99027911	31.64820944	36.29796962	0.03483846	99.9669	2.32488
Exposed to SHS in Government buildings/offices	3,885	20,300	10.17199344	0.778333128	2.57575304	8.643118005	11.70086888	0.07651727	100.0000	1.528875
Exposed to SHS in Health Care Facilities	2,464	12,950	6.583447172	0.655829726	1.72323976	5.295204487	7.871689856	0.09961798	100.0000	1.288243
Exposed to SHS in Restaurants	1,845	11,212	64.13181649	1.522398354	1.85896005	61.14137787	67.12225512	0.02373858	99.9995	2.990439
Exposed to SHS in Public Transportation	5,259	28,183	17.50660127	0.84034549	2.57157334	15.85591333	19.15728921	0.04800169	99.9914	1.650688
Exposed to SHS at Universities	594	4,596	23.54538144	2.529413633	2.11113837	18.5768683	28.51389458	0.10742717	99.9882	4.968513
Last purchased in a store	2,334	11,249	67.99438556	1.446067121	2.24273795	65.15388395	70.83488716	0.02126745	99.9949	2.840502
Adults who noticed any cigarette advertisements/ promotions (other than in stores) or sporting event sponsorship	8,173	40,023	45.09664257	0.985820208	3.20799601	43.16020142	47.03308373	0.02186017	99.98042335	1.936441
Adults who noticed any advertisements for cigarettes	8,173	40,023	40.81394218	0.985487006	3.28590758	38.87815553	42.74972883	0.02414584	99.9868	1.935787
Adults who noticed any advertisements or signs promoting cigarettes in stores	8,173	40,023	20.51888269	0.828233865	3.43771442	18.89198751	22.14577787	0.04036447	99.9980	1.626895

Indicator	Unweighted Count	Weighted Count in Thousands	Estimate Percent	Standard Error of Percent	Design Effect	95% Lower Limit	95% Upper Limit	Relative Error	Item Response Rate	Margin of Error
Adults who noticed any cigarette advertisements for sports sponsorships	8,173	40,023	2.202048013	0.263862813	2.64229517	1.683743756	272035227	0.11982609	99.9990	0.518304
Adults who noticed any type of cigarette promotions	8,173	40,023	15.77577444	0.790572116	3.8444726	14.22285803	17.32869086	0.05011305	99.9936	1.552916
Adults who noticed anti-cigarette smoking information on any media	8,173	40,023	65.9547657	0.968968596	3.41742029	64.05142607	67.85810533	0.01469141	99.9894	1.90334
Adults who noticed anti-smoking information on TV	8,173	40,023	46.30897837	1.064566817	3.72529338	44.21785569	48.40010105	0.02298835	99.9990	2.091123
Adults believe smoking causes serious illness	8,173	40,023	93.13132095	0.399284385	2.03693498	9234700885	93.91563305	0.00428733	99.9662	0.784312
Adults who believe smoking causes stroke	8,173	40,023	81.32529325	0.788316388	3.34428422	79.77680775	82.87377875	0.00969337	99.8379	1.548485
Adults who believe smoking causes heart attack	8,173	40,023	8274364188	0.708030828	286947243	81.35286086	84.13442289	0.00855692	99.8526	1.390781
Adults who believe smoking causes lung cancer	8,173	40,023	95.21745927	0.322045684	1.86140638	94.58486673	95.85005182	0.00338221	99.9540	0.632593

Appendix Table C3. Sampling errors for male sample, GATS Ukraine 2010

Indicator	Unweighted Count	Weighted Count in Thousands	Estimate Percent	Standard Error of Percent	Design Effect	95% Lower Limit	95% Upper Limit	Relative Error	Item Response Rate	Margin of Error
Current Tobacco Smokers	4,082	18,171	50.01060732	0.979835361	1.567614343	48.08592217	51.93529247	0.019592551	99.99975502	1.924685
Daily Tobacco Smokers	4,082	18,171	45.44012467	0.98477829	1.596750455	43.50573015	47.3745192	0.021671998	99.99975502	1.934395
Occasional tobacco smokers	4,082	18,171	4.570482647	0.473465624	2.097998214	3.64C456753	5.50050854	0.103592041	99.99975502	0.930026
Current Cigarette Smokers	4,082	18,171	49.68153586	0.991530436	1.605324041	47.73387814	51.62919359	0.019957725	100.0000	1.947658
Current Manufactured Cigarette Smokers	4,082	18,171	49.44320649	0.991653921	1.605857918	47.49530621	51.39110678	0.020056424	100.0000	1.9479
Current smokeless tobacco users	4,082	18,171	0.454861223	0.163497497	2.409884585	0.133703999	0.776018447	0.35944479	99.99657031	0.321157
Former daily tobacco smokers (among ever dally smokers)	2,759	11,750	26.06525686	0.988263381	1.398255479	24.1240166	28.00649713	0.037914968	99.98645371	1.94124
Current smokers who are interested in quitting	2,021	8,997	66.26636033	1.422433589	1.829253912	63.47228193	69.06043872	0.021465395	99.99656189	2.794078
Smokers advised to quit by a health care provider among those who smoked in the past 12 months	268	1,225	75.24265731	3.317031168	1.582944709	68.72703142	81.75828319	0.04408445	99.99414063	6.515626
Smoking is allowed inside the home	4,082	18,171	33.63364773	0.973068434	1.731561216	31.72225481	35.54504064	0.028931398	99.99926507	1.911393
Someone smoked inside the home in the past month	4,082	18,171	25.38691213	0.904613148	1.76349364	23.60998555	27.16383871	0.035633052	99.9823274	1.776927

Indicator	Unweighted Count	Weighted Count in Thousands	Estimate Percent	Standard Error of Percent	Design Effect	95% Lower Limit	95% Upper Limit	Relative Error	Item Response Rate	Margin of Error
Adults exposed to tobacco smoke at the workplace in the past month	1,848	8,980	43.98399697	1.563828775	1.834313479	40.9121768	47.05581714	0.035554494	99.96709423	3.07182
Exposed to SHS in Government buildings/offices	1,838	8,565	12.91829927	1.109968187	2.012956206	10.73799493	15.09860362	0.085922161	100.0000	2.180304
Exposed to SHS in Health Care Facilities	927	4,266	9.242622125	1.31838875	1.920832847	6.652918431	11.83232582	0.142642286	100.0000	2.589704
Exposed to SHS in Restaurants	1,159	6,158	65.65601409	1.876834558	1.810548688	61.9693584	69.34266978	0.028585874	99.99913793	3.686656
Exposed to SHS in Public Transportation	2,585	12,579	17.87822699	1.110787379	2.17239931	15.69631352	20.06014046	0.062130735	99.98839458	2.181913
Exposed to SHS at Universities	315	2,080	23.23562078	3.163317362	1.767185184	17.02193407	29.44930749	0.136140859	99.98412698	6.213687
Last purchased in a store	1,983	8,895	69.92244788	1.512723824	2.157659429	66.95101288	72.89388288	0.021634309	99.99498244	2.971435
Adults who noticed any cigarette advertisements/ promotions (other than in stores) or sporting event sponsorship	4,082	18,171	51.5920934	1.182354925	2.284910943	49.26960019	53.91458661	0.022917367	99.9789319	2.322493
Adults who noticed any advertisements for cigarettes	4,082	18,171	46.14905639	1.228180411	2.477657034	43.73654844	48.56156435	0.026613337	99.98603626	2.412508
Adults who noticed any advertisements or signs promoting cigarettes in stores	4,082	18,171	23.2181265	1.042404595	2.488053739	21.17053695	25.26571605	0.044896155	99.99853013	2.04759

Indicator	Unweighted Count	Weighted Count in Thousands	Estimate Percent	Standard Error of Percent	Design Effect	95% Lower Limit	95% Upper Limit	Relative Error	Item Response Rate	Margin of Error
Adults who noticed any cigarette advertisements for sports sponsorships	4,082	18,171	3.522014332	0.462987162	2.575084899	2.612571223	4.431457442	0.131455218	99.99902009	0.909443
Adults who noticed any type of cigarette promotions	4,082	18,171	20.00757432	1.052816437	2.827059886	17.93953284	22.07561579	0.052620893	99.99289564	2.068041
Adults who noticed anti-cigarette smoking information on any media	4,082	18,171	65.11934684	1.211727775	2.638690671	62.73915671	67.49953698	0.0186078	99.98848604	2.38019
Adults who noticed anti-smoking information on TV	4,082	18,171	46.0470341	1.28200229	2.700434303	43.52880413	48.56526407	0.027841148	99.99902009	2.51823
Adults believe smoking causes serious illness	4,082	18,171	91.42937636	0.59411514	1.838721937	90.2623593	92.59639343	0.006498077	99.95688388	1.167017
Adults who believe smoking causes stroke	4,082	18,171	77.89602468	1.036370696	2.546346895	75.86028748	79.93176188	0.013304539	99.81151154	2.035737
Adults who believe smoking causes heart attack	4,082	18,171	79.4971592	0.985515006	2.432393501	77.56131756	8143300085	0.012396858	99.82966036	1.935842
Adults who believe smoking causes lung cancer	4,082	18,171	94.5685033	0.435160198	1.504891867	93.71372054	95.42328605	0.004601534	99.94788696	0.854783

Appendix Table C4. Sampling errors for female sample, GATS Ukraine 2010

Indicator	Unweighted Count	Weighted Count in Thousands	Estimate Percent	Standard Error of Percent	Design Effect	95% Lower Limit	95% Upper Limit	Relative Error	Item Response Rate	Margin of Error
Current Tobacco Smokers	4,091	21.852	11.23719757	0674393824	1.865381332	9.912489529	12.56190561,	0.060014414	99.99951112	1.324708
Daily Tobacco Smokers	4,091	21,852	8.861871031	0.643376166	2,129403822	7,588269333	10.13547273	0.073164703	99.99951112	1.273602
Occasional tobacco smokers	4,091	21,852	2.375323538	0.334088958	1.939113761	1.719077453	3.03157562	0.140649697	99.99951112	0.656249
Current Cigarette Smokers	4,091	21,852	11.06274853	0.671636763	1.875649366	9.743456169	12.38204089	0.060711564	100.0000	1.319292
Current Manufactured Cigarette Smokers	4,091	21,852	11.06274853	0.671636763	1.875649366	9.743456169	12.38204089	0.060711564	100.0000	1.319292
Current smokeless tobacco users	4,091	21,852	0.007971741	0.007976986	0.326579214	0	0.02364089	1.000657889	99.99731117	0.01182
Former daily tobacco smokers (among ever dally smokers)	437	2,817	24.95528248	2.369057513	1.30953426	20.30175598	29.60880898	0.094962106	99.99763135	4.653527
Current smokers who are interested in quitting	360	2,417	73.99343304	3.244722158	1.959617379	67.61989334	80.36707274	0.043851459	100.0000	6.37359
Smokers advised to quit by a health care provider among those who smoked in the past 12 months	68	436	70.39762392	6.806845436	1.511876254	57.0269733	83.76827454	0.096691423	99.98648649	13.37065
Smoking is allowed inside the home	4,091	21,852	28.09101376	0.990447331	1.936742915	26.14548358	30.03654395	0.035258511	99.99902224	1.94553
Someone smoked inside the home in the past month	4,091	21,852	21.92181374	0.892424571	1.903558897	20.16882912	23.67479837	0.040703431	99.98888974	1.752985

Indicator	Unweighted Count	Weighted Count in Thousands	Estimate Percent	Standard Error of Percent	Design Effect	95% Lower Limit	95% Upper Limit	Relative Error	Item Response Rate	Margin of Error
Adults exposed to tobacco smoke at the workplace in the past month	1,339	8,107	22.88394112	1.59702939	1.935221793	19.74690517	26.02097708	0.069788214	99.970332	3.137036
Exposed to SHS in Government buildings/offices	2,047	11,735	8.167386192	0.919224443	2.306114855	6361758729	9.973013655	0.112548179	100.0000	1.805627
Exposed to SHS in Health Care Facilities	1,537	8,684	5.2772S3922	0.754200914	1.748979399	3.79579426	6.758739585	0.142915059	100.0000	1.481473
Exposed to SHS in Restaurants	683	5,054	62.27458323	2.522770041	1.858382142	57.31922006	67.23014539	0.040510363	100.0000	4.955463
Exposed to SHS in Public Transportation	2,674	15,604	17.20702109	1.01777724	1.944319681	15.20780692	19.20623526	0.059148951	99.99439043	1.999214
Exposed to SHS at Universities	279	2,516	23.80144886	3.456971251	1.838423788	17.01093944	30.59195827	0.145242051	99.99283154	6.790509
Last purchased in a store	353	2,355	60.71083119	3.461250224	1.76292603	53.91191661	67.50974576	0.057012071	99.99433428	6.798915
Adults who noticed any cigarette advertisements/ promotions (other than in stores) or sporting event sponsorship	4,091	21,852	39.69097661	1.155445093	2.281676259	37.42134223	41.96061098	0.029111027	99.98191151	2.269634
Adults who noticed any advertisements for cigarettes	4,091	21,852	36.37393545	1.162147529	2.38740804	34.09113552	38.65673538	0.031950008	99.98753361	2.2828
Adults who noticed any advertisements or signs promoting cigarettes in stores	4,091	21,852	18.26814319	1.000787035	2.744271327	16.30230278	20.2339836	0.054783183	99.99755561	1.96584

Indicator	Unweighted Count	Weighted Count in Thousands	Estimate Percent	Standard Error of Percent	Design Effect	95% Lower Limit	95% Upper Limit	Relative Error	Item Response Rate	Margin of Error
Adults who noticed any cigarette advertisements for sports sponsorships	4,091	21,852	1.103195162	0.243038805	2.214859138	0.625795389	1.580594935	0.220304451	99.99902224	0.4774
Adults who noticed any type of cigarette promotions	4,091	21,852	1225242564	0.908927276	3.143623718	10.46702434	14.03782643	0.074183456	99.9943779	1.785401
Adults who noticed anti-cigarette smoking information on any media	4,091	21,852	66.6500203	1.165083722	2.498319005	64.36145332	68.93858828	0.017480621	99.99022244	2,288567
Adults who noticed anti-smoking information on TV	4,091	21,852	46.52718446	1.24949168	2.567180422	44.0728149	43.98155402	0.026855089	99.99951112	2.45437
Adults believe smoking causes serious illness	4,091	21,852	94.54738987	0.459209053	1.67338693	93.64536808	95.44941166	0.004856919	99.9755561	0.902022
Adults who believe smoking causes stroke	4,091	21,852	84.12994078	0.873921717	2.340159248	82.4133012	85.84658035	0.010387761	99.86367098	1.71664
Adults who believe smoking causes heart attack	4,091	21,852	85.39808406	0.788238936	2.038389979	83.8497507	86.94541743	0.009230171	99.8750952	1.548333
Adults who believe smoking causes lung cancer	4,091	21,852	95.74762431	0.425335517	1.817745779	94.91214012	96.58310851	0.004442257	99.9598883	0.835484

Appendix D — Tables

Table 2.1: Number of households and persons interviewed and response rates by residence (unweighted) — Ukraine Global Adult Tobacco Survey (GATS), 2010

	Residents		Total
	Urban	Rural	
Selected household			
Completed — one person selected	4381	4268	8649
Completed — no one selected	749	644	1393
Completed part but not finished	11	4	15
Not complete — no appropriate screening respondent	124	75	199
Household refusal	747	182	929
Unoccupied/vacant	411	670	1081
Selected address not a household	85	130	215
Household respondent incapacitated	42	32	74
Other household non-response	964	314	1278
Total Number of Sampled Households	7514	6319	13833
Household Response Rate	73.1%	89.0%	80.1%
Selected person			
Completed	4076	4097	8173
Selected person later determined ineligible	35	22	57
Refused	135	52	187
Incapacitated	28	28	56
Other	107	69	176
Total Number of Sampled Persons	4381	4268	8649
Person-level Response Rate	93.8%	96.5%	95.1%
Total Response Rate	68.6%	85.9%	76.2%

Total Response Rate = Household Response Rate x Person-level Response Rate

Table 2.2: Unweighted sample counts and weighted population estimates by demographic characteristics — Ukraine Global Adult Tobacco Survey (GATS), 2010

Characteristic	Unweighted Count	Weighted Population Estimates	
		Number (in thousands)	Percentage (95% CI[1])
Overall	8 173	40 023	100,0
Age (years)			
15-24	866	7 337	18,3 (16,9–19,7)
25-44	2 680	13 722	34,3 (32,9–35,7)
45-64	2 814	12 035	30,1 (28,8–31,4)
65+	1 813	6 928	17,3 (16,4–18,3)
Gender			
Men	4 082	18 171	45,4 (44,8–46,0)
Women	4 091	21 852	54,6 (54,0–55,2)
Residence			
Urban	4 076	27 220	68,0 (66,5–69,5)
Rural	4 097	12 803	32,0 (30,5–33,5)
Region			
Western	2 043	9 369	23,4 (22,2–24,6)
Central	2 540	11 964	29,9 (28,4–31,4)
Southern	2 083	10 626	26,6 (25,3–27,8)
Eastern	1 507	8 063	20,1 (19,0–21,3)
Education Level[§]			
< Secondary	1 828	7 638	19,1 (18,0–20,3)
Secondary	1 874	8 950	22,4 (21,1–23,8)
High School	2 902	14 402	36,1 (34,6–37,6)
College or Higher	1 553	8 903	22,3 (20,9–23,7)

Note: The following observations were missing: [0] for age, [0] for gender, [0] for residence, and [0] for education

[1] Here and below — 95 % Confidence Interval

[§] Education Level: < Secondary = No formal schooling, primary school, less than secondary school completed (less than 9 grades), and basic secondary school completed (full 9 grades); Secondary = Full secondary school completed (11 grades); High School = High school completed, including professional & vocational secondary education; College or Higher = College/university completed, post graduate degree completed

Table 3.1: Percentage of adults 15 years and older, by smoking status and gender — Ukraine Global Adult Tobacco Survey (GATS), 2010

Smoking Status	Overall	Men	Women
	Percentage (95% CI)		
Current smoker	28,8 (27,7–30,0)	50,0 (48,1–51,9)	11,2 (9,9–12,6)
Daily smoker	25,5 (24,3–26,6)	45,4 (43,5–47,4)	8,9 (7,6–10,1)
Occasional smoker	3,4 (2,8–3,9)	4,6 (3,6–5,5)	2,4 (1,7–3,0)
Occasional smoker, formerly daily	1,5 (1,2–1,9)	2,4 (1,8–3,0)	0,8 (0,4–1,2)
Occasional smoker, never daily	1,8 (1,4–2,3)	2,2 (1,5–2,9)	1,6 (1,0–2,1)
Former Smoker	15,1 (14,1–16,1)	23,1 (21,5–24,6)	8,5 (7,2–9,7)
Former daily smoker	9,4 (8,7–10,1)	16,9 (15,5–18,2)	3,2 (2,6–3,9)
Former occasional smoker	5,7 (4,9–6,5)	6,2 (5,2–7,3)	5,3 (4,2–6,4)
Never smoker	55,9 (54,6–57,2)	26,8 (25,1–28,5)	80,1 (78,4–81,8)

Note: Current use includes both daily and occasional (less than daily) use

Table 3.2: Number of adults 15 years and older, by smoking status and gender — Ukraine Global Adult Tobacco Survey (GATS), 2010

Smoking Status	Overall	Men	Women
	Number (in thousands)		
Current smoker	11 541	9 086	2 455
Daily smoker	10 192	8 256	1 936
Occasional smoker	1 349	830	519
Occasional smoker, formerly daily	610	431	178
Occasional smoker, never daily	735	394	341
Former Smoker	6 050	4 195	1 854
Former daily smoker	3 766	3 063	703
Former occasional smoker	2 284	1 133	1 151
Never smoker	22 378	4 875	17 502

Note: Current use includes both daily and occasional (less than daily) use

Table 3.3: Percentage distribution of adults 15 years and older who are currently daily, occasional, or non-smokers, by selected demographic characteristics — Ukraine Global Adult Tobacco Survey (GATS), 2010

Characteristic	Smoking status			Total
	Daily	Occasional[1]	Current Non-smoker	
	Percentage (95% CI)			
Overall	25.5 (24.3–26.6)	3.4 (2.8–3.9)	71.2 (70.0–72.3)	100.0
Age (years)				
15-24	25.0 (21.4–28.5)	5.5 (3.6–7.4)	69.5 (65.9–73.1)	100.0
25-44	35.4 (33.3–37.5)	4.5 (3.5–5.5)	60.1 (57.9–62.3)	100.0
45-64	24.7 (22.6–26.7)	2.3 (1.6–2.9)	73.1 (71.0–75.2)	100.0
65+	7.8 (6.5–9.0)	0.7 (0.4–1.1)	91.5 (90.2–92.8)	100.0
Residence				
Urban	26.5 (24.9–28.0)	3.9 (3.1–4.6)	69.6 (68.1–71.2)	100.0
Rural	23.3 (21.9–24.7)	2.3 (1.8–2.9)	74.4 (72.9–75.8)	100.0
Region				
Western	22.3 (20.4–24.3)	3.0 (1.8–4.2)	74.7 (72.6–76.9)	100.0
Central	23.2 (21.0–25.5)	3.8 (2.8–4.8)	73.0 (70.7–75.3)	100.0
Southern	29.7 (27.4–32.0)	3.2 (2.3–4.2)	67.1 (64.8–69.3)	100.0
Eastern	26.9 (24.3–29.4)	3.5 (2.2–4.7)	69.7 (67.2–72.2)	100.0
Education Level[§]				
< Secondary	19.3 (16.7–21.9)	2.9 (1.8–4.1)	77.8 (75.1–80.5)	100.0
Secondary	28.3 (25.9–30.7)	2.6 (1.7–3.5)	69.1 (66.7–71.5)	100.0
High School	29.8 (27.9–31.8)	3.8 (2.8–4.7)	66.4 (64.3–68.5)	100.0
College or Higher	20.7 (18.1–23.3)	3.9 (2.6–5.2)	75.4 (72.7–78.1)	100.0
Men	45.4 (43.5–47.4)	4.6 (3.6–5.5)	50.0 (48.1–51.9)	100.0
Age (years)				
15–24	37.4 (32.3–42.6)	7.7 (4.3–11.1)	54.9 (49.6–60.1)	100.0
25–44	56.3 (53.2–59.5)	4.2 (2.9–5.4)	39.5 (36.4–42.6)	100.0
45-64	47.0 (43.7–50.4)	3.9 (2.5–5.3)	49.1 (45.7–52.4)	100.0
65+	23.1 (19.5–26.6)	2.2 (1.1–3.3)	74.7 (71.1–78.4)	100.0

Characteristic	Smoking status			Total
	Daily	Occasional[1]	Current Non-smoker	
	Percentage (95% CI)			
Residence				
Urban	44.7 (42.3–47.2)	4.7 (3.4–6.0)	50.6 (48.1–53.0)	100.0
Rural	46.9 (43.9–49.9)	4.3 (3.2–5.4)	48.8 (45.8–51.7)	100.0
Region				
Western	45.1 (41.4–48.8)	4.8 (2.4–7.1)	50.2 (46.5–53.8)	100.0
Central	43.0 (39.3–46.7)	5.5 (3.8–7.2)	51.5 (47.8–55.2)	100.0
Southern	49.0 (45.3–52.8)	3.7 (2.4–5.0)	47.3 (43.6–51.0)	100.0
Eastern	44.7 (40.4–49.0)	4.2 (2.1–6.3)	51.1 (46.8–55.5)	100.0
Education Level[§]				
< Secondary	40.3 (35.8–44.8)	5.5 (3.1–8.0)	54.2 (49.6–58.7)	100.0
Secondary	47.9 (43.9–51.8)	3.4 (2.1–4.6)	48.8 (44.8–52.7)	100.0
High School	51.4 (48.3–54.4)	5.1 (3.4–6.7)	43.6 (40.5–46.7)	100.0
College or Higher	35.8 (31.5–40.2)	4.3 (2.1–6.6)	59.8 (55.4–64.2)	100.0
Women	8.9 (7.6–10.1)	2.4 (1.7–3.0)	88.8 (87.4–90.1)	100.0
Age (years)				
15-24	12.1 (7.5–16.7)	3.3 (1.3–5.2)	84.6 (79.8–89.4)	100.0
25-44	15.1 (12.6–17.7)	4.9 (3.3–6.5)	80.0 (77.2–82.8)	100.0
45-64	6.7 (4.9–8.4)	0.9 (0.4–1.4)	92.4 (90.6–94.2)	100.0
65+	0.0	0.0	100.0	100.0
Residence				
Urban	11.3 (9.5–13.1)	3.2 (2.2–4.1)	85.5 (83.6–87.4)	100.0
Rural	3.7 (2.7–4.6)	0.7 (0.3–1.1)	95.7 (94.7–96.7)	100.0
Region				
Western	3.6 (2.1–5.2)	1.5 (0.5–2.4)	94.9 (93.1–96.6)	100.0
Central	6.8 (4.4–9.2)	2.4 (1.1–3.6)	90.8 (88.4–93.3)	100.0
Southern	13.5 (10.6–16.4)	2.8 (1.4–4.3)	83.7 (80.6–86.8)	100.0
Eastern	12.0 (9.0–15.0)	2.9 (1.3–4.4)	85.2 (82.1–88.2)	100.0

Characteristic	Smoking status			Total
	Daily	Occasional[1]	Current Non-smoker	
	Percentage (95% CI)			
Education Level[§]				
< Secondary	4.4 (1.8–7.0)	1.1 (0.2–2.0)	94.5 (91.8–97.2)	100.0
Secondary	10.1 (7.3–12.8)	1.9 (0.6–3.1)	88.1 (85.2–91.0)	100.0
High School	10.4 (8.1–12.7)	2.6 (1.6–3.7)	87.0 (84.6–89.4)	100.0
College or Higher	9.5 (7.0–12.1)	3.6 (1.9–5.3)	86.9 (84.0–89.8)	100.0

[1] Occasional refers to less than daily use

[§] Education Level: < Secondary = No formal schooling, primary school, less than secondary school completed (less than 9 grades), and basic secondary school completed (full 9 grades); Secondary = Full secondary school completed (11 grades); High School = High school completed, including professional & vocational secondary education; College or Higher = College/ university completed, post graduate degree completed

Table 3.4: Percentage of adults 15 years and older who are current smokers of various smoked tobacco products, by gender and selected demographic characteristics — Ukraine Global Adult Tobacco Survey (GATS), 2010

Characteristic	Any smoked tobacco product	Any cigarette[1]	Type of Cigarette		Pipe	Cigars or Cigarillos	Nargile	Other smoked tobacco[2]
			Manufactured	Hand-rolled				
	Percentage (95% CI)							
Overall	28.8 (27.7–30.0)	28.6 (27.4–29.8)	28.5 (27.3–29.7)	1.1 (0.9–1.4)	0.2 (0.1–0.3)	0.7 (0.5–0.9)	2.0 (1.6–2.5)	0.0
Age (years)								
15-24	30.5 (26.9–34.1)	29.8 (26.2–33.4)	29.8 (26.2–33.4)	0.2 (0.0–0.5)	0.2 (0.0–0.5)	1.3 (0.6–2.0)	6.0 (4.0–8.0)	0.0
25-44	39.9 (37.7–42.1)	39.7 (37.5–42.0)	39.7 (37.5–42.0)	1.1 (0.7–1.5)	0.3 (0.1–0.5)	1.1 (0.7–1.5)	2.4 (1.7–3.1)	0.0
45-64	26.9 (24.8–29.0)	26.7 (24.6–28.8)	26.6 (24.5–28.6)	1.7 (1.2–2.3)	0.1 (0.0–0.3)	0.2 (0.0–0.4)	0.4 (0.1–0.7)	0.0
65+	8.5 (7.2–9.8)	8.5 (7.2–9.8)	8.2 (6.9–9.4)	1.1 (0.6–1.5)	0.1 (0.0–0.2)	0.0	0.0	0.0
Residence								
Urban	30.4 (28.8–31.9)	30.0 (28.4–31.6)	30.0 (28.4–31.6)	0.7 (0.4–0.9)	0.2 (0.1–0.4)	0.7 (0.4–1.0)	2.5 (1.9–3.2)	0.0
Rural	25.6 (24.2–27.1)	25.6 (24.1–27.0)	25.3 (23.9–26.8)	2.1 (1.5–2.6)	0.1 (0.0–0.1)	0.6 (0.3–1.0)	1.0 (0.5–1.5)	0.0
Region								
Western	25.3 (23.1–27.4)	25.1 (23.0–27.3)	25.1 (23.0–27.3)	0.9 (0.5–1.3)	0.1 (0.0–0.2)	0.2 (0.0–0.5)	1.5 (0.7–2.3)	0.0
Central	27.0 (24.7–29.3)	26.7 (24.3–29.0)	26.3 (24.0–28.7)	1.9 (1.4–2.4)	0.1 (0.0–0.3)	0.7 (0.3–1.0)	2.0 (1.1–2.8)	0.0
Southern	32.9 (30.7–35.2)	32.5 (30.2–34.8)	32.5 (30.2–34.8)	1.1 (0.6–1.7)	0.4 (0.1–0.7)	0.9 (0.4–1.3)	2.9 (1.8–4.0)	0.1 (0.0–0.2)
Eastern	30.3 (27.8–32.8)	30.3 (27.8–32.8)	30.3 (27.8–32.8)	0.2 (0.0–0.4)	0.1 (0.0–0.2)	0.9 (0.3–1.6)	1.7 (0.7–2.6)	0.0

Characteristic	Any smoked tobacco product	Any cigarette[1]	Type of Cigarette		Pipe	Cigars or Cigarillos	Nargile	Other smoked tobacco[2]
			Manufactured	Hand-rolled				
	Percentage (95% CI)							
Education Level[§]								
< Secondary	22.2 (19.5–24.9)	22.1 (19.4–24.8)	21.7 (19.0–24.4)	1.9 (1.2–2.5)	0.0	0.2 (0.0–0.4)	0.5 (0.0–1.0)	0.0
Secondary	30.9 (28.5–33.3)	30.9 (28.4–33.3)	30.8 (28.4–33.2)	1.2 (0.7–1.7)	0.1 (0.0–0.2)	0.5 (0.2–0.8)	2.1 (1.0–3.1)	0.0
High School	33.6 (31.5–35.7)	33.5 (31.5–35.6)	33.5 (31.4–35.6)	1.0 (0.6–1.5)	0.3 (0.1–0.5)	0.7 (0.4–1.0)	1.9 (1.3–2.6)	0.0
College or Higher	24.6 (21.9–27.3)	23.7 (21.0–26.4)	23.7 (21.0–26.4)	0.5 (0.1–0.9)	0.3 (0.0–0.5)	1.2 (0.6–1.8)	3.6 (2.2–4.9)	0.1 (0.0–0.2)
Men	50.0 (48.1–51.9)	49.7 (47.7–51.6)	49.4 (47.5–51.4)	2.3 (1.8–2.8)	0.4 (0.2–0.6)	1.3 (0.9–1.7)	3.2 (2.3–4.0)	0.0
Age (years)								
15-24	45.1 (39.9–50.4)	44.5 (39.3–49.7)	44.5 (39.3–49.7)	0.4 (0.0–1.0)	0.4 (0.0–0.9)	2.3 (0.9–3.7)	7.7 (4.7–10.7)	0.0
25-44	60.5 (57.4–63.6)	60.3 (57.2–63.4)	60.3 (57.2–63.4)	2.1 (1.3–3.0)	0.6 (0.1–1.0)	1.9 (1.2–2.6)	3.9 (2.6–5.2)	0.0
45-64	50.9 (47.6–54.3)	50.5 (47.1–53.8)	50.1 (46.8–53.4)	3.5 (2.4–4.5)	0.3 (0.0–0.6)	0.4 (0.1–0.8)	0.5 (0.0–0.9)	0.1 (0.0–0.3)
65+	25.3 (21.6–28.9)	25.3 (21.6–28.9)	24.3 (20.6–27.9)	3.2 (1.9–4.6)	0.2 (0.0–0.7)	0.0	0.0	0.0
Residence								
Urban	49.4 (47.0–51.9)	49.0 (46.5–51.5)	48.9 (46.4–51.4)	1.3 (0.8–1.9)	0.5 (0.2–0.9)	1.3 (0.8–1.9)	3.7 (2.6–4.9)	0.0
Rural	51.2 (48.3–54.2)	51.1 (48.2–54.1)	50.6 (47.6–53.5)	4.3 (3.2–5.4)	0.1 (0.0–0.3)	1.2 (0.6–1.8)	2.0 (1.0–3.0)	0.0
Region								
Western	49.8 (46.2–53.5)	49.8 (46.1–53.4)	49.7 (46.1–53.4)	2.0 (1.1–3.0)	0.2 (0.0–0.5)	0.5 (0.0–1.1)	2.3 (1.0–3.6)	0.0
Central	48.5 (44.8–52.2)	48.0 (44.2–51.8)	47.3 (43.5–51.1)	3.9 (2.8–5.1)	0.3 (0.0–0.6)	1.5 (0.8–2.3)	3.8 (2.1–5.6)	0.0
Southern	52.7 (49.0–56.4)	52.1 (48.3–55.8)	52.0 (48.3–55.8)	2.1 (1.1–3.1)	0.9 (0.2–1.6)	1.3 (0.6–2.0)	3.6 (1.8–5.4)	0.1 (0.0–0.3)
Eastern	48.9 (44.5–53.2)	48.9 (44.5–53.2)	48.9 (44.5–53.2)	0.4 (0.0–0.9)	0.2 (0.0–0.5)	1.8 (0.6–3.0)	2.6 (1.1–4.1)	0.0

Characteristic	Any smoked tobacco product	Any cigarette[1]	Type of Cigarette		Pipe	Cigars or Cigarillos	Nargile	Other smoked tobacco[2]
			Manufactured	Hand-rolled				
	Percentage (95% CI)							
Education Level[§]								
< Secondary	45.8 (41.3–50.4)	45.5 (41.0–50.1)	44.6 (40.0–49.3)	4.4 (2.9–5.9)	0.1 (0.0–0.2)	0.5 (0.0–1.0)	1.2 (0.0–2.4)	0.0
Secondary	51.2 (47.3–55.2)	51.2 (47.3–55.1)	51.0 (47.1–54.9)	2.4 (1.5–3.4)	0.1 (0.0–0.4)	0.7 (0.2–1.2)	1.7 (0.6–2.9)	0.0
High School	56.4 (53.3–59.5)	56.3 (53.2–59.4)	56.2 (53.1–59.3)	2.0 (1.1–2.8)	0.6 (0.1–1.1)	1.3 (0.7–2.0)	3.5 (2.2–4.7)	0.0
College or Higher	40.2 (35.8–44.6)	39.1 (34.7–43.6)	39.1 (34.7–43.6)	1.1 (0.2–1.9)	0.7 (0.1–1.2)	2.7 (1.3–4.0)	6.0 (3.5–8.5)	0.2 (0.0–0.4)
Women	11.2 (9.9–12.6)	11.1 (9.7–12.4)	11.1 (9.7–12.4)	0.1 (0.0–0.3)	0.0	0.2 (0.0–0.3)	1.1 (0.7–1.6)	0.0
Age (years)								
15-24	15.4 (10.6–20.2)	14.7 (9.8–19.5)	14.7 (9.8–19.5)	0.0	0.0	0.3 (0.0–0.7)	4.2 (1.7–6.6)	0.0
25-44	20.0 (17.2–22.8)	19.8 (17.0–22.7)	19.8 (17.0–22.7)	0.1 (0.0–0.2)	0.0	0.3 (0.0–0.6)	1.0 (0.4–1.5)	0.0
45-64	7.6 (5.8–9.4)	7.6 (5.8–9.4)	7.6 (5.8–9.4)	0.4 (0.0–0.8)	0.0	0.0	0.4 (0.0–0.8)	0.0
65+	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Residence								
Urban	14.5 (12.6–16.4)	14.2 (12.4–16.1)	14.2 (12.4–16.1)	0.1 (0.0–0.3)	0.0	0.1 (0.0–0.3)	1.6 (0.9–2.2)	0.0
Rural	4.3 (3.3–5.3)	4.3 (3.3–5.3)	4.3 (3.3–5.3)	0.2 (0.0–0.3)	0.0	0.2 (0.0–0.5)	0.2 (0.0–0.4)	0.0
Region								
Western	5.1 (3.4–6.9)	4.9 (3.1–6.7)	4.9 (3.1–6.7)	0.0	0.0	0.0	0.8 (0.1–1.5)	0.0
Central	9.2 (6.7–11.6)	8.9 (6.5–11.3)	8.9 (6.5–11.3)	0.1 (0.0–0.3)	0.0	0.0	0.4 (0.0–0.7)	0.0
Southern	16.3 (13.2–19.4)	16.1 (13.1–19.2)	16.1 (13.1–19.2)	0.3 (0.0–0.8)	0.0	0.5 (0.0–1.0)	2.3 (0.9–3.8)	0.0
Eastern	14.8 (11.8–17.9)	14.8 (11.8–17.9)	14.8 (11.8–17.9)	0.0 (0.0–0.1)	0.0	0.2 (0.0–0.4)	1.0 (0.1–1.9)	0.0

Characteristic	Any smoked tobacco product	Any cigarette[1]	Type of Cigarette		Pipe	Cigars or Cigarillos	Nargile	Other smoked tobacco[2]
			Manufactured	Hand-rolled				
	Percentage (95% CI)							
Education Level[§]								
< Secondary	5.5 (2.8–8.2)	5.5 (2.8–8.2)	5.5 (2.8–8.2)	0.1 (0.0–0.2)	0.0	0.0	0.0	0.0
Secondary	11.9 (9.0–14.8)	11.9 (9.0–14.8)	11.9 (9.0–14.8)	0.1 (0.0–0.3)	0.0	0.3 (0.0–0.7)	2.4 (0.7–4.1)	0.0
High School	13.0 (10.6–15.4)	13.0 (10.6–15.4)	13.0 (10.6–15.4)	0.2 (0.0–0.5)	0.0	0.1 (0.0–0.3)	0.6 (0.1–1.1)	0.0
College or Higher	13.1 (10.2–16.0)	12.4 (9.6–15.2)	12.4 (9.6–15.2)	0.1 (0.0–0.3)	0.0	0.2 (0.0–0.5)	1.8 (0.6–2.9)	0.0

Note: Current use includes both daily and occasional (less than daily) use

[1] Includes manufactured and hand-rolled cigarettes, daily and occasional

[2] Includes Belomor-Kanal

[§] Education Level: < Secondary = No formal schooling, primary school, less than secondary school completed (less than 9 grades), and basic secondary school completed (full 9 grades); Secondary = Full secondary school completed (11 grades); High School = High school completed, including professional & vocational secondary education; College or Higher = College/university completed, post graduate degree completed

Table 3.5: Number of adults 15 years and older who are current smokers of various smoked tobacco products, by gender and selected demographic characteristics — Ukraine Global Adult Tobacco Survey (GATS), 2010

Characteristic	Any smoked tobacco product	Any cigarette[1]	Type of Cigarette		Pipe	Cigars or Cigarillos	Nargile	Other smoked tobacco[2]
			Manufactured	Hand-rolled				
	Number (in thousands)							
Overall	11,541	11,445	11,402	446	74	271	820	6
Age (years)								
15-24	2,237	2,187	2,187	13	14	95	439	0
25-44	5,476	5,454	5,454	148	38	150	331	0
45-64	3,240	3,215	3,196	210	16	25	51	6
65+	589	589	565	75	5	0	0	0
Residence								
Urban	8,262	8,170	8,161	184	67	188	691	6
Rural	3,279	3,275	3,241	263	7	82	129	0
Region								
Western	2,369	2,356	2,354	86	8	22	139	0
Central	3,231	3,189	3,150	224	16	84	234	0
Southern	3,499	3,458	3,456	120	44	91	310	6
Eastern	2,443	2,443	2,443	16	7	75	137	0
Education Level[§]								
< Secondary	1,696	1,688	1,659	143	2	15	37	0
Secondary	2,764	2,762	2,754	109	6	45	186	0
High School	4,840	4,831	4,825	149	40	100	281	0
College or Higher	2,190	2,113	2,113	45	25	111	317	6
Men	9,086	9,028	8,984	417	74	235	575	6
Age (years)								
15-24	1,681	1,658	1,658	13	14	85	287	0
25-44	4,080	4,069	4,069	144	38	128	263	0
45-64	2,737	2,712	2,693	185	16	22	25	6
65+	589	589	565	75	5	0	0	0

Characteristic	Any smoked tobacco product	Any cigarette[1]	Type of Cigarette		Pipe	Cigars or Cigarillos	Nargile	Other smoked tobacco[2]
			Manufactured	Hand-rolled				
	Number (in thousands)							
Residence								
Urban	6,110	6,056	6,046	166	67	167	459	6
Rural	2,976	2,972	2,938	252	7	69	116	0
Region								
Western	2,106	2,104	2,102	86	8	22	97	0
Central	2,632	2,606	2,567	214	16	84	209	0
Southern	2,557	2,526	2,524	102	44	63	175	6
Eastern	1,791	1,791	1,791	15	7	67	94	0
Education Level[§]								
< Secondary	1,451	1,442	1,414	139	2	15	37	0
Secondary	2,212	2,210	2,201	104	6	30	75	0
High School	3,856	3,847	3,841	134	40	90	237	0
College or Higher	1,517	1,478	1,478	40	25	100	227	6
Women	2,455	2,417	2,417	29	0	36	245	0
Age (years)								
15-24	555	529	529	0	0	10	151	0
25-44	1,396	1,385	1,385	5	0	22	68	0
45-64	503	503	503	24	0	3	26	0
65+	0	0	0	0	0	0	0	0
Residence								
Urban	2,152	2,114	2,114	18	0	22	232	0
Rural	303	303	303	11	0	14	13	0
Region								
Western	263	252	252	0	0	0	42	0
Central	598	583	583	10	0	0	26	0
Southern	942	931	931	18	0	28	135	0
Eastern	652	652	652	2	0	8	43	0

Characteristic	Any smoked tobacco product	Any cigarette[1]	Type of Cigarette		Pipe	Cigars or Cigarillos	Nargile	Other smoked tobacco[2]
			Manufactured	Hand-rolled				
	Number (in thousands)							
Education Level[§]								
< Secondary	246	246	246	4	0	0	0	0
Secondary	553	553	553	5	0	15	111	0
High School	984	984	984	14	0	10	44	0
College or Higher	673	635	635	5	0	10	90	0

Note: Current use includes both daily and occasional (less than daily) use

[1] Includes manufactured and hand-rolled cigarettes, daily and occasional

[2] Includes Belomor

[§] Education Level: < Secondary = No formal schooling, primary school, less than secondary school completed (less than 9 grades), and basic secondary school completed (full 9 grades); Secondary = Full secondary school completed (11 grades); High School = High school completed, including professional & vocational secondary education; College or Higher = College/university completed, post graduate degree completed

Table 3.6: Percentage distribution of current manufactured cigarette smokers 15 years and older, by type of cigarette purchased and gender– Ukraine Global Adult Tobacco Survey (GATS), 2010

Type of cigarette purchased	Overall	Men	Women
	Percentage (95% CI)		
Non-filter	8,6 (7,5–9,8)	10,7 (9,2–12,1)	0,9 (0,2–1,6)
Regular filter	81,4 (79,3–83,5)	88,0 (86,5–89,5)	56,5 (50,0–63,0)
Slim filter	10,0 (8,2–11,8)	1,3 (0,8–1,9)	42,6 (36,1–49,1)
Total	100,0	100,0	100,0

Table 3.7: Percentage distribution of daily cigarette smokers 15 years and older, by number of cigarettes smoked per day, by gender and selected demographic characteristics — Ukraine Global Adult Tobacco Survey (GATS), 2010

Characteristic	Number of cigarettes smoked on average per day[1]					Total
	1-5	6-10	11-15	16-20	>20	
	Percentage (95% CI)					
Overall	6.5 (5.1–7.9)	26.3 (23.9–28.7)	14.0 (12.1–15.9)	41.6 (38.8–44.3)	11.6 (9.9–13.4)	100.0
Age (years)						
15-24	9.2 (4.5–13.9)	39.0 (30.8–47.2)	16.5 (10.6–22.5)	33.2 (25.6–40.9)	2.0 (0.0–4.1)	100.0
25-44	6.5 (4.5–8.5)	24.5 (21.3–27.8)	14.0 (11.5–16.4)	43.1 (39.4–46.9)	11.9 (9.4–14.4)	100.0
45-64	4.3 (2.6–5.9)	21.9 (18.1–25.6)	13.1 (10.2–15.9)	44.4 (39.7–49.0)	16.4 (13.1–19.8)	100.0
65+	9.6 (3.7–15.6)	23.0 (16.1–29.9)	10.9 (5.5–16.3)	40.3 (31.4–49.2)	16.1 (8.3–23.8)	100.0
Residence						
Urban	7.5 (5.6–9.5)	27.5 (24.4–30.6)	14.6 (12.1–17.0)	40.5 (37.1–43.9)	9.9 (7.8–12.0)	100.0
Rural	4.0 (2.7–5.2)	23.3 (20.0–26.6)	12.7 (10.2–15.2)	44.2 (39.8–48.6)	15.8 (12.9–18.7)	100.0
Region						
Western	4.4 (2.4–6.5)	26.7 (22.1–31.3)	16.2 (11.9–20.6)	40.9 (35.1–46.7)	11.7 (8.1–15.3)	100.0
Central	6.1 (3.3–8.8)	28.3 (23.8–32.9)	12.8 (9.6–15.9)	39.3 (34.1–44.5)	13.6 (10.1–17.1)	100.0
Southern	7.7 (4.8–10.7)	25.1 (20.5–29.8)	13.8 (10.1–17.6)	42.2 (37.4–47.0)	11.1 (7.9–14.4)	100.0
Eastern	7.3 (4.2–10.3)	25.0 (20.0–29.9)	13.7 (9.9–17.5)	44.2 (38.1–50.4)	9.8 (6.6–13.1)	100.0
Education Level[§]						
< Secondary	6.7 (3.2–10.1)	25.2 (18.9–31.4)	10.1 (6.5–13.8)	43.2 (36.0–50.4)	14.8 (10.3–19.3)	100.0
Secondary	8.0 (5.0–11.1)	23.5 (19.0–28.0)	12.8 (8.9–16.6)	40.9 (35.5–46.3)	14.8 (11.1–18.6)	100.0
High School	4.1 (2.3–5.9)	24.1 (20.7–27.5)	16.0 (13.1–18.9)	44.7 (40.7–48.8)	11.1 (8.5–13.7)	100.0
College or Higher	10.1 (5.7–14.4)	35.9 (29.6–42.3)	13.9 (9.9–17.9)	34.2 (27.9–40.6)	5.8 (2.3–9.3)	100.0
Men	4.1 (2.9–5.2)	21.4 (18.9–24.0)	15.0 (13.0–17.0)	45.5 (42.5–48.4)	14.1 (12.0–16.1)	100.0
Age (years)						
15-24	5.3 (1.5–9.0)	35.2 (26.6–43.9)	19.3 (12.6–26.0)	37.6 (28.9–46.2)	2.6 (0.0–5.3)	100.0
25-44	3.7 (2.1–5.3)	18.2 (15.0–21.3)	15.2 (12.4–18.0)	48.0 (43.9–52.1)	15.0 (11.8–18.1)	100.0
45-64	2.7 (1.3–4.2)	18.4 (14.8–22.0)	13.1 (10.2–16.0)	47.2 (42.2–52.2)	18.6 (14.8–22.4)	100.0
65+	9.6 (3.7–15.6)	23.0 (16.1–29.9)	10.9 (5.5–16.3)	40.3 (31.4–49.2)	16.1 (8.3–23.8)	100.0

Characteristic	Number of cigarettes smoked on average per day[1]					Total
	1-5	6-10	11-15	16-20	>20	
	Percentage (95% CI)					
Residence						
Urban	4.8 (3.2–6.4)	21.4 (18.1–24.8)	16.0 (13.3–18.7)	45.2 (41.4–49.0)	12.6 (9.9–15.2)	100.0
Rural	2.5 (1.5–3.4)	21.4 (17.9–24.9)	12.9 (10.3–15.6)	46.0 (41.3–50.7)	17.1 (14.0–20.3)	100.0
Region						
Western	4.2 (2.0–6.4)	23.0 (18.4–27.7)	17.0 (12.7–21.2)	43.4 (37.6–49.2)	12.4 (8.6–16.1)	100.0
Central	3.5 (1.7–5.3)	25.2 (20.0–30.3)	14.0 (10.6–17.4)	41.2 (36.0–46.4)	16.1 (11.9–20.2)	100.0
Southern	4.6 (2.1–7.2)	18.6 (13.6–23.7)	14.2 (10.1–18.3)	47.8 (42.1–53.4)	14.7 (10.6–18.9)	100.0
Eastern	3.8 (1.6–6.0)	18.2 (13.4–22.9)	15.1 (10.7–19.4)	50.7 (43.5–57.9)	12.3 (8.1–16.4)	100.0
Education Level[§]						
< Secondary	6.0 (2.3–9.6)	20.8 (15.5–26.1)	11.2 (7.2–15.2)	45.4 (38.4–52.5)	16.6 (11.6–21.6)	100.0
Secondary	4.5 (2.4–6.6)	19.3 (15.0–23.7)	12.7 (8.8–16.7)	46.1 (40.3–51.9)	17.3 (13.0–21.6)	100.0
High School	3.3 (1.6–5.1)	19.9 (16.4–23.4)	16.3 (13.3–19.3)	46.9 (42.5–51.3)	13.5 (10.4–16.6)	100.0
College or Higher	3.6 (1.1–6.1)	28.7 (20.5–37.0)	18.1 (12.6–23.5)	41.6 (33.9–49.3)	8.0 (3.3–12.7)	100.0
Women	16.9 (11.8–22.1)	46.9 (39.8–54.1)	9.9 (5.6–14.2)	24.9 (18.5–31.3)	1.3 (0.0–2.6)	100.0
Age (years)						
15-24	21.6 (6.5–36.8)	51.0 (29.4–72.6)	7.8 (0.0–19.7)	19.5 (0.9–38.2)	0.0	100.0
25-44	16.6 (9.8–23.3)	47.4 (39.0–55.9)	9.6 (4.8–14.4)	25.7 (18.6–32.7)	0.7 (0.0–1.7)	100.0
45-64	13.0 (5.6–20.4)	41.7 (28.2–55.3)	12.7 (3.5–22.0)	28.4 (16.1–40.7)	4.1 (0.0–9.3)	100.0
65+	*	*	*	*	*	100.0
Residence						
Urban	16.5 (10.7–22.2)	47.5 (39.5–55.4)	9.9 (5.1–14.7)	24.9 (17.8–32.0)	1.3 (0.0–2.8)	100.0
Rural	19.7 (9.9–29.4)	43.6 (30.1–57.1)	10.1 (2.6–17.6)	25.0 (13.2–36.8)	1.6 (0.0–3.7)	100.0
Region						
Western	6.6 (0.2–13.1)	63.7 (41.9–85.4)	8.9 (0.0–22.6)	15.8 (2.0–29.7)	4.9 (0.0–14.5)	100.0
Central	19.5 (9.1–29.9)	44.7 (30.3–59.0)	6.1 (0.3–12.0)	29.2 (11.7–46.7)	0.5 (0.0–1.4)	100.0
Southern	17.1 (8.5–25.7)	44.8 (32.1–57.5)	12.6 (4.2–21.0)	25.2 (15.8–34.7)	0.3 (0.0–0.8)	100.0
Eastern	18.1 (7.6–28.6)	46.1 (35.1–57.1)	9.4 (3.3–15.6)	24.1 (13.9–34.3)	2.3 (0.0–5.5)	100.0

Characteristic	Number of cigarettes smoked on average per day[1]					Total
	1-5	6-10	11-15	16-20	>20	
	Percentage (95% CI)					
Education Level[§]						
< Secondary	11.1 (0.4–21.7)	53.4 (21.8–84.9)	3.2 (0.0–8.1)	28.7 (0.0–63.3)	3.7 (0.0–9.1)	100.0
Secondary	23.6 (11.5–35.6)	41.9 (28.1–55.8)	12.9 (1.3–24.5)	17.7 (6.5–28.9)	3.9 (0.0–8.9)	100.0
High School	7.6 (2.1–13.2)	42.8 (33.0–52.6)	14.5 (7.3–21.6)	35.1 (24.8–45.4)	0.0	100.0
College or Higher	27.8 (14.7–40.9)	55.8 (42.3–69.3)	2.4 (0.0–5.6)	14.0 (5.4–22.6)	0.0	100.0

[1] Among daily cigarette smokers. Cigarettes include manufactured and hand-rolled
[§] Education Level: < Secondary = No formal schooling, primary school, less than secondary school completed (less than 9 grades), and basic secondary school completed (full 9 grades); Secondary = Full secondary school completed (11 grades); High School = High school completed, including professional & vocational secondary education; College or Higher = College/ university completed, post graduate degree completed
* Cell size less than 25

Mean number of cigarettes smoked daily is 16.9 (16.5 — 17.4).

Mean number of cigarettes smoked daily for men is 18.2 (17.6 — 18.7).

Mean number of cigarettes smoked daily for women is 11.8 (10.9 — 12.6).

Table 3.8: Percentage distribution of daily smoking initiation among ever daily smokers 18-34 years old, by selected demographic characteristics — Ukraine Global Adult Tobacco Survey (GATS), 2010

Characteristic	Age at Daily Smoking Initiation (years)[1]				Total
	<15	15-17	18-19	20+	
	Percentage (95% CI)				
Overall	14.7 (12.1–17.4)	39.0 (35.1–43.0)	27.1 (23.6–30.6)	19.2 (16.2–22.1)	100.0
Gender					
Men	16.7 (13.3–20.1)	40.2 (35.8–44.6)	28.0 (23.9–32.0)	15.1 (12.0–18.2)	100.0
Women	9.6 (5.2–14.0)	36.0 (27.7–44.3)	24.8 (17.8–31.7)	29.7 (22.5–36.9)	100.0
Residence					
Urban	14.3 (11.0–17.5)	38.9 (33.9–43.8)	25.5 (21.1–29.8)	21.4 (17.7–25.1)	100.0
Rural	16.0 (11.8–20.3)	39.5 (34.1–45.0)	32.0 (26.6–37.4)	12.5 (9.2–15.7)	100.0
Region					
Western	10.6 (5.6–15.6)	37.2 (30.3–44.0)	33.4 (26.0–40.9)	18.8 (12.4–25.2)	100.0
Central	11.6 (6.8–16.3)	42.3 (33.8–50.7)	31.5 (24.5–38.5)	14.7 (10.0–19.3)	100.0
Southern	20.1 (14.7–25.5)	40.7 (33.4–48.0)	22.9 (16.3–29.6)	16.3 (11.2–21.4)	100.0
Eastern	15.5 (10.0–21.0)	34.7 (26.7–42.6)	21.3 (14.2–28.4)	28.5 (21.3–35.8)	100.0

[1] Among respondents 18-34 years of age who are ever daily smokers

Among respondents 18-34 years of age the mean age of daily smoking initiation is 17.2 (16.9 — 17.4), the mean age of daily smoking initiation for men is 16.8 (16.5 — 17.1), and the mean age of daily smoking initiation for women is 18.2 (17.7 — 18.7).

Table 3.9: Percentage distribution of time to first tobacco use after waking among daily smokers 15 years and older, by selected demographic characteristics — Ukraine Global Adult Tobacco Survey (GATS), 2010

Characteristic	Time to first smoke				Total
	<5 minutes	6-30 minutes	31-60 minutes	>60 minutes	
	Percentage (95% CI)				
Overall	22.3 (20.1–24.6)	39.3 (36.8–41.8)	23.1 (20.7–25.4)	15.3 (13.1–17.5)	100.0
Gender					
Men	23.9 (21.5–26.4)	40.1 (37.3–43.0)	22.2 (19.7–24.7)	13.8 (11.7–15.8)	100.0
Women	15.6 (9.3–21.8)	35.9 (29.3–42.5)	26.8 (20.3–33.4)	21.7 (15.9–27.5)	100.0
Age (years)					
15-24	22.3 (14.8–29.8)	28.0 (21.1–34.9)	27.3 (19.8–34.9)	22.4 (15.5–29.2)	100.0
25-44	20.0 (17.0–22.9)	42.2 (38.5–45.8)	22.1 (19.0–25.2)	15.7 (12.7–18.7)	100.0
45-64	24.8 (20.5–29.1)	42.1 (37.6–46.5)	22.4 (18.4–26.5)	10.7 (8.1–13.4)	100.0
65+	30.5 (21.5–39.5)	36.7 (28.2–45.2)	20.5 (13.5–27.5)	12.3 (6.1–18.5)	100.0
Residence					
Urban	20.7 (17.8–23.7)	38.8 (35.7–41.9)	24.5 (21.4–27.6)	16.0 (13.2–18.8)	100.0
Rural	26.2 (23.0–29.4)	40.6 (36.8–44.3)	19.7 (16.6–22.9)	13.5 (10.5–16.5)	100.0
Region					
Western	27.7 (22.3–33.1)	32.2 (26.5–37.8)	22.5 (17.5–27.4)	17.7 (13.0–22.3)	100.0
Central	22.3 (18.1–26.4)	36.4 (31.9–40.9)	26.6 (21.9–31.3)	14.7 (11.0–18.4)	100.0
Southern	23.4 (19.4–27.5)	40.0 (35.6–44.5)	21.4 (17.1–25.7)	15.1 (10.9–19.4)	100.0
Eastern	15.7 (10.9–20.5)	49.0 (43.9–54.0)	21.5 (16.5–26.6)	13.8 (8.9–18.8)	100.0
Education Level[§]					
< Secondary	34.9 (27.1–42.7)	30.4 (24.4–36.3)	21.0 (14.7–27.4)	13.7 (8.8–18.6)	100.0
Secondary	28.0 (23.3–32.7)	39.1 (34.1–44.1)	17.9 (13.8–21.9)	15.1 (11.4–18.8)	100.0
High School	19.0 (15.7–22.3)	43.6 (40.0–47.2)	23.8 (20.4–27.2)	13.6 (10.8–16.4)	100.0
College or Higher	12.4 (7.8–17.1)	37.6 (30.7–44.5)	30.8 (24.2–37.4)	19.2 (13.5–24.8)	100.0

[§] Education Level: < Secondary = No formal schooling, primary school, less than secondary school completed (less than 9 grades), and basic secondary school completed (full 9 grades); Secondary = Full secondary school completed (11 grades); High School = High school completed, including professional & vocational secondary education; College or Higher = College/university completed, post graduate degree completed

Table 3.10: Percentage of adults 15 years and older who currently use tobacco, by type of tobacco used and selected demographic characteristics — Ukraine Global Adult Tobacco Survey (GATS), 2010

Characteristic	Current tobacco use			
	Cigarettes	Smokeless tobacco	Other smoked[1]	Any tobacco use
	Percentage (95% CI)			
Overall	28.6 (27.4–29.8)	0.2 (0.1–0.4)	2.5 (2.0–3.0)	28.7 (27.6–29.9)
Age (years)				
15-24	29.8 (26.2–33.4)	0.3 (0.0–0.5)	6.3 (4.3–8.3)	30.1 (26.5–33.8)
25-44	39.7 (37.5–42.0)	0.4 (0.0–0.8)	3.3 (2.4–4.1)	39.9 (37.7–42.2)
45-64	26.7 (24.6–28.8)	0.1 (0.0–0.2)	0.6 (0.3–1.0)	26.8 (24.7–28.8)
65+	8.5 (7.2–9.8)	0.0	0.1 (0.0–0.2)	8.5 (7.2–9.8)
Residence				
Urban	30.0 (28.4–31.6)	0.3 (0.1–0.5)	2.9 (2.2–3.6)	30.2 (28.6–31.8)
Rural	25.6 (24.1–27.0)	0.1 (0.0–0.2)	1.5 (0.9–2.1)	25.6 (24.1–27.1)
Region				
Western	25.1 (23.0–27.3)	0.1 (0.0–0.3)	1.6 (0.9–2.4)	25.2 (23.0–27.3)
Central	26.7 (24.3–29.0)	0.4 (0.0–0.9)	2.3 (1.4–3.2)	26.8 (24.4–29.1)
Southern	32.5 (30.2–34.8)	0.1 (0.0–0.3)	3.6 (2.4–4.9)	32.9 (30.6–35.2)
Eastern	30.3 (27.8–32.8)	0.1 (0.0–0.2)	2.2 (1.1–3.3)	30.3 (27.8–32.8)
Education Level§				
< Secondary	22.1 (19.4–24.8)	0.1 (0.0–0.2)	0.6 (0.1–1.1)	22.1 (19.4–24.8)
Secondary	30.9 (28.4–33.3)	0.2 (0.0–0.3)	2.4 (1.4–3.5)	30.9 (28.4–33.3)
High School	33.5 (31.5–35.6)	0.5 (0.1–0.8)	2.5 (1.8–3.2)	33.7 (31.6–35.8)
College or Higher	23.7 (21.0–26.4)	0.0	4.1 (2.7–5.6)	24.1 (21.4–26.8)
Men	49.7 (47.7–51.6)	0.5 (0.1–0.8)	3.9 (3.0–4.8)	49.9 (48.0–51.9)
Age (years)				
15-24	44.5 (39.3–49.7)	0.4 (0.0–1.0)	8.3 (5.2–11.3)	44.9 (39.6–50.1)
25-44	60.3 (57.2–63.4)	0.8 (0.0–1.6)	5.3 (3.8–6.7)	60.7 (57.6–63.8)
45-64	50.5 (47.1–53.8)	0.2 (0.0–0.5)	0.9 (0.3–1.4)	50.6 (47.3–53.9)
65+	25.3 (21.6–28.9)	0.1 (0.0–0.3)	0.2 (0.0–0.7)	25.3 (21.6–28.9)

Characteristic	Current tobacco use			
	Cigarettes	Smokeless tobacco	Other smoked[1]	Any tobacco use
	Percentage (95% CI)			
Residence				
Urban	49.0 (46.5–51.5)	0.6 (0.1–1.1)	4.5 (3.3–5.7)	49.3 (46.8–51.9)
Rural	51.1 (48.2–54.1)	0.1 (0.0–0.3)	2.8 (1.7–3.9)	51.2 (48.2–54.1)
Region				
Western	49.8 (46.1–53.4)	0.3 (0.0–0.7)	2.7 (1.3–4.0)	49.8 (46.2–53.5)
Central	48.0 (44.2–51.8)	0.9 (0.0–1.9)	4.5 (2.7–6.4)	48.3 (44.5–52.1)
Southern	52.1 (48.3–55.8)	0.3 (0.0–0.7)	4.7 (2.7–6.7)	52.7 (49.0–56.4)
Eastern	48.9 (44.5–53.2)	0.1 (0.0–0.4)	3.5 (1.7–5.3)	48.9 (44.5–53.2)
Education Level[§]				
< Secondary	45.5 (41.0–50.1)	0.2 (0.0–0.5)	1.5 (0.3–2.8)	45.5 (41.0–50.1)
Secondary	51.2 (47.3–55.1)	0.3 (0.0–0.6)	2.1 (0.9–3.3)	51.2 (47.3–55.1)
High School	56.3 (53.2–59.4)	0.9 (0.1–1.8)	4.4 (3.1–5.7)	56.6 (53.6–59.7)
College or Higher	39.1 (34.7–43.6)	0.0	7.3 (4.6–10.0)	39.7 (35.3–44.1)
Women	11.1 (9.7–12.4)	0.0	1.3 (0.8–1.7)	11.1 (9.8–12.4)
Age (years)				
15-24	14.7 (9.8–19.5)	0.0	4.3 (1.8–6.7)	14.9 (10.1–19.8)
25-44	19.8 (17.0–22.7)	0.0	1.3 (0.6–1.9)	19.8 (17.0–22.7)
45-64	7.6 (5.8–9.4)	0.0	0.4 (0.0–0.9)	7.6 (5.8–9.4)
65+	0.0	0.0	0.0	0.0
Residence				
Urban	14.2 (12.4–16.1)	0.0	1.7 (1.0–2.3)	14.3 (12.4–16.2)
Rural	4.3 (3.3–5.3)	0.0	0.4 (0.0–0.8)	4.3 (3.3–5.3)
Region				
Western	4.9 (3.1–6.7)	0.0	0.8 (0.1–1.5)	4.9 (3.1–6.7)
Central	8.9 (6.5–11.3)	0.0	0.4 (0.0–0.7)	8.9 (6.5–11.3)
Southern	16.1 (13.1–19.2)	0.0	2.7 (1.2–4.2)	16.3 (13.2–19.4)
Eastern	14.8 (11.8–17.9)	0.0	1.1 (0.1–2.1)	14.8 (11.8–17.9)

Characteristic	Current tobacco use			
	Cigarettes	Smokeless tobacco	Other smoked[1]	Any tobacco use
	Percentage (95% CI)			
Education Level[§]				
< Secondary	5.5 (2.8–8.2)	0.0	0.0	5.5 (2.8–8.2)
Secondary	11.9 (9.0–14.8)	0.0	2.7 (1.0–4.5)	11.9 (9.0–14.8)
High School	13.0 (10.6–15.4)	0.0	0.7 (0.2–1.2)	13.0 (10.6–15.4)
College or Higher	12.4 (9.6–15.2)	0.0	1.8 (0.7–2.9)	12.6 (9.7–15.4)

[1] Includes pipes, cigars or cigarillos, nargile, and other smoked products

[§] Education Level: < Secondary = No formal schooling, primary school, less than secondary school completed (less than 9 grades), and basic secondary school completed (full 9 grades); Secondary = Full secondary school completed (11 grades); High School = High school completed, including professional & vocational secondary education; College or Higher = College/ university completed, post graduate degree completed

Table 3.11: Number of adults 15 years and older who currently use tobacco, by type of tobacco used and selected demographic characteristics — Ukraine Global Adult Tobacco Survey (GATS), 2010

Characteristic	Current tobacco use			
	Cigarettes	Smokeless tobacco	Other smoked[1]	Any tobacco use
	Number (in thousands)			
Overall	11.445	84	990	11,501
Age (years)				
15-24	2.187	18	463	2.210
25-44	5.454	53	446	5.479
45-64	3.215	11	76	3.223
65+	589	2	5	589
Residence				
Urban	8.170	75	800	8.224
Rural	3.275	9	190	3.277
Region				
Western	2.356	12	154	2.358
Central	3.189	52	272	3.204
Southern	3.458	16	385	3.497
Eastern	2.443	5	179	2.443
Education Level§				
< Secondary	1.688	5	48	1.688
Secondary	2.762	14	218	2.762
High School	4.831	65	356	4.855
College or Higher	2.113	0	368	2.146
Men	9.028	82	717	9.074
Age (years)				
15-24	1.658	17	308	1.671
25-44	4.069	53	356	4.095
45-64	2.712	11	47	2.719
65+	589	2	5	589
Residence				
Urban	6.056	75	553	6.100
Rural	2.972	7	163	2.974
Region				
Western	2.104	12	112	2.106
Central	2.606	50	246	2.621
Southern	2.526	16	230	2.556
Eastern	1.791	5	128	1.791
Education Level§				
< Secondary	1.442	5	48	1.442
Secondary	2.210	12	91	2.210
High School	3.847	65	301	3.871
College or Higher	1.478	0	276	1.500

Characteristic	Current tobacco use			
	Cigarettes	Smokeless tobacco	Other smoked[1]	Any tobacco use
	Number (in thousands)			
Women	2.417	2	274	2,428
Age (years)				
15-24	529	2	154	540
25-44	1.385	0	90	1.385
45-64	503	0	29	503
65+	0	0	0	0
Residence				
Urban	2,114	0	246	2.125
Rural	303	2	27	303
Region				
Western	252	0	42	252
Central	583	2	26	583
Southern	931	0	156	942
Eastern	652	0	51	652
Education Level[§]				
< Secondary	246	0	0	246
Secondary	553	2	126	553
High School	984	0	54	984
College or Higher	635	0	93	645

[1] Includes pipes, cigars or cigarillos, nargile, and other smoked products

[§] Education Level: < Secondary = No formal schooling, primary school, less than secondary school completed (less than 9 grades), and basic secondary school completed (full 9 grades); Secondary = Full secondary school completed (11 grades); High School = High school completed, including professional & vocational secondary education; College or Higher = College/ university completed, post graduate degree completed

Table 3.12: Percentage of ever daily smokers 15 years and older who have quit smoking (quit rate), by selected demographic characteristics — Ukraine Global Adult Tobacco Survey (GATS), 2010

Characteristic	Former Daily Smokers (Among Ever Daily Smokers)[1,2]		
	Total	Men	Women
	Percentage (95% CI)		
Overall	25.9 (24.1–27.6)	26.1 (24.1–28.0)	25.0 (20.3–29.6)
Age (years)			
15-24	15.6 (10.9–20.2)	15.5 (10.1–20.9)	15.7 (7.0–24.5)
25-44	20.4 (17.9–22.9)	17.4 (14.8–20.1)	29.2 (22.8–35.6)
45-64	28.0 (24.8–31.3)	29.4 (25.9–32.8)	19.4 (11.0–27.7)
65+	60.4 (54.8–65.9)	59.8 (54.2–65.4)	*
Residence			
Urban	24.8 (22.5–27.0)	25.1 (22.6–27.6)	23.7 (18.6–28.9)
Rural	28.4 (25.7–31.2)	28.0 (25.1–31.0)	32.3 (22.7–42.0)
Region			
Western	25.4 (21.9–28.9)	24.2 (20.8–27.6)	34.7 (19.6–49.8)
Central	27.1 (23.5–30.6)	26.5 (22.9–30.1)	29.9 (19.8–39.9)
Southern	24.6 (21.5–27.6)	26.4 (22.7–30.1)	18.6 (12.8–24.4)
Eastern	26.5 (22.1–30.8)	27.1 (22.2–31.9)	24.5 (14.1–34.9)
Education Level[§]			
< Secondary	28.1 (23.5–32.6)	29.0 (24.4–33.5)	22.0 (6.1–37.8)
Secondary	25.4 (21.7–29.0)	25.9 (22.0–29.8)	23.0 (12.2–33.7)
High School	23.6 (20.8–26.4)	23.6 (20.6–26.6)	23.4 (16.8–30.0)
College or Higher	29.8 (25.0–34.5)	29.6 (24.4–34.9)	30.2 (20.8–39.7)

[1] Current non-smokers

[2] Also known as the quit ratio for daily smoking

[§] Education Level: < Secondary = No formal schooling, primary school, less than secondary school completed (less than 9 grades), and basic secondary school completed (full 9 grades); Secondary = Full secondary school completed (11 grades); High School = High school completed, including professional & vocational secondary education; College or Higher = College/university completed, post graduate degree completed

Table 3.13: Percentage distribution of former daily smokers 15 years and older who have quit, by time since quitting smoking and selected demographic characteristics — Ukraine Global Adult Tobacco Survey (GATS), 2010

Characteristic	Time since quitting smoking (years)[1]				Total
	<1	1 to <5	5 to <10	≥10	
	Percentage (95% CI)				
Overall	15.8 (13.0–18.7)	25.9 (22.0–29.7)	15.7 (13.0–18.4)	42.6 (39.1–46.1)	100.0
Gender					
Men	14.7 (11.8–17.6)	21.9 (18.2–25.7)	15.3 (12.4–18.1)	48.1 (44.2–52.0)	100.0
Women	20.7 (12.4–29.1)	42.9 (31.8–54.0)	17.8 (10.2–25.4)	18.5 (11.4–25.7)	100.0
Age (years)					
15-24	41.7 (26.2–57.2)	46.6 (30.8–62.4)	10.2 (1.2–19.2)	1.5 (0.0–4.3)	100.0
25-44	20.6 (15.3–26.0)	36.1 (29.1–43.1)	21.6 (16.3–26.9)	21.7 (16.3–27.2)	100.0
45-64	12.3 (8.0–16.7)	21.3 (15.7–27.0)	14.8 (10.6–19.1)	51.5 (45.2–57.8)	100.0
65+	2.5 (0.6–4.4)	7.6 (4.3–11.0)	10.2 (5.8–14.6)	79.7 (74.4–85.0)	100.0
Residence					
Urban	15.2 (11.5–18.8)	27.6 (22.5–32.8)	17.0 (13.5–20.6)	40.2 (35.6–44.8)	100.0
Rural	17.2 (12.8–21.5)	22.2 (17.1–27.3)	13.1 (9.4–16.8)	47.5 (42.3–52.6)	100.0
Region					
Western	18.0 (12.3–23.7)	27.1 (20.2–33.9)	16.8 (10.7–22.9)	38.1 (31.5–44.8)	100.0
Central	14.5 (9.2–19.8)	25.2 (18.2–32.2)	14.8 (10.5–19.2)	45.5 (39.3–51.8)	100.0
Southern	14.8 (9.6–20.1)	23.8 (16.9–30.6)	14.7 (9.7–19.7)	46.7 (39.3–54.1)	100.0
Eastern	17.0 (10.2–23.7)	28.3 (18.2–38.5)	17.3 (10.8–23.8)	37.4 (29.8–45.0)	100.0
Education Level[§]					
< Secondary	14.5 (7.6–21.3)	13.1 (7.4–18.9)	9.2 (4.7–13.7)	63.2 (55.1–71.3)	100.0
Secondary	19.3 (12.3–26.3)	28.0 (19.4–36.6)	14.0 (9.1–18.9)	38.7 (30.9–46.5)	100.0
High School	17.8 (13.1–22.4)	25.4 (19.7–31.0)	16.3 (11.6–21.0)	40.6 (34.4–46.8)	100.0
College or Higher	10.0 (4.9–15.2)	33.1 (24.5–41.7)	21.6 (15.0–28.1)	35.3 (27.4–43.2)	100.0

[1] Among former daily smokers (current non-smokers)

[§] Education Level: < Secondary = No formal schooling, primary school, less than secondary school completed (less than 9 grades), and basic secondary school completed (full 9 grades); Secondary = Full secondary school completed (11 grades); High School = High school completed, including professional & vocational secondary education; College or Higher = College/university completed, post graduate degree completed

Table 3.14: Percentage of smokers[1] 15 years and older who made a quit attempt and of those who made a quit attempt and successfully quit, by selected demographic characteristics — Ukraine Global Adult Tobacco Survey (GATS), 2010

Characteristic	Smoking cessation — made quit attempt[1]			Smoking cessation — successfully quit[1]		
	Total	Men	Women	Total	Men	Women
	Percentage (95% CI)					
Overall	40.5 (37.9–43.0)	39.1 (36.4–41.7)	45.6 (39.4–51.7)	6.7 (5.5–8.0)	5.8 (4.6–7.0)	10.0 (6.4–13.5)
Age (years)						
15-24	54.1 (46.9–61.2)	53.1 (45.7–60.6)	56.5 (40.3–72.8)	12.0 (7.5–16.4)	9.6 (5.0–14.3)	18.3 (7.6–29.0)
25-44	40.7 (37.2–44.3)	39.2 (35.4–43.1)	44.9 (37.4–52.3)	6.0 (4.4–7.6)	5.0 (3.4–6.5)	8.8 (4.8–12.7)
45-64	31.3 (27.4–35.2)	30.9 (27.0–34.9)	33.3 (21.4–45.1)	4.7 (3.0–6.4)	5.1 (3.4–6.9)	2.5 (0.0–5.6)
65+	33.4 (25.1–41.7)	33.4 (25.1–41.7)	*	3.5 (0.9–6.0)	3.5 (0.9–6.0)	*
Residence						
Urban	39.0 (35.8–42.3)	36.4 (32.9–40.0)	45.9 (39.1–52.7)	6.5 (4.9–8.1)	5.2 (3.6–6.7)	10.0 (6.0–13.9)
Rural	44.2 (40.6–47.8)	44.3 (40.4–48.1)	43.4 (32.2–54.6)	7.4 (5.6–9.3)	7.2 (5.2–9.1)	10.0 (2.5–17.4)
Region						
Western	48.6 (42.8–54.5)	47.5 (41.9–53.1)	56.7 (38.4–75.1)	8.1 (5.2–10.9)	6.6 (4.1–9.0)	18.6 (4.2–33.0)
Central	39.5 (35.0–43.9)	40.6 (35.8–45.4)	34.7 (24.6–44.8)	6.9 (4.3–9.5)	6.0 (3.4–8.6)	10.6 (4.3–16.8)
Southern	38.1 (33.6–42.7)	34.3 (29.4–39.2)	47.9 (37.0–58.8)	5.7 (3.7–7.7)	4.4 (2.7–6.1)	9.0 (3.1–14.9)
Eastern	37.2 (31.5–42.9)	33.5 (27.4–39.6)	47.4 (36.0–58.9)	6.7 (4.0–9.4)	6.7 (3.7–9.7)	6.8 (0.9–12.7)
Education Level[§]						
< Secondary	37.1 (30.7–43.5)	37.6 (31.2–44.0)	34.3 (14.4–54.3)	6.2 (3.2–9.2)	5.0 (2.2–7.8)	12.7 (0.5–24.9)
Secondary	45.1 (40.1–50.2)	41.4 (36.2–46.6)	58.8 (46.5–71.2)	9.7 (6.4–13.1)	8.3 (5.1–11.6)	14.9 (4.8–25.0)
High School	40.2 (36.5–43.9)	38.9 (35.0–42.7)	45.1 (36.6–53.6)	5.4 (4.0–6.9)	4.8 (3.3–6.2)	8.0 (3.7–12.3)
College or Higher	38.4 (32.1–44.6)	38.2 (30.8–45.6)	38.8 (27.9–49.6)	6.2 (3.6–8.9)	5.7 (2.8–8.6)	7.4 (1.7–13.0)

[1] Among current smokers and former smokers who have been abstinent for less than 12 months

[§] Education Level: < Secondary = No formal schooling, primary school, less than secondary school completed (less than 9 grades), and basic secondary school completed (full 9 grades); Secondary = Full secondary school completed (11 grades); High School = High school completed, including professional & vocational secondary education; College or Higher = College/university completed, post graduate degree completed

* Cell size less than 25

Table 3.15: Percentage of smokers[1] 15 years and older who visited a health care provider and received health care provider assistance in the past 12 months, by selected demographic characteristics — Ukraine Global Adult Tobacco Survey (GATS), 2010

Characteristic	Health care seeking behavior and smoking cessation aid			
	Visited a HCP[1]	Asked by HCP if a smoker[2]	Advised to quit by HCP[3]	Advised to quit by HCP and successfully quit[3]
	Percentage (95% CI)			
Overall	32.3 (29.6–35.0)	41.7 (36.8–46.5)	74.0 (68.0–80.0)	6.3 (3.3–9.3)
Gender				
Men	29.6 (26.8–32.4)	43.1 (37.7–48.5)	75.2 (68.7–81.8)	5.4 (2.2–8.6)
Women	41.9 (36.4–47.4)	38.2 (28.9–47.5)	70.4 (57.0–83.8)	8.8 (1.3–16.3)
Age (years)				
15-24	44.9 (37.7–52.2)	36.4 (26.9–45.9)	74.6 (61.0–88.2)	11.1 (1.6–20.6)
25-44	29.1 (25.8–32.4)	37.2 (30.7–43.7)	67.3 (57.6–77.0)	5.0 (0.7–9.3)
45-64	30.1 (25.6–34.7)	52.2 (43.4–61.1)	78.7 (70.6–86.7)	4.0 (0.6–7.4)
65+	21.9 (15.1–28.8)	62.2 (47.7–76.7)	91.2 (80.4–100.0)	6.4 (0.0–15.2)
Residence				
Urban	35.0 (31.4–38.5)	39.2 (33.4–45.0)	70.9 (63.2–78.6)	6.7 (2.9–10.6)
Rural	25.5 (22.2–28.8)	50.0 (42.4–57.7)	82.1 (74.6–89.6)	5.1 (0.7–9.4)
Region				
Western	33.8 (27.9–39.7)	57.3 (47.1–67.5)	81.9 (73.8–90.0)	6.0 (0.9–11.2)
Central	28.8 (24.6–33.0)	39.5 (30.6–48.4)	76.4 (65.2–87.6)	8.2 (0.7–15.7)
Southern	31.7 (26.4–37.0)	42.3 (33.0–51.5)	63.6 (51.5–75.8)	4.9 (0.1–9.8)
Eastern	36.2 (29.7–42.7)	28.8 (20.0–37.6)	74.7 (58.9–90.5)	6.3 (0.0–13.4)
Education Level[§]				
< Secondary	26.4 (20.0–32.7)	46.4 (32.7–60.1)	59.3 (40.0–78.6)	3.8 (0.0–8.1)
Secondary	32.8 (27.7–37.8)	42.9 (34.5–51.3)	82.1 (71.4–92.8)	11.4 (2.5–20.3)
High School	31.9 (28.2–35.5)	43.1 (36.2–50.0)	75.4 (67.0–83.7)	5.8 (1.9–9.7)
College or Higher	37.1 (30.7–43.6)	35.7 (25.4–46.0)	69.9 (54.7–85.1)	2.0 (0.0–5.9)

HCP = health care provider

[1] Among current smokers and former smokers who have been abstinent for less than 12 months

[2] Among current smokers and former smokers who have been abstinent for less than 12 months, and who visited a HCP during the past 12 months

[3] Among current smokers and former smokers who have been abstinent for less than 12 months, who visited a HCP during the past 12 months and were asked by an HCP if they smoked.

[§] Education Level: < Secondary = No formal schooling, primary school, less than secondary school completed (less than 9 grades), and basic secondary school completed (full 9 grades); Secondary = Full secondary school completed (11 grades); High School = High school completed, including professional & vocational secondary education; College or Higher = College/university completed, post graduate degree completed

Table 3.16: Percentage of smokers 15 years and older who made a quit attempt in past 12 months[1] and used various cessation methods, by selected demographic characteristics — Ukraine Global Adult Tobacco Survey (GATS), 2010

Characteristic	Use of Cessation Method				
	Nicotine Replacement Therapy and Zyban	Counseling	Non-Prescription Medications	Other Methods[2]	No Method Used
	Percentage (95% CI)				
Overall	1.9 (1.0–2.8)	2.7 (1.6–3.9)	4.3 (2.7–6.0)	9.7 (7.1–12.2)	84.7 (81.8–87.5)
Gender					
Men	1.9 (0.9–2.9)	2.9 (1.5–4.3)	3.7 (1.9–5.5)	8.8 (6.3–11.4)	86.1 (83.1–89.2)
Women	1.9 (0.0–4.1)	2.3 (0.0–4.7)	6.4 (2.2–10.6)	12.3 (5.5–19.1)	80.3 (73.0–87.6)
Age (years)					
15-24	0.6 (0.0–1.5)	1.0 (0.0–2.6)	3.5 (0.0–7.5)	12.2 (5.6–18.8)	83.5 (76.2–90.8)
25-44	2.4 (0.8–3.9)	2.2 (0.5–3.9)	4.6 (2.4–6.8)	8.2 (5.3–11.1)	85.8 (82.2–89.3)
45-64	2.8 (0.3–5.3)	5.8 (2.3–9.3)	5.3 (1.5–9.2)	11.0 (5.4–16.7)	82.6 (76.2–89.0)
65+	0.0	5.0 (0.0–10.7)	1.8 (0.0–4.7)	2.8 (0.0–7.1)	90.4 (82.9–97.9)
Residence					
Urban	2.4 (1.2–3.7)	3.5 (1.8–5.2)	4.9 (2.6–7.2)	11.2 (7.7–14.8)	82.6 (78.7–86.4)
Rural	0.7 (0.0–1.3)	1.0 (0.2–1.8)	3.2 (1.4–4.9)	6.3 (3.9–8.7)	89.3 (86.3–92.3)
Region					
Western	1.1 (0.0–2.1)	1.8 (0.2–3.3)	2.2 (0.0–4.5)	6.8 (2.2–11.3)	89.0 (83.9–94.0)
Central	1.1 (0.1–2.1)	1.7 (0.0–3.4)	1.4 (0.1–2.8)	6.8 (3.5–10.1)	90.5 (87.0–94.0)
Southern	3.5 (0.8–6.1)	4.0 (1.0–7.0)	4.8 (1.4–8.1)	11.6 (6.0–17.3)	80.5 (74.5–86.5)
Eastern	1.8 (0.1–3.5)	3.6 (0.8–6.4)	10.6 (4.8–16.4)	14.7 (8.1–21.3)	76.9 (69.4–84.5)

Characteristic	Use of Cessation Method				
	Nicotine Replacement Therapy and Zyban	Counseling	Non-Prescription Medications	Other Methods[2]	No Method Used
	Percentage (95% CI)				
Education Level[§]					
< Secondary	0.8 (0.0–2.3)	5.3 (1.1–9.4)	3.9 (0.0–10.3)	6.5 (1.8–11.1)	87.9 (80.2–95.7)
Secondary	1.3 (0.0–2.6)	2.0 (0.4–3.6)	2.0 (0.4–3.5)	12.0 (6.4–17.6)	84.9 (79.2–90.6)
High School	2.1 (0.6–3.5)	3.2 (0.9–5.4)	7.1 (3.7–10.4)	10.0 (6.4–13.6)	82.9 (78.5–87.3)
College or Higher	3.3 (0.0–6.7)	1.0 (0.0–2.3)	2.2 (0.1–4.3)	8.0 (1.7–14.3)	85.8 (78.3–93.3)

[1] Among current smokers who made a quit attempt in the past 12 months and former smokers who have been abstinent for less than 12 months

[2] Other includes traditional medicines, acupuncture, psychotherapeutic methods, internet site and mailing, and other products

[§] Education Level: < Secondary = No formal schooling, primary school, less than secondary school completed (less than 9 grades), and basic secondary school completed (full 9 grades); Secondary = Full secondary school completed (11 grades); High School = High school completed, including professional & vocational secondary education; College or Higher = College/university completed, post graduate degree completed

Table 3.17: Percentage distribution and number of current cigarette smokers 15 years and older by interest in quitting smoking and selected demographic characteristics — Ukraine Global Adult Tobacco Survey (GATS), 2010

Characteristic	Interest in Quitting Smoking[1]					
	Interested in Quitting	Planning to Quit Within Next Month	Thinking About Quitting Within Next 12 Months	Will Quit Someday, But Not in the Next 12 Months	Not Interested in Quitting	Don't Know
	Percentage (95% CI)					
Overall	67.9 (65.3–70.5)	7.5 (6.1–9.0)	18.3 (16.3–20.4)	42.0 (39.3–44.7)	25.1 (22.7–27.4)	7.0 (5.6–8.5)
Gender						
Men	66.3 (63.5–69.1)	7.2 (5.6–8.8)	17.6 (15.5–19.7)	41.5 (38.5–44.5)	26.9 (24.3–29.5)	6.8 (5.5–8.2)
Women	74.0 (67.6–80.4)	8.8 (5.3–12.3)	21.0 (15.5–26.6)	44.1 (37.4–50.9)	18.2 (12.6–23.9)	7.8 (4.1–11.5)
Age (years)						
15-24	77.9 (71.2–84.7)	14.8 (9.3–20.2)	22.5 (16.6–28.4)	40.7 (32.8–48.5)	16.3 (9.9–22.6)	5.8 (2.7–8.9)
25-44	71.1 (67.9–74.4)	6.0 (4.4–7.7)	18.9 (15.9–21.8)	46.3 (42.5–50.1)	21.9 (19.0–24.9)	6.9 (4.9–8.9)
45-64	60.0 (55.7–64.4)	6.1 (3.7–8.4)	15.6 (12.6–18.6)	38.3 (34.1–42.6)	32.0 (27.8–36.2)	8.0 (5.5–10.5)
65+	43.9 (35.2–52.6)	2.7 (0.3–5.0)	13.1 (8.0–18.2)	28.1 (19.7–36.5)	48.8 (40.3–57.3)	7.3 (3.0–11.7)
Residence						
Urban	67.5 (64.2–70.8)	8.0 (6.1–9.9)	18.0 (15.4–20.6)	41.5 (38.0–44.9)	24.6 (21.6–27.7)	7.9 (6.0–9.8)
Rural	69.0 (65.6–72.4)	6.4 (4.4–8.3)	19.2 (15.8–22.5)	43.5 (39.5–47.4)	26.1 (22.9–29.3)	4.9 (3.4–6.5)
Region						
Western	73.2 (68.8–77.6)	6.5 (3.7–9.2)	17.6 (12.8–22.3)	49.1 (43.5–54.7)	20.7 (16.8–24.7)	6.1 (3.6–8.6)
Central	72.9 (68.4–77.3)	8.3 (5.2–11.4)	17.5 (14.0–21.0)	47.0 (41.9–52.2)	21.0 (16.8–25.3)	6.1 (3.7–8.5)
Southern	64.9 (59.7–70.2)	9.5 (6.7–12.3)	18.1 (14.3–21.9)	37.3 (32.3–42.4)	28.5 (23.5–33.5)	6.6 (3.8–9.4)
Eastern	60.6 (54.7–66.5)	4.8 (2.0–7.6)	20.5 (15.8–25.2)	35.3 (29.6–41.1)	29.7 (24.5–34.8)	9.7 (5.9–13.6)
Education Level[§]						
< Secondary	54.9 (47.5–62.3)	5.2 (2.6–7.9)	14.0 (9.6–18.4)	35.6 (28.6–42.7)	38.9 (31.3–46.5)	6.2 (3.3–9.1)
Secondary	65.6 (61.0–70.2)	9.1 (6.0–12.2)	15.6 (11.9–19.4)	40.9 (35.9–45.8)	27.7 (23.4–32.0)	6.7 (4.3–9.0)
High School	71.0 (67.5–74.4)	6.1 (4.2–7.9)	19.2 (16.1–22.2)	45.7 (41.6–49.8)	21.7 (18.6–24.7)	7.4 (5.3–9.4)
College or Higher	74.1 (68.4–79.8)	10.8 (5.9–15.7)	23.2 (17.8–28.7)	40.1 (34.1–46.1)	18.3 (13.2–23.3)	7.6 (3.9–11.3)

Characteristic	Interest in Quitting Smoking[1]					
	Interested in Quitting	Planning to Quit Within Next Month	Thinking About Quitting Within Next 12 Months	Will Quit Someday, But Not in the Next 12 Months	Not Interested in Quitting	Don't Know
	Number (in thousands)					
Overall	7,751	860	2,093	4,798	2,861	803
Gender						
Men	5,962	647	1,585	3,731	2,421	614
Women	1,789	213	509	1,067	440	188
Age (years)						
15-24	1,704	323	492	890	356	127
25-44	3,860	326	1,023	2,511	1,190	375
45-64	1,929	195	501	1,232	1,028	257
65+	258	16	77	165	287	43
Residence						
Urban	5,496	652	1,467	3,377	2,007	642
Rural	2,254	208	626	1,420	854	160
Region						
Western	1,723	152	414	1,157	488	144
Central	2,307	264	554	1,490	666	193
Southern	2,240	327	625	1,288	982	227
Eastern	1,480	117	501	863	724	238
Education Level[§]						
< Secondary	924	88	236	600	655	105
Secondary	1,812	252	431	1,128	766	184
High School	3,417	293	922	2,202	1,043	354
College or Higher	1,560	227	489	844	384	160

[1] Among current daily or less than daily smokers

[§] Education Level: < Secondary = No formal schooling, primary school, less than secondary school completed (less than 9 grades), and basic secondary school completed (full 9 grades); Secondary = Full secondary school completed (11 grades); High School = High school completed, including professional & vocational secondary education; College or Higher = College/university completed, post graduate degree completed

Table 3.18: Percentage and number of adults 15 years and older who are exposed to tobacco smoke at home, by selected demographic characteristics — Ukraine Global Adult Tobacco Survey (GATS), 2010

Characteristic	Smoking is allowed inside the home[1]	Smoking is disallowed inside the home	No rules regarding smoking in the home	Someone smokes at least daily inside the home	Someone smokes at least monthly inside the home
	Percentage (95% CI)				
Overall	30.6 (29.1–32.1)	65.3 (63.7–66.8)	4.1 (3.4–4.8)	15.7 (14.5–16.9)	23.5 (22.2–24.8)
Gender					
Men	33.6 (31.7–35.5)	62.2 (60.2–64.2)	4.1 (3.2–5.0)	17.0 (15.3–18.6)	25.4 (23.6–27.2)
Women	28.1 (26.1–30.0)	67.8 (65.7–69.8)	4.1 (3.3–5.0)	14.7 (13.1–16.3)	21.9 (20.2–23.7)
Age (years)					
15-24	33.9 (30.1–37.7)	61.7 (57.7–65.7)	4.4 (2.5–6.3)	19.1 (15.6–22.5)	27.4 (23.5–31.2)
25-44	33.6 (31.3–35.9)	63.3 (60.9–65.6)	3.2 (2.3–4.1)	17.8 (15.8–19.7)	26.3 (24.1–28.5)
45-64	31.2 (29.0–33.4)	65.0 (62.6–67.3)	3.8 (2.8–4.9)	15.5 (13.8–17.3)	23.5 (21.5–25.5)
65+	20.2 (17.8–22.5)	73.5 (71.0–76.1)	6.3 (4.9–7.7)	8.4 (6.8–10.0)	13.8 (11.8–15.8)
Residence					
Urban	32.5 (30.5–34.6)	63.9 (61.8–65.9)	3.6 (2.7–4.5)	16.7 (15.1–18.4)	24.3 (22.5–26.0)
Rural	26.5 (24.5–28.5)	68.2 (66.1–70.4)	5.3 (4.2–6.4)	13.5 (12.1–15.0)	21.9 (20.0–23.7)
Region					
Western	33.7 (30.9–36.5)	60.1 (57.1–63.0)	6.2 (4.7–7.8)	15.2 (13.1–17.3)	25.8 (23.3–28.3)
Central	25.5 (22.9–28.1)	69.8 (67.2–72.5)	4.7 (3.2–6.1)	14.1 (11.7–16.5)	19.8 (17.3–22.3)
Southern	30.0 (26.7–33.4)	67.2 (63.7–70.6)	2.8 (1.8–3.8)	16.1 (13.6–18.6)	22.9 (20.2–25.7)
Eastern	35.4 (32.0–38.8)	62.0 (58.4–65.7)	2.6 (1.2–4.0)	18.2 (15.6–20.7)	27.1 (24.3–29.9)
Education Level[§]					
< Secondary	27.4 (24.6–30.3)	66.8 (64.0–69.7)	5.7 (4.4–7.1)	14.7 (12.4–17.0)	22.1 (19.4–24.8)
Secondary	31.4 (28.7–34.1)	65.1 (62.1–68.0)	3.5 (2.3–4.7)	16.6 (14.4–18.8)	24.6 (22.0–27.1)
High School	33.4 (30.9–35.8)	63.2 (60.7–65.7)	3.4 (2.6–4.2)	17.5 (15.4–19.6)	25.5 (23.3–27.7)
College or Higher	28.1 (25.2–31.0)	67.3 (64.4–70.3)	4.5 (3.0–6.1)	12.7 (10.5–14.9)	20.3 (17.8–22.9)
Current Smoking Status					
Non-smokers[2]	21.7 (20.2–23.3)	73.7 (72.1–75.4)	4.5 (3.7–5.4)	8.6 (7.7–9.6)	14.6 (13.4–15.8)

Characteristic	Smoking is allowed inside the home[1]	Smoking is disallowed inside the home	No rules regarding smoking in the home	Someone smokes at least daily inside the home	Someone smokes at least monthly inside the home
	Number (in thousands)				
Overall	12,241	26,100	1,650	6,259	9,360
Gender					
Men	6,109	11,305	749	3,063	4,585
Women	6,132	14,795	901	3,196	4,775
Age (years)					
15-24	2,486	4,521	321	1,395	2,006
25-44	4,608	8,680	434	2,421	3,590
45-64	3,754	7,816	460	1,861	2,812
65+	1,393	5,083	436	582	952
Residence					
Urban	8,852	17,377	977	4,529	6,565
Rural	3,389	8,723	674	1,730	2,796
Region					
Western	3,152	5,616	584	1,421	2,415
Central	3,050	8,354	558	1,687	2,363
Southern	3,190	7,132	298	1,701	2,423
Eastern	2,849	4,998	211	1,450	2,160
Education Level[§]					
< Secondary	2,091	5,094	436	1,116	1,682
Secondary	2,808	5,816	314	1,483	2,191
High School	4,804	9,104	491	2,504	3,649
College or Higher	2,504	5,995	405	1,129	1,806
Current Smoking Status					
Non-smokers[2]	6,184	20,972	1,288	2,448	4,152

[1] Smoking is allowed or allowed, with exceptions
[2] Among former and never smokers
[§] Education Level: < Secondary = No formal schooling, primary school, less than secondary school completed (less than 9 grades), and basic secondary school completed (full 9 grades); Secondary = Full secondary school completed (11 grades); High School = High school completed, including professional & vocational secondary education; College or Higher = College/ university completed, post graduate degree completed

Table 3.19: Percentage and number of adults 15 years and older who are exposed to tobacco smoke at work among those who work indoors or outdoors with an enclosed area, by smoking status and selected demographic characteristics — Ukraine Global Adult Tobacco Survey (GATS), 2010.

Characteristic	Adults Exposed to Tobacco Smoke at Work[1]	
	Overall	Non-smokers
	Percentage (95% CI)	
Overall	34.0 (31.6–36.3)	26.6 (23.9–29.3)
Gender		
Men	44.0 (40.9–47.1)	35.2 (30.8–39.7)
Women	22.9 (19.7–26.0)	21.4 (18.3–24.5)
Age (years)		
15-24	38.6 (31.6–45.6)	30.8 (21.9–39.7)
25-44	34.2 (31.1–37.2)	26.5 (23.0–30.1)
45-64	31.6 (28.2–35.0)	24.9 (21.3–28.6)
65+	33.0 (20.0–46.1)	31.4 (17.2–45.6)
Residence		
Urban	34.1 (31.3–36.9)	27.1 (23.9–30.4)
Rural	33.4 (29.9–36.9)	24.8 (20.7–28.9)
Region		
Western	28.8 (23.6–34.1)	19.6 (14.0–25.1)
Central	32.0 (27.9–36.1)	26.0 (21.2–30.8)
Southern	31.0 (27.3–34.7)	22.0 (17.6–26.4)
Eastern	44.3 (38.7–50.0)	38.9 (32.0–45.7)
Education Level[§]		
< Secondary	46.5 (37.3–55.7)	35.8 (21.7–49.9)
Secondary	42.1 (36.9–47.3)	36.4 (29.5–43.4)
High School	34.6 (31.4–37.9)	25.4 (21.8–29.0)
College or Higher	26.4 (22.8–30.1)	22.5 (18.5–26.5)

Characteristic	Adults Exposed to Tobacco Smoke at Work[1]	
	Overall	Non-smokers
	Number (in thousands)	
Overall	5,805	2,892
Gender		
Men	3,950	1,438
Women	1,855	1,454
Age (years)		
15-24	960	450
25-44	3,018	1,371
45-64	1,735	992
65+	92	79
Residence		
Urban	4,572	2,285
Rural	1,233	607
Region		
Western	969	432
Central	1,691	898
Southern	1,390	600
Eastern	1,755	962
Education Level[§]		
< Secondary	420	143
Secondary	1,312	668
High School	2,579	1,141
College or Higher	1,467	922

[1] In the past 30 days. Among those respondents who work outside of the home who usually work indoors and outdoors with an enclosed area

[§] Education Level: < Secondary = No formal schooling, primary school, less than secondary school completed (less than 9 grades), and basic secondary school completed (full 9 grades); Secondary = Full secondary school completed (11 grades); High School = High school completed, including professional & vocational secondary education; College or Higher = College/university completed, post graduate degree completed

Table 3.20: Percentage distribution of adults 15 years and older who work indoors or outdoors with an enclosed area by the policy they have at work and selected demographic characteristics — Ukraine Global Adult Tobacco Survey, (GATS), 2010

Characteristic	Disallowed in any closed area	Allowed Everywhere	Allowed in some closed areas only	No policy	Total
	Percentage (95% CI)				
Overall	44.1 (41.6–46.6)	7.8 (6.5–9.1)	41.6 (39.2–44.1)	6.5 (5.4–7.5)	100.0
Gender					
Men	32.7 (29.6–35.8)	11.2 (9.4–13.1)	46.6 (43.6–49.6)	9.5 (7.9–11.1)	100.0
Women	56.8 (53.3–60.3)	4.0 (2.5–5.5)	36.1 (32.6–39.6)	3.1 (2.0–4.1)	100.0
Age (years)					
15-24	43.7 (36.8–50.7)	13.0 (7.7–18.2)	37.1 (30.8–43.4)	6.2 (3.0–9.3)	100.0
25-44	43.1 (39.9–46.3)	7.6 (5.8–9.4)	42.5 (39.4–45.6)	6.8 (5.3–8.3)	100.0
45-64	45.7 (42.0–49.4)	6.0 (4.3–7.7)	41.9 (38.1–45.7)	6.4 (4.9–7.8)	100.0
65+	46.9 (30.8–62.9)	3.8 (0.0–9.2)	49.3 (33.3–65.3)	0.0	100.0
Residence					
Urban	42.5 (39.6–45.5)	7.6 (6.0–9.1)	44.1 (41.1–47.0)	5.8 (4.7–7.0)	100.0
Rural	49.9 (45.6–54.3)	8.6 (6.6–10.6)	32.7 (28.6–36.8)	8.8 (6.6–10.9)	100.0
Region					
Western	45.5 (39.7–51.3)	7.4 (4.7–10.1)	39.9 (34.4–45.4)	7.2 (5.1–9.4)	100.0
Central	48.2 (44.0–52.3)	6.4 (4.5–8.2)	39.1 (34.9–43.3)	6.4 (4.5–8.3)	100.0
Southern	42.3 (37.5–47.2)	8.6 (5.8–11.3)	43.1 (38.0–48.3)	6.0 (4.2–7.8)	100.0
Eastern	39.5 (33.8–45.1)	9.2 (5.9–12.4)	44.9 (39.8–50.0)	6.5 (4.2–8.7)	100.0
Education Level[§]					
< Secondary	33.1 (24.5–41.7)	14.6 (8.4–20.8)	47.9 (38.3–57.6)	4.4 (0.9–7.9)	100.0
Secondary	36.6 (32.1–41.1)	11.4 (8.2–14.6)	43.4 (38.3–48.5)	8.6 (6.1–11.2)	100.0
High School	43.8 (40.3–47.3)	8.5 (6.5–10.4)	41.1 (37.7–44.4)	6.7 (5.2–8.1)	100.0
College or Higher	50.6 (46.4–54.8)	3.7 (2.1–5.2)	40.5 (36.1–44.9)	5.2 (3.6–6.9)	100.0

[§] Education Level: < Secondary = No formal schooling, primary school, less than secondary school completed (less than 9 grades), and basic secondary school completed (full 9 grades); Secondary = Full secondary school completed (11 grades); High School = High school completed, including professional & vocational secondary education; College or Higher = College/university completed, post graduate degree completed

Table 3.21: Percentage of adults 15 years and older who are exposed to tobacco smoke at work among those who work indoors or outdoors with an enclosed area, by the policy they have at work and selected demographic characteristics — Ukraine Global Adult Tobacco Survey, (GATS), 2010.

Characteristic	Adults Exposed to Tobacco Smoke at Work[1]			
	Disallowed in any closed area	Allowed everywhere	Allowed in some areas	No Policy
	Percentage (95% CI)			
Overall	8.9 (7.1–10.7)	92.0 (86.7–97.3)	44.1 (40.5–47.7)	70.6 (63.3–78.0)
Gender				
Men	11.4 (8.4–14.4)	96.8 (94.2–99.5)	48.0 (43.8–52.3)	72.0 (63.9–80.2)
Women	7.3 (5.2–9.5)	76.7 (58.9–94.5)	38.5 (32.7–44.4)	65.5 (48.6–82.4)
Age (years)				
15-24	8.7 (3.7–13.7)	91.1 (79.9–100.0)	48.1 (36.4–59.8)	*
25-44	9.6 (6.9–12.4)	91.5 (83.2–99.8)	43.2 (38.5–47.9)	69.2 (59.0–79.5)
45-64	7.5 (4.7–10.2)	93.5 (86.1–100.0)	44.0 (38.2–49.9)	67.8 (55.8–79.7)
65+	15.7 (1.1–30.3)	*	44.6 (26.8–62.4)	*
Residence				
Urban	8.1 (6.0–10.2)	92.5 (86.0–99.0)	44.9 (40.7–49.0)	67.8 (58.3–77.3)
Rural	11.5 (8.2–14.8)	90.3 (82.7–97.9)	40.6 (34.7–46.4)	77.2 (67.2–87.2)
Region				
Western	9.2 (5.4–12.9)	97.1 (92.8–100.0)	32.2 (24.0–40.5)	66.9 (52.4–81.5)
Central	11.9 (8.2–15.6)	94.6 (87.6–100.0)	39.6 (32.6–46.7)	75.9 (63.0–88.8)
Southern	7.3 (4.1–10.4)	86.7 (73.8–99.6)	40.0 (33.6–46.5)	51.8 (35.9–67.8)
Eastern	5.7 (2.3–9.0)	91.6 (81.5–100.0)	62.4 (55.5–69.3)	86.7 (76.6–96.8)

Characteristic	Adults Exposed to Tobacco Smoke at Work[1]			
	Disallowed in any closed area	Allowed everywhere	Allowed in some areas	No Policy
	Percentage (95% CI)			
Education Level[§]				
< Secondary	15.0 (5.2–24.9)	83.4 (67.0–99.7)	52.9 (38.7–67.2)	*
Secondary	10.0 (5.3–14.7)	94.4 (88.6–100.0)	50.3 (42.0–58.6)	68.2 (53.7–82.7)
High School	8.4 (5.6–11.1)	96.7 (91.5–100.0)	43.4 (38.6–48.3)	75.4 (65.3–85.5)
College or Higher	8.5 (5.6–11.5)	78.4 (53.9–100.0)	39.3 (33.1–45.4)	65.2 (49.2–81.3)

[1] In the past 30 days. Among those respondents who work outside of the home who usually work indoors and outdoors with an enclosed area

[§] Education Level: < Secondary = No formal schooling, primary school, less than secondary school completed (less than 9 grades), and basic secondary school completed (full 9 grades); Secondary = Full secondary school completed (11 grades); High School = High school completed, including professional & vocational secondary education; College or Higher = College/ university completed, post graduate degree completed

* Cell size less than 25

Table 3.22: Percentage and number of adults 15 years and older who were exposed to tobacco smoke in public places in the past 30 days, by selected demographic characteristics — Ukraine Global Adult Tobacco Survey (GATS), 2010

Characteristic	Among those who visited the following locations in the past 30 days, the percentage exposed to tobacco smoke					
	Government Buildings/ Offices	Health Care Facilities	Restaurants Or Cafe	Public Transportation	Universities	Private Workplaces
	Percentage (95% CI)					
Overall	10.2 (8.6–11.7)	6.6 (5.3–7.9)	64.1 (61.1–67.1)	17.5 (15.9–19.2)	23.5 (18.6–28.5)	31.8 (28.7–34.8)
Gender						
Men	12.9 (10.7–15.1)	9.2 (6.7–11.8)	65.7 (62.0–69.3)	17.9 (15.7–20.1)	23.2 (17.0–29.4)	38.1 (34.0–42.2)
Women	8.2 (6.4–10.0)	5.3 (3.8–6.8)	62.3 (57.3–67.2)	17.2 (15.2–19.2)	23.8 (17.0–30.6)	23.8 (19.1–28.6)
Age (years)						
15-24	14.8 (10.7–18.9)	5.8 (2.6–9.1)	67.9 (63.0–72.7)	20.5 (16.9–24.1)	27.5 (19.8–35.2)	28.9 (22.0–35.9)
25-44	9.4 (7.2–11.6)	6.9 (4.6–9.1)	64.7 (60.7–68.6)	19.1 (16.8–21.4)	17.3 (11.0–23.5)	33.6 (29.4–37.9)
45-64	8.9 (6.8–11.0)	7.2 (4.9–9.4)	54.2 (47.2–61.2)	16.0 (13.6–18.4)	18.3 (9.7–26.9)	32.1 (27.2–36.9)
65+	7.3 (4.3–10.3)	5.8 (2.7–8.9)	43.3 (23.0–63.5)	9.9 (7.2–12.5)	*	14.0 (3.1–24.9)
Residence						
Urban	11.5 (9.5–13.5)	7.6 (5.9–9.3)	68.6 (65.1–72.1)	18.7 (16.6–20.7)	24.8 (19.1–30.5)	31.0 (27.3–34.7)
Rural	6.8 (5.1–8.4)	4.2 (2.5–5.8)	48.9 (43.6–54.2)	14.1 (11.6–16.6)	17.8 (9.1–26.5)	34.4 (29.1–39.7)
Region						
Western	8.2 (5.3–11.0)	5.4 (3.3–7.6)	58.7 (53.0–64.3)	13.4 (10.6–16.2)	22.5 (13.6–31.4)	34.1 (27.0–41.1)
Central	8.6 (5.9–11.2)	4.7 (2.6–6.7)	61.5 (56.4–66.7)	17.5 (14.9–20.0)	15.0 (8.2–21.8)	30.7 (25.7–35.7)
Southern	10.7 (8.1–13.2)	7.8 (4.9–10.8)	65.9 (59.0–72.8)	15.6 (12.6–18.7)	23.8 (14.6–33.1)	25.2 (19.3–31.2)
Eastern	14.0 (9.9–18.0)	9.6 (6.2–13.0)	73.0 (66.4–79.6)	24.2 (19.5–29.0)	40.7 (26.5–54.9)	39.2 (31.9–46.5)
Education Level§						
< Secondary	8.1 (5.2–11.0)	3.3 (1.5–5.1)	58.5 (49.1–67.9)	16.1 (12.0–20.2)	22.4 (2.9–41.9)	28.1 (17.2–39.1)
Secondary	10.7 (7.3–14.2)	4.4 (2.0–6.9)	64.9 (58.4–71.4)	16.3 (13.3–19.3)	26.2 (17.8–34.5)	33.0 (26.6–39.4)
High School	9.2 (7.1–11.3)	7.0 (4.9–9.1)	61.3 (56.3–66.3)	17.0 (14.7–19.3)	24.0 (14.4–33.6)	34.4 (29.7–39.2)
College or Higher	11.7 (9.1–14.3)	8.9 (5.8–12.0)	68.0 (63.3–72.8)	20.0 (17.3–22.6)	21.0 (13.9–28.1)	28.9 (24.3–33.5)
Current Smoking Status						
Current Cigarette Smokers[1]	12.4 (9.5–15.4)	10.6 (6.7–14.6)	68.7 (64.3–73.1)	18.8 (16.0–21.6)	28.4 (19.0–37.9)	39.2 (33.8–44.6)
Non-smokers[2]	9.4 (7.8–11.1)	5.7 (4.3–7.0)	60.8 (56.9–64.7)	16.9 (15.2–18.7)	22.0 (16.8–27.3)	27.4 (23.7–31.1)

Characteristic	Among those who visited the following locations in the past 30 days, the percentage exposed to tobacco smoke					
	Government Buildings/ Offices	Health Care Facilities	Restaurants Or Cafe	Public Transportation	Universities	Private Workplaces
	Number (in thousands)					
Overall	2,065	853	7,190	4,934	1,082	3,042
Gender						
Men	1,107	394	4,043	2,249	483	2,025
Women	958	458	3,147	2,685	599	1,017
Age (years)						
15-24	623	155	2,995	1,338	767	582
25-44	730	317	3,249	1,946	198	1,607
45-64	565	274	883	1,352	105	820
65+	147	107	63	298	*	33
Residence						
Urban	1,679	696	5,942	3,917	936	2,287
Rural	386	157	1,248	1,017	147	755
Region						
Western	350	170	1,713	873	256	606
Central	568	187	2,156	1,411	232	966
Southern	532	270	1,631	1,161	262	640
Eastern	614	226	1,690	1,489	332	830
Education Level[§]						
< Secondary	214	65	637	645	75	171
Secondary	439	111	1,595	1,046	400	538
High School	688	337	2,358	1,819	278	1,311
College or Higher	710	324	2,571	1,386	330	1,012
Current Smoking Status						
Current Cigarette Smokers[1]	654	261	2,989	1,567	304	1,371
Non-smokers[2]	1,409	592	4,115	3,348	768	1,654

[1] Among current daily or less than daily cigarette smokers
[2] Among former and never smokers
[§] Education Level: < Secondary = No formal schooling, primary school, less than secondary school completed (less than 9 grades), and basic secondary school completed (full 9 grades); Secondary = Full secondary school completed (11 grades); High School = High school completed, including professional & vocational secondary education; College or Higher = College/ university completed, post graduate degree completed

* Cell size less than 25

Table 3.23: Percentage of adults 15 years and older who think smoking should not be allowed in the following indoor public places, by smoking status — Ukraine Global Adult Tobacco Survey (GATS), 2010

Public Places	Overall	Current Cigarette Smokers[1]	Non-smokers[2]
	Percentage (95% CI)		
Hospitals	98.4 (97.9–98.9)	96.9 (95.8–98.0)	99.0 (98.6–99.4)
Workplaces	91.1 (90.0–92.2)	80.9 (78.5–83.2)	95.0 (94.1–95.9)
Restaurants or Cafe	74.8 (73.0–76.7)	53.7 (50.6–56.8)	83.4 (81.5–85.2)
Bars	67.1 (65.1–69.1)	44.0 (40.9–47.0)	76.6 (74.5–78.8)
Public Transportation	99.6 (99.4–99.8)	99.4 (99.1–99.7)	99.7 (99.5–99.9)
Schools	99.6 (99.4–99.8)	99.4 (99.1–99.8)	99.7 (99.4–100.0)
Universities	95.8 (94.9–96.7)	92.8 (91.2–94.5)	97.0 (96.2–97.9)
Places of worship	99.8 (99.7–100.0)	99.9 (99.7–100.0)	99.8 (99.6–100.0)

[1] Among current daily or less than daily cigarette smokers
[2] Among former and never smokers

Table 3.24: Percentage distribution of adults 15 years and older who report inhaling other people's smoke during the last 30 days in various places, by frequency of exposure and gender — Ukraine Global Adult Tobacco Survey (GATS), 2010

Frequency of exposure	Overall	Men	Women
	Percentage (95% CI)		
Almost never, rarely	47.9 (46.2–49.5)	36.8 (34.8–38.9)	57.1 (54.9–59.2)
Several times a week	19.3 (18.0–20.6)	21.9 (20.1–23.7)	17.2 (15.4–18.9)
Almost daily	24.9 (23.4–26.5)	31.1 (29.0–33.2)	19.8 (17.9–21.7)
Several hours a day	7.9 (7.0–8.8)	10.2 (8.8–11.6)	6.0 (4.9–7.0)
Total	100.0	100.0	100.0

Table 3.25: Percentage distribution of current manufactured cigarette smokers 15 years and older, by last brand of manufactured cigarettes purchased and selected demographic characteristics — Ukraine Global Adult Tobacco Survey (GATS), 2010

Characteristic	Last Brand Purchased									Total
	Priluki	Chesterfield	Bond	Winston	Prima-Sribna	Marlboro	Prima Non-Filter	Monte Carlo	Other	
	Percentage (95% CI)									
Overall	9.0 (7.6–10.3)	8.2 (6.8–9.6)	7.7 (6.3–9.2)	7.1 (5.6–8.6)	6.4 (5.1–7.6)	6.1 (4.7–7.6)	4.8 (3.9–5.7)	4.5 (3.4–5.6)	46.2 (43.5–49.0)	100.0
Gender										
Men	10.5 (8.9–12.2)	8.6 (7.0–10.2)	8.2 (6.7–9.8)	6.5 (5.1–8.0)	7.6 (6.1–9.1)	5.9 (4.4–7.3)	6.0 (4.8–7.1)	4.5 (3.2–5.7)	42.2 (39.3–45.1)	100.0
Women	3.1 (1.2–5.1)	6.7 (3.4–10.0)	5.8 (2.9–8.7)	9.2 (5.1–13.3)	1.8 (0.7–2.9)	7.0 (3.7–10.4)	0.3 (0.0–0.8)	4.6 (2.4–6.8)	61.4 (55.3–67.5)	100.0
Age (years)										
15-24	4.8 (2.3–7.4)	15.3 (9.9–20.7)	13.0 (8.1–17.8)	15.3 (10.0–20.6)	0.8 (0.0–1.8)	10.4 (6.2–14.7)	0.0	4.6 (1.6–7.6)	35.8 (28.0–43.5)	100.0
25-44	10.1 (8.0–12.3)	9.3 (7.3–11.4)	7.5 (5.8–9.3)	7.2 (5.3–9.2)	6.6 (4.7–8.5)	7.8 (5.4–10.1)	2.0 (1.2–2.8)	5.9 (4.2–7.6)	43.5 (39.7–47.2)	100.0
45-64	10.6 (7.9–13.3)	2.6 (1.1–4.2)	5.3 (3.5–7.1)	2.5 (1.1–3.8)	9.3 (7.1–11.6)	1.4 (0.2–2.7)	9.4 (7.1–11.8)	2.6 (1.3–4.0)	56.1 (51.6–60.7)	100.0
65+	4.3 (1.0–7.6)	0.9 (0.0–2.7)	3.2 (0.1–6.4)	0.0	8.6 (1.9–15.4)	0.0	24.4 (17.8–31.1)	0.9 (0.0–2.7)	57.6 (48.8–66.4)	100.0
Residence										
Urban	7.8 (6.2–9.5)	9.0 (7.2–10.9)	7.3 (5.6–9.0)	7.9 (6.0–9.8)	3.0 (1.8–4.3)	7.9 (5.9–9.8)	3.2 (2.1–4.2)	4.7 (3.3–6.1)	49.2 (45.7–52.6)	100.0
Rural	11.9 (9.6–14.3)	6.0 (4.3–7.7)	8.7 (6.0–11.4)	5.1 (3.3–6.9)	14.7 (11.9–17.5)	1.7 (0.8–2.7)	9.0 (7.0–10.9)	3.9 (2.3–5.6)	38.9 (35.2–42.6)	100.0
Region										
Western	9.5 (6.4–12.6)	7.5 (4.7–10.4)	13.8 (9.1–18.5)	5.3 (2.6–8.0)	20.6 (16.1–25.0)	7.1 (3.8–10.3)	5.0 (3.0–6.9)	1.4 (0.2–2.6)	29.9 (23.2–36.5)	100.0
Central	9.1 (6.5–11.7)	10.0 (7.0–13.1)	6.2 (3.9–8.5)	6.8 (4.2–9.4)	6.5 (4.1–8.8)	8.8 (5.4–12.3)	8.9 (6.7–11.2)	3.3 (1.7–4.9)	40.4 (35.1–45.6)	100.0
Southern	7.3 (5.3–9.2)	8.3 (5.5–11.1)	6.1 (4.1–8.0)	7.8 (5.1–10.6)	1.1 (0.2–1.9)	4.6 (2.4–6.8)	2.5 (1.3–3.6)	7.1 (4.6–9.6)	55.3 (50.7–60.0)	100.0
Eastern	10.7 (7.3–14.2)	6.3 (4.0–8.6)	6.1 (3.5–8.7)	8.2 (4.6–11.7)	0.0	3.9 (1.7–6.1)	2.6 (1.1–4.1)	5.4 (2.5–8.2)	56.8 (51.4–62.1)	100.0

Characteristic	Last Brand Purchased									Total
	Priluki	Chesterfield	Bond	Winston	Prima-Sribna	Marlboro	Prima Non-Filter	Monte Carlo	Other	
	Percentage (95% CI)									
Education Level[§]										
< Secondary	8.4 (4.9–11.9)	4.5 (2.1–6.9)	4.2 (1.7–6.8)	5.2 (1.9–8.4)	6.5 (3.3–9.8)	2.7 (0.5–5.0)	11.0 (7.6–14.3)	3.7 (0.4–7.0)	53.8 (47.2–60.4)	100.0
Secondary	10.0 (7.2–12.8)	9.2 (6.0–12.4)	9.7 (6.7–12.7)	6.6 (3.7–9.6)	6.0 (4.2–7.9)	5.4 (2.8–8.0)	6.3 (4.1–8.5)	5.4 (3.0–7.7)	41.3 (36.7–46.0)	100.0
High School	10.9 (8.7–13.1)	7.3 (5.2–9.3)	9.2 (6.9–11.5)	6.7 (4.8–8.7)	8.3 (6.2–10.5)	4.7 (2.7–6.8)	3.3 (2.2–4.4)	4.9 (3.4–6.5)	44.6 (40.7–48.5)	100.0
College or Higher	3.9 (1.7–6.1)	12.0 (7.3–16.7)	3.9 (2.0–5.9)	9.2 (5.7–12.7)	2.4 (0.0–4.8)	13.0 (8.0–18.0)	1.6 (0.4–2.8)	3.2 (1.0–5.4)	50.9 (43.8–57.9)	100.0

[§] Education Level: < Secondary = No formal schooling, primary school, less than secondary school completed (less than 9 grades), and basic secondary school completed (full 9 grades); Secondary = Full secondary school completed (11 grades); High School = High school completed, including professional & vocational secondary education; College or Higher = College/university completed, post graduate degree completed

Table 3.26: Percentage distribution of current manufactured cigarette smokers 15 years and older, by the source of last purchase of cigarettes and selected demographic characteristics — Ukraine Global Adult Tobacco Survey (GATS), 2010

Characteristic	Where bought last manufactured cigarettes				Total
	Store	Kiosk	Street Vendor	Other	
	Percentage (95% CI)				
Overall	68.0 (65.2–70.8)	26.8 (24.0–29.5)	3.0 (2.1–3.9)	2.2 (1.5–3.0)	100.0
Gender					
Men	69.9 (67.0–72.9)	24.9 (21.9–27.9)	2.7 (1.8–3.6)	2.4 (1.6–3.3)	100.0
Women	60.7 (53.9–67.5)	33.7 (27.3–40.2)	4.1 (1.1–7.1)	1.4 (0.3–2.5)	100.0
Age (years)					
15-24	60.3 (53.5–67.1)	36.7 (29.8–43.6)	2.4 (0.3–4.5)	0.6 (0.0–1.3)	100.0
25-44	69.1 (65.4–72.9)	24.8 (21.4–28.2)	3.2 (1.8–4.7)	2.8 (1.7–3.9)	100.0
45-64	69.6 (65.1–74.1)	25.3 (20.9–29.7)	3.0 (1.4–4.7)	2.1 (0.6–3.6)	100.0
65+	77.5 (70.2–84.8)	16.1 (9.8–22.4)	2.9 (0.0–5.8)	3.5 (0.7–6.3)	100.0
Residence					
Urban	62.5 (58.8–66.2)	33.0 (29.4–36.6)	3.4 (2.2–4.7)	1.1 (0.4–1.7)	100.0
Rural	81.9 (78.5–85.2)	11.1 (8.4–13.8)	1.9 (0.7–3.0)	5.2 (3.2–7.2)	100.0
Region					
Western	75.0 (69.8–80.3)	20.3 (15.3–25.3)	1.6 (0.4–2.7)	3.1 (1.1–5.0)	100.0
Central	62.3 (56.3–68.3)	31.6 (25.6–37.6)	4.4 (2.1–6.7)	1.7 (0.6–2.8)	100.0
Southern	62.9 (57.6–68.2)	30.8 (25.8–35.9)	3.2 (1.5–5.0)	3.1 (1.4–4.7)	100.0
Eastern	75.7 (70.4–81.1)	21.1 (16.1–26.1)	2.3 (0.5–4.1)	0.9 (0.2–1.6)	100.0
Education Level[§]					
< Secondary	70.0 (63.1–76.8)	22.6 (16.0–29.2)	3.3 (0.7–5.9)	4.2 (1.8–6.6)	100.0
Secondary	70.1 (65.0–75.2)	25.6 (20.7–30.4)	3.1 (1.4–4.7)	1.3 (0.4–2.2)	100.0
High School	71.0 (67.4–74.6)	23.8 (20.4–27.2)	3.0 (1.7–4.4)	2.2 (1.1–3.2)	100.0
College or Higher	57.4 (50.5–64.4)	38.4 (31.9–44.9)	2.0 (0.0–4.4)	2.1 (0.6–3.6)	100.0

[§] Education Level: < Secondary = No formal schooling, primary school, less than secondary school completed (less than 9 grades), and basic secondary school completed (full 9 grades); Secondary = Full secondary school completed (11 grades); High School = High school completed, including professional & vocational secondary education; College or Higher = College/university completed, post graduate degree completed

Table 3.27: Average cigarette expenditures per month and number of cigarettes purchased last time among current manufactured cigarette smokers 15 years and older, by selected demographic characteristics — Ukraine Global Adult Tobacco Survey (GATS), 2010

Characteristic	Cigarette expenditures per month[1] (UAH)	No. of cigarettes purchased last time
	Average (95% CI)	
Overall	142.7 (137.5–148.0)	111.3 (10.8–211.7)
Gender		
Men	149.9 (143.9–155.9)	133.3 (6.3–260.3)
Women	112.8 (104.0–121.7)	28.5 (24.8–32.3)
Age (years)		
15-24	144.6 (126.2–162.9)	27.5 (20.9–34.1)
25-44	152.3 (145.3–159.2)	155.7 (0–363.7)
45-64	133.0 (126.2–139.7)	96.7 (41.3–152.0)
65+	102.1 (90.8–113.4)	87.3 (65.0–109.7)
Residence		
Urban	146.9 (139.8–154.0)	128.9 (0–268.9)
Rural	132.7 (127.5–137.8)	66.8 (56.7–77.0)
Region		
Western	139.1 (132.0–146.3)	46.0 (39.8–52.2)
Central	145.7 (132.4–159.0)	237.6 (0–592.0)
Southern	142.6 (133.4–151.8)	57.3 (45.4–69.2)
Eastern	142.7 (133.6–151.7)	86.9 (14.3–159.6)
Education Level[§]		
< Secondary	133.4 (121.6–145.2)	50.2 (42.2–58.3)
Secondary	138.9 (130.8–147.0)	52.3 (43.5–61.0)
High School	147.6 (138.1–157.1)	77.0 (39.2–114.9)
College or Higher	144.8 (135.9–153.8)	314.9 (0–840.4)

[1] Among daily manufactured cigarette smokers

[§] Education Level: < Secondary = No formal schooling, primary school, less than secondary school completed (less than 9 grades), and basic secondary school completed (full 9 grades); Secondary = Full secondary school completed (11 grades); High School = High school completed, including professional & vocational secondary education; College or Higher = College/university completed, post graduate degree completed

Table 3.28: Percentage distribution of adults 15 years and older, by smoking status and their position on increasing taxes on tobacco products — Ukraine Global Adult Tobacco Survey (GATS), 2010

Position on increasing taxes on tobacco products	Overall	Current cigarette smoker[1]	Not current smoker[2]
	Percentage (95% CI)		
Strongly favor	39.5 (37.6–41.3)	10.0 (8.4–11.6)	53.0 (50.6–55.3)
Somewhat favor	12.3 (11.1–13.5)	5.7 (4.3–7.0)	15.3 (13.8–16.9)
Somewhat oppose	33.0 (31.3–34.7)	69.8 (67.1–72.5)	16.2 (14.5–17.9)
Strongly oppose	15.2 (13.9–16.5)	14.5 (12.5–16.6)	15.6 (14.1–17.1)
Total	100.0	100.0	100.0

[1] Among current daily or less than daily cigarette smokers

[2] Among former and never smokers

Table 3.29: Percentage distribution of current manufactured cigarette smokers 15 years and older who bought cigarettes, by gender and expected behavior in case of tobacco products price increase — Ukraine Global Adult Tobacco Survey (GATS), 2010

Affect on smoking behavior	Overall	Men	Women
	Percentage (95% CI)		
Smoke as before	25.5 (22.8–28.1)	24.9 (22.2–27.7)	27.6 (20.8–34.4)
Switch to cheaper products	12.5 (10.6–14.4)	14.2 (12.0–16.4)	6.0 (3.4–8.6)
Smoke less	34.2 (31.4–37.0)	32.5 (29.7–35.4)	40.5 (33.5–47.6)
Quit smoking	27.8 (25.1–30.6)	28.3 (25.4–31.3)	25.8 (19.8–31.9)
Total	100.0	100.0	100.0

Table 3.30: Percentage of adults 15 years and older who noticed anti-cigarette smoking information during the last 30 days in various places, by smoking status, and selected demographic characteristics — Ukraine Global Adult Tobacco Survey (GATS), 2010

Characteristic	Noticed anti-cigarette smoking information during the last 30 days in....									
	Any location	Newspapers	Magazines	Television	Radio	Billboards	Public Transport	Posters in Health Facilities	Posters in Educational Institutions	Other
	Percentage (95% CI)									
Overall	66.0 (64.1–67.9)	23.5 (22.0–25.0)	16.3 (15.0–17.6)	46.3 (44.2–48.4)	14.0 (12.9–15.1)	24.7 (23.0–26.4)	15.4 (14.0–16.9)	21.4 (19.9–22.9)	9.3 (8.3–10.3)	1.5 (1.1–1.9)
Gender										
Men	65.1 (62.7–67.5)	23.3 (21.5–25.1)	14.6 (13.0–16.1)	46.0 (43.5–48.6)	13.9 (12.5–15.2)	25.2 (23.1–27.2)	16.0 (14.1–17.8)	16.9 (15.1–18.6)	8.0 (6.7–9.4)	1.7 (1.1–2.4)
Women	66.7 (64.4–68.9)	23.7 (21.8–25.6)	17.8 (16.0–19.6)	46.5 (44.1–49.0)	14.1 (12.7–15.5)	24.3 (22.3–26.4)	15.0 (13.4–16.6)	25.2 (23.2–27.2)	10.3 (9.0–11.7)	1.4 (0.9–1.8)
Age (years)										
15-24	75.3 (71.4–79.1)	21.6 (18.2–25.1)	21.4 (17.7–25.0)	51.4 (47.2–55.7)	12.3 (9.5–15.0)	38.1 (33.6–42.6)	23.0 (19.4–26.6)	25.1 (20.9–29.2)	23.2 (19.6–26.9)	2.4 (1.1–3.8)
25-44	65.5 (62.8–68.3)	23.9 (21.7–26.1)	19.3 (17.3–21.2)	44.3 (41.5–47.1)	11.7 (10.1–13.3)	26.9 (24.4–29.3)	15.1 (13.1–17.0)	22.6 (20.4–24.8)	7.9 (6.6–9.1)	2.0 (1.3–2.7)
45-64	67.2 (64.7–69.7)	25.5 (23.3–27.7)	14.9 (13.1–16.7)	48.0 (45.2–50.8)	14.9 (13.3–16.6)	23.5 (21.2–25.8)	16.8 (14.8–18.9)	22.4 (20.3–24.5)	7.0 (5.7–8.2)	1.0 (0.5–1.4)
65+	54.8 (51.7–57.8)	21.3 (19.0–23.6)	7.7 (6.3–9.1)	41.9 (38.8–45.1)	18.6 (16.4–20.9)	8.4 (6.5–10.2)	5.7 (4.5–7.0)	13.5 (11.4–15.6)	1.3 (0.6–2.1)	0.6 (0.2–1.1)
Residence										
Urban	65.1 (62.6–67.7)	22.5 (20.6–24.5)	17.6 (15.9–19.4)	43.5 (40.6–46.3)	11.8 (10.4–13.2)	27.1 (24.8–29.4)	15.5 (13.6–17.4)	21.9 (19.8–23.9)	8.9 (7.5–10.3)	1.6 (1.1–2.2)
Rural	67.7 (65.3–70.0)	25.6 (23.7–27.6)	13.6 (12.0–15.2)	52.4 (49.9–54.9)	18.6 (16.9–20.3)	19.6 (17.5–21.7)	15.3 (13.4–17.1)	20.5 (18.4–22.5)	10.2 (8.8–11.5)	1.3 (0.8–1.8)

Characteristic	Noticed anti-cigarette smoking information during the last 30 days in....									
	Any location	Newspapers	Magazines	Television	Radio	Billboards	Public Transport	Posters in Health Facilities	Posters in Educational Institutions	Other
	Percentage (95% CI)									
Region										
Western	68.5 (64.9–72.0)	24.6 (21.7–27.5)	14.2 (11.5–16.8)	48.9 (45.0–52.9)	16.4 (14.1–18.8)	25.7 (22.6–28.8)	17.1 (14.4–19.8)	21.7 (18.5–25.0)	9.5 (7.5–11.4)	1.7 (0.8–2.6)
Central	70.1 (67.5–72.7)	24.5 (22.1–26.9)	19.4 (16.9–21.9)	47.9 (44.9–50.8)	18.4 (16.3–20.6)	28.2 (24.8–31.7)	18.1 (15.4–20.8)	23.7 (21.2–26.2)	10.9 (8.7–13.0)	2.0 (1.0–2.9)
Southern	65.2 (61.0–69.4)	25.6 (22.2–29.0)	16.8 (14.3–19.3)	47.2 (42.3–52.0)	11.6 (9.4–13.7)	27.7 (23.8–31.5)	14.4 (11.7–17.1)	20.8 (17.8–23.8)	9.3 (7.3–11.2)	0.8 (0.4–1.3)
Eastern	57.9 (52.8–63.0)	18.2 (15.0–21.3)	13.7 (11.0–16.5)	39.8 (34.6–44.9)	7.7 (5.8–9.6)	14.3 (11.4–17.3)	11.1 (7.7–14.4)	18.5 (14.7–22.2)	6.8 (4.7–8.8)	1.6 (0.7–2.5)
Education Level[§]										
< Secondary	57.5 (54.3–60.8)	20.0 (17.4–22.6)	10.5 (8.3–12.7)	44.8 (41.4–48.2)	14.8 (12.7–16.9)	14.3 (11.9–16.6)	9.7 (7.8–11.5)	15.3 (12.8–17.8)	8.9 (6.8–11.1)	1.3 (0.5–2.1)
Secondary	68.6 (65.4–71.8)	23.8 (21.0–26.5)	15.3 (12.8–17.8)	49.6 (46.2–53.0)	15.3 (13.0–17.6)	26.5 (23.6–29.3)	17.6 (15.2–20.0)	20.0 (17.2–22.9)	9.3 (7.0–11.5)	1.7 (0.9–2.6)
High School	67.9 (65.3–70.5)	25.6 (23.3–27.9)	17.5 (15.5–19.5)	48.0 (45.2–50.8)	15.3 (13.6–17.1)	26.5 (23.9–29.1)	17.4 (15.3–19.5)	24.4 (22.3–26.5)	7.7 (6.4–8.9)	1.3 (0.7–1.8)
College or Higher	67.4 (64.2–70.5)	23.2 (20.4–26.0)	20.5 (17.9–23.1)	41.7 (38.1–45.3)	10.0 (8.2–11.8)	29.1 (26.0–32.1)	15.2 (12.7–17.7)	23.4 (20.4–26.4)	12.4 (10.1–14.7)	1.9 (1.1–2.8)
Current Smoking Status										
Current Cigarette Smokers[1]	63.0 (59.9–66.0)	22.1 (19.8–24.3)	16.6 (14.6–18.7)	44.6 (41.4–47.9)	10.6 (9.1–12.0)	26.4 (23.4–29.3)	15.3 (13.1–17.6)	16.7 (14.3–19.1)	6.1 (4.6–7.6)	1.8 (1.0–2.5)
Non-smokers[2]	67.1 (65.1–69.2)	24.2 (22.4–25.9)	16.2 (14.7–17.7)	46.9 (44.6–49.2)	15.3 (14.0–16.7)	24.0 (22.2–25.8)	15.5 (14.0–17.0)	23.3 (21.6–25.0)	10.5 (9.3–11.8)	1.4 (1.0–1.9)

[1] Among current daily or less than daily cigarette smokers

[2] Among former and never smokers

[§] Education Level: < Secondary = No formal schooling, primary school, less than secondary school completed (less than 9 grades), and basic secondary school completed (full 9 grades); Secondary = Full secondary school completed (11 grades); High School = High school completed, including professional & vocational secondary education; College or Higher = College/university completed, post graduate degree completed

Table 3.31: Percentage of current manufactured cigarette smokers 15 years and older who noticed health warnings on cigarette packages and considered quitting because of the warning label on cigarette packages during the last 30 days, by selected demographic characteristics — Ukraine Global Adult Tobacco Survey (GATS), 2010

Characteristic	Current manufactured cigarette smokers[1] who...	
	Noticed health warnings on cigarette package[2]	Thought about quitting because of warning label[2]
	Percentage (95% CI)	
Overall	96.6 (95.5–97.7)	57.9 (54.5–61.3)
Gender		
Men	96.6 (95.5–97.7)	56.9 (53.3–60.5)
Women	96.8 (93.6–100.0)	61.8 (55.5–68.2)
Age (years)		
15-24	97.0 (93.6–100.0)	53.4 (45.1–61.8)
25-44	97.2 (96.0–98.3)	60.7 (56.8–64.6)
45-64	96.5 (94.9–98.2)	57.6 (52.8–62.4)
65+	90.9 (86.4–95.5)	50.6 (41.6–59.7)
Residence		
Urban	97.1 (95.8–98.5)	55.9 (51.5–60.3)
Rural	95.4 (93.6–97.2)	63.0 (58.9–67.2)
Region		
Western	95.5 (93.3–97.7)	63.6 (56.4–70.8)
Central	97.5 (96.1–98.9)	61.4 (55.4–67.4)
Southern	95.6 (92.7–98.4)	54.9 (48.7–61.0)
Eastern	98.2 (96.7–99.7)	52.3 (44.3–60.4)
Education Level[§]		
< Secondary	92.2 (87.4–97.0)	50.7 (42.9–58.5)
Secondary	97.6 (96.4–98.8)	53.8 (48.5–59.0)
High School	96.8 (95.5–98.0)	60.9 (56.9–64.9)
College or Higher	98.5 (97.2–99.8)	62.1 (54.8–69.4)

[1] Among current daily or less than daily manufactured cigarette smokers

[2] During the last 30 days

[§] Education Level: < Secondary = No formal schooling, primary school, less than secondary school completed (less than 9 grades), and basic secondary school completed (full 9 grades); Secondary = Full secondary school completed (11 grades); High School = High school completed, including professional & vocational secondary education; College or Higher = College/university completed, post graduate degree completed

Table 3.32: Percentage distribution of particular Ukrainian warning labels found on cigarette packages — Ukraine Global Adult Tobacco Survey (GATS), 2010

Warning label — Ukrainian	Warning label — English	Overall
		Percentage (95% CI)
«Куріння викликає імпотенцію»	"Smoking causes impotence"	18.4 (16.0–20.8)
«Куріння під час вагітності шкодить вашій дитині»	"Smoking when pregnant harms your baby"	17.9 (15.3–20.5)
«Захистіть дітей: не дозволяйте їм дихати вашим димом»	"Protect children: do not make them breathe your smoke"	13.9 (11.6–16.3)
«Тютюновий дим шкодить здоров'ю тих. хто вас оточує»	"Tobacco smoke harms the health of those around you"	16.2 (13.9–18.5)
«Куріння викликає залежність. не починайте курити!»	"Smoking is addictive. do not start to smoke"	15.5 (13.1–17.8)
«Курці помирають рано»	"Smokers die early"	18.1 (15.3–20.8)
	Total	100.0

Table 3.33: Percentage distribution of warning label languages found on cigarette packages among current manufactured cigarette smokers who showed a package to interviewer by gender — Ukraine Global Adult Tobacco Survey (GATS), 2010

Language of Health Warning	Overall	Men	Women
	Percentage (95% CI)		
Ukrainian	98.4 (97.6–99.1)	98.4 (97.7–99.1)	98.1 (95.8–100.0)
Russian	0.6 (0.1–1.2)	0.4 (0.1–0.7)	1.6 (0.0–3.8)
Moldovan	0.9 (0.4–1.4)	1.0 (0.4–1.6)	0.3 (0.0–0.8)
No Health Warning	0.1 (0.0–0.4)	0.2 (0.0–0.4)	0.0
Total	100.0	100.0	100.0

Table 3.34: Percentage of adults 15 years and older who noticed cigarette marketing during the last 30 days in various places, by selected demographic characteristics — Ukraine Global Adult Tobacco Survey (GATS), 2010

Noticed Advertisement	Noticed advert-isements	In stores	On television	On radio	On bill-boards	On posters	In news or mags	In cinemas	On the internet	On or inside public trans vehicles or stations	On cig pack inserts	Anywhere else
	Percentage (95% CI)											
Overall	40.8 (38.9–42.7)	20.5 (18.9–22.1)	9.8 (8.7–10.9)	2.1 (1.6–2.5)	14.9 (13.5–16.3)	11.9 (10.6–13.2)	11.0 (9.8–12.1)	0.4 (0.1–0.6)	4.8 (4.0–5.7)	5.6 (4.7–6.5)	14.6 (13.3–15.9)	0.4 (0.2–0.7)
Gender												
Men	46.1 (43.7–48.6)	23.2 (21.2–25.3)	10.1 (8.6–11.5)	2.8 (2.1–3.5)	16.9 (15.0–18.8)	14.3 (12.5–16.1)	10.7 (9.3–12.1)	0.6 (0.1–1.0)	6.0 (4.8–7.2)	6.3 (5.2–7.5)	20.2 (18.2–22.3)	0.4 (0.1–0.7)
Women	36.4 (34.1–38.7)	18.3 (16.3–20.2)	9.6 (8.3–11.0)	1.5 (1.0–2.0)	13.2 (11.7–14.8)	9.9 (8.4–11.3)	11.2 (9.8–12.6)	0.2 (0.0–0.4)	3.9 (3.0–4.8)	5.0 (4.0–6.1)	9.9 (8.6–11.3)	0.5 (0.1–0.9)
Age (years)												
15-24	60.6 (56.3–64.9)	33.6 (29.4–37.8)	17.6 (14.4–20.8)	3.5 (2.0–5.0)	27.4 (23.2–31.7)	21.0 (17.3–24.7)	19.1 (15.4–22.8)	0.8 (0.0–1.6)	15.3 (11.9–18.7)	13.1 (10.0–16.3)	23.2 (19.3–27.0)	1.2 (0.1–2.2)
25+	36.4 (34.5–38.2)	17.6 (16.1–19.1)	8.1 (7.1–9.1)	1.8 (1.4–2.2)	12.1 (10.8–13.4)	9.8 (8.6–11.0)	9.1 (8.1–10.1)	0.3 (0.1–0.5)	2.5 (2.0–3.0)	3.9 (3.3–4.6)	12.7 (11.5–13.9)	0.3 (0.1–0.4)
Residence												
Urban	44.2 (41.6–46.8)	23.7 (21.4–25.9)	10.2 (8.7–11.7)	2.1 (1.5–2.7)	17.0 (15.1–18.9)	13.1 (11.3–15.0)	12.4 (10.9–14.0)	0.5 (0.2–0.8)	5.9 (4.8–7.0)	6.1 (4.9–7.3)	15.2 (13.5–16.9)	0.5 (0.2–0.8)
Rural	33.6 (31.1–36.2)	13.8 (12.0–15.7)	8.9 (7.5–10.4)	2.1 (1.5–2.7)	10.4 (8.7–12.1)	9.2 (7.7–10.7)	7.8 (6.4–9.2)	0.1 (0.0–0.2)	2.6 (1.4–3.8)	4.6 (3.4–5.8)	13.4 (11.5–15.3)	0.3 (0.0–0.8)

Noticed Advertisement	Noticed advert-isements	In stores	On television	On radio	On bill-boards	On posters	In news or mags	In cinemas	On the internet	On or inside public trans vehicles or stations	On cig pack inserts	Anywhere else
	Percentage (95% CI)											
Region												
Western	42.0 (38.6–45.4)	19.3 (16.1–22.4)	9.6 (7.7–11.5)	2.4 (1.4–3.4)	14.1 (11.9–16.3)	12.5 (10.3–14.7)	9.9 (7.8–12.0)	0.3 (0.1–0.5)	5.1 (3.4–6.9)	7.1 (5.2–8.9)	14.9 (12.1–17.8)	0.4 (0.0–0.9)
Central	39.3 (35.6–42.9)	20.9 (17.9–23.8)	10.0 (8.0–11.9)	2.8 (1.8–3.8)	13.2 (10.8–15.7)	10.0 (7.7–12.3)	12.1 (10.0–14.3)	0.4 (0.0–0.9)	6.3 (4.6–8.1)	7.3 (5.4–9.2)	13.4 (11.2–15.6)	0.6 (0.0–1.3)
Southern	43.8 (39.8–47.8)	21.6 (18.4–24.9)	10.7 (8.7–12.7)	1.6 (0.9–2.3)	20.8 (17.5–24.2)	17.4 (14.0–20.7)	11.7 (9.4–14.0)	0.5 (0.0–1.1)	4.1 (2.7–5.5)	5.0 (3.2–6.8)	16.5 (13.7–19.3)	0.3 (0.0–0.6)
Eastern	37.8 (33.3–42.4)	20.0 (16.2–23.8)	8.7 (5.5–12.0)	1.3 (0.5–2.1)	10.5 (7.4–13.6)	6.7 (4.5–9.0)	9.5 (7.0–12.0)	0.2 (0.0–0.4)	3.3 (1.7–4.8)	2.2 (1.2–3.3)	13.5 (10.8–16.2)	0.3 (0.0–0.7)
Education Level[§]												
< Secondary	28.2 (25.2–31.3)	12.3 (10.0–14.6)	9.7 (7.6–11.9)	1.8 (1.0–2.5)	9.0 (6.9–11.0)	7.3 (5.5–9.1)	6.6 (4.7–8.4)	0.5 (0.0–1.3)	4.1 (2.4–5.9)	4.4 (3.0–5.8)	9.6 (7.6–11.7)	0.0
Secondary	41.3 (38.1–44.5)	21.4 (18.5–24.3)	11.0 (8.8–13.2)	3.0 (1.8–4.1)	14.2 (11.8–16.6)	12.7 (10.3–15.1)	11.3 (9.0–13.6)	0.2 (0.0–0.4)	5.4 (3.7–7.2)	5.4 (3.7–7.2)	15.1 (12.7–17.5)	0.6 (0.0–1.3)
High School	43.1 (40.3–45.8)	21.3 (19.0–23.5)	9.0 (7.5–10.5)	1.9 (1.1–2.7)	15.9 (13.9–17.9)	12.6 (10.8–14.4)	10.3 (8.8–11.9)	0.4 (0.0–0.7)	3.8 (2.8–4.8)	5.5 (4.2–6.8)	18.1 (15.9–20.2)	0.6 (0.2–1.0)
College or Higher	47.5 (44.1–50.9)	25.4 (22.2–28.6)	10.0 (7.9–12.1)	1.9 (1.1–2.6)	19.0 (16.1–21.8)	13.7 (11.3–16.1)	15.6 (13.2–17.9)	0.4 (0.0–0.8)	6.5 (4.9–8.1)	6.8 (4.9–8.6)	12.8 (10.8–14.8)	0.4 (0.0–0.7)
Current Smoking Status												
Current Cigarette Smokers[1]	52.5 (49.5–55.4)	27.5 (24.7–30.3)	9.8 (7.9–11.7)	2.1 (1.3–2.9)	16.7 (14.4–19.0)	14.5 (12.3–16.7)	12.3 (10.4–14.1)	0.4 (0.0–0.9)	5.4 (4.0–6.7)	5.5 (4.3–6.8)	30.7 (27.7–33.6)	0.5 (0.1–1.0)
Non-smokers[2]	36.1 (34.0–38.2)	17.7 (16.0–19.4)	9.8 (8.6–11.1)	2.1 (1.6–2.6)	14.2 (12.6–15.7)	10.8 (9.4–12.2)	10.4 (9.1–11.7)	0.3 (0.1–0.6)	4.6 (3.6–5.6)	5.6 (4.6–6.7)	8.1 (7.0–9.2)	0.4 (0.1–0.7)

[1] Among current daily or less than daily cigarette smokers

[2] Among former and never smokers

[§] Education Level: < Secondary = No formal schooling, primary school, less than secondary school completed (less than 9 grades), and basic secondary school completed (full 9 grades); Secondary = Full secondary school completed (11 grades); High School = High school completed, including professional & vocational secondary education; College or Higher = College/university completed, post graduate degree completed

Table 3.35: Percent distribution of views on how tobacco products advertisements should be regulated among adults 15 years and older, by gender– Ukraine Global Adult Tobacco Survey (GATS), 2010

Views on how tobacco advertisements should be regulated	Overall	Men	Women
	Percentage (95% CI)		
Complete ban	70.1 (68.2–71.9)	64.8 (62.4–67.2)	74.4 (72.3–76.5)
Ban on most forms	8.0 (7.0–9.0)	9.0 (7.6–10.4)	7.1 (6.0–8.3)
More restrictions should apply than currently	8.6 (7.6–9.5)	9.4 (8.0–10.8)	7.9 (6.7–9.1)
Current restrictions are appropriate	12.7 (11.3–14.0)	15.7 (14.0–17.5)	10.1 (8.6–11.6)
Advertising should be allowed on TV & radio	0.7 (0.5–0.9)	1.0 (0.6–1.4)	0.5 (0.2–0.7)
Total	100.0	100.0	100.0

Table 3.36: Percentage of adults 15 years and older who noticed cigarette marketing during the last 30 days in various places, by selected demographic characteristics — Ukraine Global Adult Tobacco Survey (GATS), 2010

Noticed Sponsorship or Promotion	Noticed sports sponsor-ship	Noticed cig promos	Free samples	Prize Competition	Coupon	Free gifts/ discounts on other products	Clothing/ item with brand name or logo	Mail/Email promo cigs	Noticed any advertisement, sponsorship, or promotion
	Percentage (95% CI)								
Overall	2.2 (1.7–2.7)	15.8 (14.2–17.3)	2.0 (1.5–2.4)	5.9 (4.8–6.9)	0.3 (0.2–0.5)	4.8 (3.9–5.7)	9.5 (8.4–10.6)	1.1 (0.7–1.4)	45.1 (43.2–47.0)
Gender									
Men	3.5 (2.6–4.4)	20.0 (17.9–22.1)	2.4 (1.7–3.0)	7.1 (5.9–8.3)	0.5 (0.2–0.8)	6.4 (5.2–7.6)	12.3 (10.7–13.9)	1.5 (0.9–2.1)	51.6 (49.3–53.9)
Women	1.1 (0.6–1.6)	12.3 (10.5–14.0)	1.6 (1.1–2.2)	4.9 (3.5–6.2)	0.2 (0.0–0.3)	3.5 (2.4–4.5)	7.2 (6.0–8.4)	0.7 (0.3–1.0)	39.7 (37.4–42.0)
Age (years)									
15-24	4.7 (2.9–6.6)	30.0 (25.8–34.2)	2.6 (1.3–3.8)	13.4 (9.9–16.9)	0.3 (0.0–0.7)	10.0 (7.1–12.9)	18.7 (15.3–22.2)	2.2 (0.9–3.6)	66.8 (62.6–71.0)
25+	1.6 (1.3–2.0)	12.6 (11.2–14.0)	1.8 (1.4–2.3)	4.2 (3.5–4.9)	0.3 (0.2–0.5)	3.6 (2.9–4.3)	7.5 (6.5–8.5)	0.8 (0.5–1.1)	40.2 (38.4–42.1)
Residence									
Urban	2.3 (1.6–2.9)	18.7 (16.5–20.9)	2.5 (1.9–3.1)	7.3 (5.8–8.8)	0.4 (0.1–0.6)	6.1 (4.8–7.3)	11.1 (9.5–12.6)	1.3 (0.8–1.8)	49.3 (46.7–51.8)
Rural	2.1 (1.3–2.9)	9.5 (8.2–10.8)	0.9 (0.5–1.3)	2.8 (2.1–3.6)	0.3 (0.0–0.5)	2.1 (1.4–2.7)	6.3 (5.1–7.5)	0.6 (0.2–0.9)	36.3 (33.6–38.9)
Region									
Western	2.8 (1.5–4.2)	13.9 (11.4–16.5)	1.7 (0.8–2.6)	4.8 (3.2–6.3)	0.3 (0.0–0.7)	3.7 (2.3–5.2)	8.8 (6.7–11.0)	1.6 (0.7–2.4)	45.4 (42.1–48.6)
Central	3.2 (2.0–4.4)	16.5 (13.4–19.7)	1.6 (0.9–2.3)	6.3 (3.8–8.7)	0.2 (0.0–0.4)	5.3 (3.3–7.3)	9.2 (7.3–11.2)	1.1 (0.5–1.8)	43.7 (40.0–47.4)
Southern	1.5 (0.9–2.0)	14.9 (12.0–17.9)	2.7 (1.7–3.7)	5.7 (4.0–7.5)	0.4 (0.0–0.8)	4.8 (3.4–6.2)	9.8 (7.7–12.0)	0.9 (0.3–1.6)	47.6 (43.6–51.5)
Eastern	0.9 (0.2–1.7)	17.9 (14.2–21.6)	1.8 (0.9–2.7)	6.7 (4.6–8.9)	0.5 (0.0–1.0)	5.2 (3.1–7.3)	10.4 (7.7–13.1)	0.5 (0.1–1.0)	43.6 (39.0–48.2)

Noticed Sponsorship or Promotion	Noticed sports sponsor-ship	Noticed cig promos	Free samples	Prize Competition	Coupon	Free gifts/ discounts on other products	Clothing/ item with brand name or logo	Mail/Email promo cigs	Noticed any advertisement, sponsorship, or promotion
	Percentage (95% CI)								
Education Level§									
< Secondary	1.7 (0.6–2.7)	10.5 (8.3–12.7)	1.0 (0.3–1.6)	3.5 (2.2–4.8)	0.4 (0.0–0.8)	2.7 (1.6–3.8)	7.1 (5.1–9.1)	1.1 (0.2–2.0)	30.9 (27.8–34.0)
Secondary	1.8 (0.7–2.8)	14.5 (11.8–17.2)	1.8 (1.0–2.5)	6.3 (4.5–8.1)	0.5 (0.1–1.0)	4.5 (3.1–5.9)	8.6 (6.5–10.8)	1.1 (0.3–1.8)	45.2 (41.9–48.5)
High School	2.2 (1.4–2.9)	16.7 (14.5–19.0)	1.9 (1.2–2.6)	5.8 (4.5–7.2)	0.3 (0.1–0.6)	5.8 (4.3–7.3)	10.2 (8.4–12.0)	1.0 (0.5–1.5)	47.8 (45.1–50.5)
College or Higher	3.2 (2.0–4.5)	19.9 (16.8–23.0)	3.0 (1.9–4.1)	7.3 (4.7–9.9)	0.2 (0.0–0.4)	5.2 (3.7–6.7)	11.5 (9.5–13.4)	1.1 (0.5–1.7)	52.7 (49.3–56.1)
Current Smoking Status									
Current Cigarette Smokers[1]	2.8 (1.8–3.9)	25.3 (22.4–28.2)	2.9 (2.1–3.8)	10.1 (8.3–12.0)	0.6 (0.2–0.9)	9.8 (7.8–11.8)	13.8 (11.6–16.1)	1.6 (0.9–2.3)	59.2 (56.3–62.1)
Non-smokers[2]	1.9 (1.4–2.5)	11.9 (10.4–13.4)	1.5 (1.0–2.0)	4.2 (3.2–5.1)	0.3 (0.1–0.4)	2.6 (1.9–3.3)	7.7 (6.6–8.8)	0.8 (0.5–1.2)	39.4 (37.2–41.5)

[1] Among current daily or less than daily cigarette smokers

[2] Among former and never smokers

§ Education Level: < Secondary = No formal schooling, primary school, less than secondary school completed (less than 9 grades), and basic secondary school completed (full 9 grades); Secondary = Full secondary school completed (11 grades); High School = High school completed, including professional & vocational secondary education; College or Higher = College/university completed, post graduate degree completed

Table 3.37: Percentage and number of adults 15 years and older who believe that smoking causes serious illness, stroke, heart attack, lung cancer, smokeless tobacco causes serious illness, cigarettes are addictive, or breathing other people's smoke causes serious illness by smoking status and selected demographic characteristics — Ukraine Global Adult Tobacco Survey (GATS), 2010

Characteristic	Adults who believe that...				Among those that believe smoking causes serious illness, adults who believe that...							
	breathing other people's smoke causes serious illness	cigarettes are addictive	smoking nargile causes serious illness	smoking causes serious illness	smoking causes stroke	smoking causes heart attack	smoking causes lung cancer	smoking causes acute respiratory illness	smoking causes gastric ulcer	smoking causes bronchitis	smoking causes tuberculosis	smoking causes impotence
	Percentage (95% CI)											
Overall	86.3 (85.2-87.4)	96.1 (95.5-96.7)	31.4 (29.6-33.1)	93.1 (92.3-93.9)	81.3 (79.8-82.9)	82.7 (81.4-84.1)	95.2 (94.6-95.9)	42.3 (40.2-44.4)	69.9 (68.0-71.8)	81.2 (79.6-82.9)	79.8 (78.0-81.6)	57.9 (55.9-59.8)
Gender												
Men	82.5 (80.8-84.2)	96.9 (96.2-97.6)	31.3 (29.1-33.5)	91.4 (90.3-92.6)	77.9 (75.9-79.9)	79.5 (77.6-81.4)	94.6 (93.7-95.4)	39.4 (37.1-41.8)	67.2 (64.9-69.5)	77.2 (75.0-79.4)	75.2 (73.0-77.4)	57.3 (55.0-59.7)
Women	89.5 (88.2-90.7)	95.5 (94.6-96.4)	31.4 (29.2-33.6)	94.5 (93.6-95.4)	84.1 (82.4-85.8)	85.4 (83.8-86.9)	95.7 (94.9-96.6)	44.7 (42.2-47.2)	72.1 (69.9-74.4)	84.5 (82.7-86.3)	83.5 (81.5-85.6)	58.3 (56.0-60.6)
Age (years)												
15-24	87.7 (84.9-90.6)	97.1 (95.9-98.3)	34.0 (29.8-38.2)	94.6 (92.7-96.5)	75.6 (71.6-79.6)	78.2 (74.8-81.6)	97.0 (95.4-98.7)	42.6 (37.9-47.4)	58.5 (53.9-63.1)	74.2 (70.4-78.0)	78.8 (75.1-82.5)	63.4 (58.5-68.3)
25-44	87.1 (85.5-88.8)	97.2 (96.3-98.0)	34.2 (31.6-36.8)	93.6 (92.6-94.7)	80.4 (78.2-82.6)	82.1 (79.9-84.2)	95.4 (94.5-96.4)	40.4 (37.6-43.2)	71.1 (68.5-73.6)	80.6 (78.3-82.9)	78.0 (75.6-80.5)	61.8 (59.2-64.5)
45-64	86.1 (84.4-87.8)	96.3 (95.3-97.2)	32.6 (30.0-35.1)	92.4 (91.1-93.7)	85.3 (83.5-87.2)	86.1 (84.4-87.9)	95.0 (94.0-96.1)	43.2 (40.3-46.1)	74.3 (72.0-76.7)	85.0 (83.1-87.0)	82.4 (80.0-84.8)	57.9 (55.3-60.5)
65+	83.6 (81.7-85.5)	92.8 (91.2-94.3)	20.8 (18.1-23.6)	91.9 (90.4-93.4)	82.4 (80.0-84.8)	83.2 (80.9-85.4)	93.2 (91.8-94.6)	44.4 (41.0-47.9)	72.3 (69.4-75.1)	83.3 (81.0-85.7)	79.9 (77.1-82.6)	44.0 (40.7-47.4)
Residence												
Urban	87.0 (85.5-88.4)	96.5 (95.7-97.3)	33.5 (31.2-35.8)	93.4 (92.4-94.4)	82.4 (80.3-84.4)	84.1 (82.3-85.9)	95.6 (94.8-96.4)	41.3 (38.6-44.1)	70.2 (67.6-72.8)	81.1 (78.8-83.3)	78.1 (75.7-80.6)	59.1 (56.6-61.7)
Rural	85.0 (83.5-86.4)	95.3 (94.4-96.2)	26.8 (24.1-29.6)	92.5 (91.4-93.7)	79.1 (76.9-81.2)	79.8 (77.7-81.9)	94.4 (93.5-95.3)	44.4 (41.6-47.3)	69.4 (66.9-71.8)	81.5 (79.7-83.4)	83.3 (81.4-85.3)	55.2 (52.5-57.9)

Characteristic	Adults who believe that...				Among those that believe smoking causes serious illness, adults who believe that...							
	breathing other people's smoke causes serious illness	cigarettes are addictive	smoking nargile causes serious illness	smoking causes serious illness	smoking causes stroke	smoking causes heart attack	smoking causes lung cancer	smoking causes acute respiratory illness	smoking causes gastric ulcer	smoking causes bronchitis	smoking causes tuberculosis	smoking causes impotence
	Percentage (95% CI)											
Region												
Western	87.4 (85.7-89.1)	96.6 (95.5-97.8)	27.8 (24.8-30.8)	93.2 (91.6-94.8)	78.7 (75.1-82.3)	81.2 (78.5-83.9)	94.4 (93.1-95.8)	48.4 (44.8-51.9)	70.2 (66.9-73.4)	81.8 (78.6-85.0)	85.4 (83.1-87.8)	60.1 (56.3-63.9)
Central	85.6 (83.7-87.5)	96.0 (95.0-97.0)	34.8 (31.5-38.0)	93.1 (91.9-94.4)	82.7 (80.2-85.2)	82.8 (80.5-85.1)	95.2 (93.9-96.5)	41.7 (38.0-45.3)	68.3 (64.5-72.1)	81.6 (78.7-84.5)	77.3 (75.0-79.7)	53.4 (50.1-56.8)
Southern	85.7 (83.0-88.3)	95.3 (93.8-96.8)	33.9 (29.7-38.0)	92.3 (90.5-94.2)	82.8 (80.3-85.4)	83.6 (80.6-86.5)	95.0 (93.8-96.2)	47.3 (42.3-52.4)	77.7 (74.8-80.7)	83.0 (80.3-85.7)	81.1 (77.5-84.7)	62.1 (58.7-65.5)
Eastern	86.9 (84.3-89.5)	97.0 (95.9-98.0)	27.1 (23.5-30.8)	94.1 (92.6-95.6)	80.3 (76.2-84.3)	83.3 (80.0-86.7)	96.4 (95.3-97.4)	30.0 (25.6-34.3)	61.9 (56.8-67.1)	77.6 (72.9-82.3)	75.3 (69.4-81.2)	56.4 (51.3-61.5)
Education Level[§]												
< Secondary	81.2 (78.8-83.6)	92.2 (90.5-93.8)	20.0 (17.3-22.6)	91.0 (89.1-92.9)	75.2 (72.4-78.1)	76.4 (73.5-79.3)	92.3 (90.5-94.2)	38.0 (34.7-41.2)	60.9 (57.6-64.2)	76.1 (73.2-79.0)	76.7 (73.6-79.8)	43.9 (40.5-47.4)
Secondary	84.5 (82.3-86.7)	96.3 (95.3-97.3)	29.9 (26.9-32.8)	92.6 (91.2-94.1)	78.5 (75.7-81.2)	80.8 (78.2-83.3)	96.6 (95.6-97.6)	40.9 (37.6-44.2)	68.2 (65.0-71.4)	81.0 (78.3-83.8)	82.1 (79.5-84.8)	55.8 (52.3-59.3)
High School	87.7 (86.1-89.4)	97.2 (96.5-98.0)	32.7 (30.2-35.3)	93.5 (92.3-94.8)	83.2 (81.1-85.4)	84.5 (82.7-86.3)	95.2 (94.1-96.2)	43.7 (40.7-46.6)	71.6 (69.0-74.2)	81.8 (79.6-83.9)	79.3 (77.0-81.7)	61.9 (59.4-64.5)
College or Higher	90.5 (88.8-92.3)	97.6 (96.6-98.5)	40.8 (37.7-43.9)	94.9 (93.6-96.2)	86.2 (83.9-88.5)	87.5 (85.2-89.7)	96.5 (95.4-97.5)	45.1 (41.2-48.9)	76.6 (72.8-80.5)	84.9 (82.3-87.5)	81.1 (78.4-83.9)	65.5 (61.8-69.2)
Current Smoking Status												
Current Cigarette Smokers[1]	78.0 (75.6-80.3)	97.6 (96.8-98.3)	24.7 (22.2-27.3)	88.5 (86.8-90.2)	73.6 (70.8-76.3)	75.7 (73.1-78.3)	92.8 (91.4-94.3)	35.6 (32.7-38.4)	63.9 (60.8-66.9)	75.2 (72.4-78.0)	71.2 (68.3-74.1)	53.0 (49.9-56.1)
Non-smokers[2]	89.7 (88.6-90.8)	95.6 (94.8-96.3)	34.0 (32.0-36.0)	95.0 (94.2-95.7)	84.3 (82.7-85.9)	85.4 (84.0-86.9)	96.1 (95.5-96.8)	44.9 (42.6-47.2)	72.2 (70.3-74.1)	83.6 (81.9-85.3)	83.1 (81.3-84.9)	59.7 (57.6-61.7)

Characteristic	Adults who believe that...				Among those that believe smoking causes serious illness, adults who believe that...							
	breathing other people's smoke causes serious illness	cigarettes are addictive	smoking nargile causes serious illness	smoking causes serious illness	smoking causes stroke	smoking causes heart attack	smoking causes lung cancer	smoking causes acute respiratory illness	smoking causes gastric ulcer	smoking causes bronchitis	smoking causes tuberculosis	smoking causes impotence
	Number (in thousands)											
Overall	34,516	38,418	12,526	37,213	31,133	31,672	36,433	16,197	26,754	31,073	30,535	22,088
Gender												
Men	14,990	17,589	5,675	16,592	13,416	13,688	16,270	6,789	11,561	13,278	12,941	9,817
Women	19,526	20,829	6,852	20,621	17,717	17,984	20,163	9,407	15,193	17,795	17,594	12,271
Age (years)												
15-24	6,422	7,110	2,490	6,926	5,360	5,542	6,878	3,021	4,148	5,260	5,587	4,478
25-44	11,959	13,310	4,683	12,817	10,583	10,799	12,547	5,311	9,346	10,597	10,261	8,109
45-64	10,357	11,583	3,916	11,116	9,742	9,830	10,848	4,930	8,483	9,708	9,406	6,596
65+	5,778	6,415	1,438	6,354	5,448	5,501	6,160	2,934	4,777	5,508	5,282	2,905
Residence												
Urban	23,653	26,235	9,101	25,384	21,457	21,913	24,884	10,762	18,268	21,098	20,338	15,351
Rural	10,863	12,183	3,426	11,829	9,676	9,759	11,549	5,435	8,486	9,975	10,197	6,737
Region												
Western	8,192	9,040	2,601	8,719	7,002	7,219	8,396	4,302	6,241	7,278	7,599	5,342
Central	10,242	11,473	4,149	11,135	9,499	9,504	10,932	4,779	7,842	9,365	8,880	6,119
Southern	9,088	10,102	3,594	9,792	8,375	8,448	9,594	4,779	7,841	8,377	8,183	6,251
Eastern	6,993	7,802	2,184	7,567	6,258	6,501	7,511	2,337	4,830	6,053	5,873	4,377
Education Level§												
< Secondary	6,189	7,024	1,519	6,935	5,473	5,557	6,720	2,763	4,432	5,536	5,580	3,177
Secondary	7,549	8,602	2,670	8,271	6,667	6,864	8,203	3,475	5,797	6,888	6,981	4,732
High School	12,632	13,996	4,705	13,463	11,506	11,682	13,150	6,034	9,897	11,302	10,966	8,543
College or Higher	8,060	8,671	3,624	8,432	7,387	7,493	8,253	3,859	6,552	7,255	6,939	5,592

Characteristic	Adults who believe that...				Among those that believe smoking causes serious illness, adults who believe that...							
	breathing other people's smoke causes serious illness	cigarettes are addictive	smoking nargile causes serious illness	smoking causes serious illness	smoking causes stroke	smoking causes heart attack	smoking causes lung cancer	smoking causes acute respiratory illness	smoking causes gastric ulcer	smoking causes bronchitis	smoking causes tuberculosis	smoking causes impotence
	Number (in thousands)											
Current Smoking Status												
Current Cigarette Smokers[1]	8,925	11,152	2,828	10,110	7,844	8,070	9,891	3,792	6,803	8,008	7,587	5,624
Non-smokers[2]	25,513	27,171	9,655	27,006	23,201	23,513	26,445	12,343	19,862	23,001	22,870	16,390

[1] Among current daily or less than daily cigarette smokers

[2] Among former and never smokers

[§] Education Level: < Secondary = No formal schooling, primary school, less than secondary school completed (less than 9 grades), and basic secondary school completed (full 9 grades); Secondary = Full secondary school completed (11 grades); High School = High school completed, including professional & vocational secondary education; College or Higher = College/ university completed, post graduate degree completed

NOTES