"TOBACCO USE AMONG AUTO - RICKSHAW DRIVERS IN BELAGAVI CITY – A CROSS SECTIONAL STUDY"

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LIST OF ABBREVIATIONS USED

SL. No	ABBREVIATIONS	EXPANSION OF THE ABBREVIATIONS
1	**WHO**	World Health Organization
2	**OPMLs**	Oral premalignant lesions
3	**AD**	Anno Domini
4	**GATS**	Global Adult Tobacco Survey
5	**ICMR**	Indian Council of Medical Research
6	**OSMF**	Oral Sub Mucous Fibrosis
7	**WHR**	Waist to Hip Ratio
8	**WC**	Waist Circumference
9	**FVC**	Forced Vital Capacity
10	**FEV1**	Forced expiratory Volume
11	**FEV1%**	Forced expiratory Volume for 1second
12	**PEFR**	Peak Expiratory Flow Rate
13	**PIFR**	Peak Inspiratory Flow Rate
14	**FEF25-75**	Forced expiratory Flow 25-75%
15	**FEF50**	Forced expiratory Flow 50%
16	**MVV**	Maximum Voluntary Ventilation
17	**PUC**	Pre University College
18	**SES**	Socio Economic Status

19	**MF**	Multiplication factor
20	**ETS**	Environmental Tobacco Smoke
21	**BMI**	Body Mass Index
22	**SPSS**	Statistical Package for Social Sciences
23	**Kg**	Kilograms
24	**M**	Meter
25	**mmHg**	Millimeters of Mercury
26	χ^2	Chi Square
27	**Df**	Degree of Freedom
28	**SD**	Standard Deviation

ABSTRACT

BACKGROUND & OBJECTIVES

Tobacco use imposes a huge burden of disease in India and is a major global public health problem. The tobacco epidemic is one of the biggest public health threats the world has ever faced, killing more than 7 million people a year.

Tobacco users have increased risks of cancers of the oral cavity. Oral premalignant lesions (OPMLs) are relatively common and are an important target for cancer prevention.

Auto rickshaw drivers are under constant physical and mental pressure due to irregular shifts, continuous variation in fuel prices, long waiting hours, illiteracy, poverty, lack of knowledge about hazards of tobacco and other socioeconomic factors which lead to various habits. The present study was conducted in auto rickshaw drivers to know the prevalence of tobacco consumption and study the oral premalignant lesions

METHODOLGY

The present cross sectional study was conducted among auto rickshaw drivers who were permanent residents of Belagavi city, from 1st January to 31st December 2016. A sample size of 600 was calculated and obtained by selecting two auto rickshaw drivers randomly from 300 auto rickshaw stands.

Personal interview of eligible participants was conducted by the investigator, using pre-designed and pre-tested questionnaire adopted from GATS questionnaire. Data regarding socio demographic variables like age, address, educational status, years in

present occupation, socio-economic status and etc. were collected. General physical examination and oral visual examination for premalignant lesions in oral cavity were done in all the study participants. Informed consent was taken prior to data collection. Ethical clearance was obtained from institutional ethics committee.

RESULTS

The prevalence of tobacco use in any form was found to be 62.17%. Most of the participants had knowledge about health hazards of tobacco (88.66%).Non users (91.63%) had a better knowledge compared to users (86.86%). Most of them also favored all the legislations related to tobacco. Almost one third of the participants (30.17%) were found to have oral premalignant lesions. Tobacco use was significantly associated with age, literacy, type of family, years in present occupation, length of working hours, night shifts, oral premalignant lesions and body mass index.

CONCLUSION

The present cross sectional study reported a higher prevalence of tobacco use among auto rickshaw drivers residing in Belagavi. Most of the participants had good knowledge regarding tobacco and legislations related to tobacco. Friends and fellow auto rickshaw drivers were the most common source of motivation for tobacco use. Oral premalignant lesions were seen in one third of the participants.

KEYWORDS

Auto rickshaw drivers, tobacco, oral premalignant lesions, Belagavi.

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Introduction

INTRODUCTION

Tobacco use imposes a huge burden of disease in India and is a major global public health problem. The tobacco epidemic is one of the biggest public health threats the world has ever faced, killing more than 7 million people a year. More than 6 million of those deaths are the results of direct tobacco use while around 8, 90,000 are the result of non-smokers being exposed to second-hand smoke.[1]

Globally, cigarette smoking is the dominant form of tobacco use. In the Indian context, tobacco use implies a varied range of chewing and smoking forms of tobacco available at different price points, reflecting the varying socio-economic and demographic patterns of consumption. Tobacco is consumed in a variety of, both smoking and smokeless forms, e.g. beedi, gutkha, khaini, paan masala, hookah, cigarettes, cigars, chillum, chutta, gul, mawa, mishri, etc.[2]

According to World Health Organization (WHO), the latest survey on tobacco shows the 28.6% of Indian adults aged 15 and above use tobacco in any form. Every

fifth adult uses smokeless tobacco and every tenth adult smokes tobacco.[3] The prevalence of current tobacco smoking in Indian adults is 10.7%[3] (reduced from 14.0%[4] in 2009-10). Same survey also highlights the major use of smokeless form of tobacco in India with a prevalence of 21.4%[3] (reduced from 25.9% in 2009 – 10[4]).

Karnataka, with its share of about 25% is the second largest tobacco cultivated state in the country. The overall prevalence of ever-use of any kind of tobacco products was observed to be 29.6% in Karnataka. The prevalence of ever use of tobacco in Karnataka was 34.9% among urban men; 8.9% among urban women; 44.7% among rural men & 16.7% among rural women.[5]

According to Global Adult Tobacco Survey (2009-10), in Karnataka 28.2% adults (15 years and above) used tobacco. About 12% of adults were smokers and 19% used smokeless tobacco. Furthermore, 44% of adults were exposed to secondhand smoke at home.[6]

Tobacco in any form harms nearly every organ of the body, causes many diseases, and reduces the health in general. It causes diminished overall health, increased absenteeism from work, and increased health care utilization and cost. There are many diseases that are caused, increased or exacerbated by tobacco ranging from acute gastritis, predisposition to hypertension, diabetes mellitus, coronary artery disease, stroke, bronchial asthma and cancers to premature death. [7] The estimated total burden of cancer in India for the year 2016 was around 14.5 lakh new cases and about 30 per cent of all cancers in males and females were associated with the use of tobacco.[8]

Tobacco use causes many types of cancers, including cancer of the lung, larynx (voice box), mouth, esophagus, throat, bladder, kidney, liver, stomach, pancreas, colon, rectum, and cervix, as well as acute myeloid leukemia. People who use smokeless tobacco (snuff or chewing tobacco) have increased risks of cancers of the mouth, lips, nose, esophagus, and pancreas.[9] Among these, India has the highest number of cases of oral cancer in the world and this is increasing. This burden is not fully appreciated even within India, despite the high incidence and poor survival associated with this disease.[10]

Oral premalignant lesions (OPMLs) are relatively common, occurring in about 2.5% of the general population and are an important target for cancer prevention. Two most important lesions are leukoplakia and erythroplakia or erythroleukoplakia (when both occur in the same lesion) and represent clinical rather than histological diagnoses, but their importance derives from the high proportion of cases in which biopsy reveals dysplasia or even frank carcinoma. They can be detected visually, are easily amenable for screening and diagnosis and there is enough evidence to indicate that the cascade of premalignancy is triggered by tobacco (smoking, smokeless or inhaled, tobacco substitutes like pan masala or betel nut quid) and thus is considered as the strongest risk factor for majority of the oral lesions.[11]

The three-wheeled motorized vehicles, popularly known as auto rickshaws, are a backbone to urban mobility. Commuters in urban India are served by about 5 million auto rickshaw drivers who move through traffic-tangled streets all day for a living. The drivers work for over 10-12 hours per day and form part of the urban informal sector in India. They are generally self-employed and lack employment benefits such as health insurance and social security. Income insecurity is a significant

concern for the drivers – they earn on a daily basis leading to no fixed income. Health expenses are a big challenge for most auto rickshaw drivers. They suffer from serious respiratory health threats as they are constantly exposed to vehicular pollution. The drivers are also prone to road accidents given poor road infrastructure and badly maintained vehicles. On the road for most of their day, they suffer due to the poor quality and availability of hygienic water and sanitation facilities in the country, leading to further health issues.

Auto rickshaw drivers are under constant physical and mental pressure due to irregular shifts, continuous variation in fuel prices, long waiting hours, illiteracy, poverty, lack of knowledge about hazards of tobacco and other socioeconomic factors which lead to various habits. Based on similar studies in Central India, it has been found out that the overall prevalence of tobacco use among auto drivers is very high (84.25%) compared to general population, with the prevalence of smoking and tobacco chewing being 58.25% and 70.25% respectively.[12] The present study was conducted in auto rickshaw drivers as very few studies were done in this group and no studies particularly in southern part of India.

Objectives

OBJECTIVES

Primary objective:

- To know the prevalence of tobacco consumption among auto - rickshaw drivers in Belagavi city.

Secondary objectives:

- To know the knowledge and attitude regarding tobacco among study participants.
- To know the prevalence of oral premalignant lesions among tobacco users.

Review of Literature

REVIEW OF LITERATURE

Tobacco and its background in India

Tobacco appears to be as old as human civilization. Tobacco belongs to the family of plants called solanaceae or the night shade family and the genus *Nicotiana.* Cultivation of the tobacco plant probably dates back 8000 years when two species of the plant, *Nicotiana rustica* and *Nicotiana tabacum,* were dispersed by American Indians through the southern and northern American continent.

Tobacco was introduced into India by Portuguese traders during 1600 AD. Its use and production extrapolated to such a great extent that today India is the second largest producer of the tobacco in the world. Soon after its introduction, it became a valuable commodity of barter trade in India. Trade expanded and tobacco spread rapidly along the Portuguese trade routes in the East, via Africa to India, Malaysia, Japan and China. During this period, the habit of smoking spread across several South Asian countries.

Initially, the British traders imported American tobacco into India to finance the purchase of Indian commodities. When the American colonies declared

independence in 1776, the British East India Company began growing tobacco in India as a cash crop.

Tobacco occupies a prime place in the Indian economy on account of its considerable contribution to the agricultural, industrial and export sectors. In terms of tobacco cultivation, India is the second largest producer of tobacco in the world just next to China while the USA ranks third. Brazil, Turkey, Zimbabwe, Malawi, Italy and Greece are the other major tobacco producing countries of the world. Substantial contribution to the economies of these countries is by tobacco. In 2000-2001, the contribution of tobacco to the Indian economy was to the extent of Rs. 81,820 million, which accounted for about 12% of the total excise collections of the nation. Foreign exchange earnings during the same period were Rs. 9030 million, accounting for 4% of India's total agricultural export (Centre for Monitoring Indian Economy, 2004). In India, Andhra Pradesh, Gujarat, Karnataka, Maharashtra, Bihar and Tamil Nadu are the major tobacco producing states. Around 65% of India's tobacco production comes from Andhra Pradesh (34%), Gujarat (22%) and Karnataka (11%). Tobacco is also grown in Orissa, Uttar Pradesh, West Bengal and many more states to name a few. Andhra Pradesh, Gujarat, Karnataka and Uttar Pradesh together account for over 90% of total tobacco production in the country.

Currently, Indian exports its tobacco to more than 80 countries spread over all the continents. India has a large, highly integrated tobacco industry, which involves the cultivation of several varieties of tobacco, the manufacture of different tobacco products, ranging from unprocessed and chewing tobacco to packaged and highly advertised commercial products, and an extensive distribution and retail system. Over the years, a combination of strong prices, large quantities of domestic consumption

and good export demand for tobacco combined with low prices of other crops has helped the growth of tobacco from a cash crop to a manufacturing industry linked with commercial considerations. The tobacco industry in India includes the production, distribution and consumption of

(i) Leaf tobacco,
(ii) Smoking products such as cigarettes and beds and
(iii) Various chewing tobacco products.

The organized sector of the industry which is dominated by many bigger multinational corporations lies at the forefront of canvassing support for the sector. The unorganized sector too exploits its emotive appeal as a mass employer of the poor, especially rural unemployed women.[13]

Tobacco and Oral Cancerous Lesions

As per the Global Adult Tobacco Survey (GATS 2016), about 28.6% of Indian adults aged 15 years and above were tobacco users. Of them, 21.4% used Smokeless Tobacco (ST) products where as 10.7% used smoke form.[3] On the contrary, in the United States in 2015, an estimated 15.1% adults were current cigarette smokers, [14] whereas only 6.7% of men and 0.3% of women were ST users.[15] These reports clearly indicate that unlike western countries, smokeless tobacco is the commonest form of tobacco use in India. As per the World Health Organization report, the most significant risk factor for cancer is tobacco use, which alone is responsible for 22% of cancer deaths world over.[16]

There is a huge difference in the incidence and death due to tobacco related cancers between India and the western world. According to the figures of the American Cancer Society, in 2016, there were an estimated 16, 85,210 new cancer

cases among which 2,24,390 new cases of lung cancer were expected, which would account for about 13.31% of all cancers diagnosed in the United States. Whereas, estimated new cases of cancer of the oral cavity and pharynx were 48,330 which would account for 2.87% of all cancers diagnosed and 21.53% of the estimated lung cancer cases.[17] In a sharp contrast to this, according to the population based cancer registry published by Indian Council of Medical Research (ICMR) the estimated total burden (for the country as a whole) of cancer for the year 2016 was around 14.5 lakh new cases which was likely to reach 17.3 lakh new cases in 2020. The same report also said that the mouth cancer was the most common cancer among males.[8] In India, oral cavity and pharynx cancer accounted for about 12-32% of all cancer in males and about 3.5-10% of all cancers in females. Whereas, lung cancer accounted for only about 5-11% of all cancer in males and about 1.5-3% of all cancer in females.[18] There is also difference between incidence of cancer in different sub sites of head and neck region among different parts of the world. Oral cancer is by far the most common cancer in India; laryngeal cancers are common in western world and the nasopharyngeal cancers in Chinese and south east population.[19] The difference of incidence and site wise distribution of head and neck cancer between India and most parts of the world is believed to be due to the difference in tobacco consumption pattern, i.e., between smoking and ST use. According to a recently published study from India, the mortality rate in tobacco chewers has increased by 5 times due to oral cancer, in sharp contrast to the non - chewers. Increased mortality rate due to cancer of the pharynx, larynx, esophagus, stomach, and cervix were also noted among the chewers.[20]

Studies from India suggest a strong association of tobacco chewing with oral and oropharyngeal cancer. There is also almost certain association between tobacco

chewing and cancer of the hypo pharynx. Studies also suggest certain association of oropharyngeal and hypo pharyngeal cancer with the use of chewable form of tobacco. As tobacco chewing is exceedingly common in India compared to the western world, it is believed that the high incidence of hypo pharyngeal and oropharyngeal cancer in this part of world is attributed to the rampant use of the smokeless form of tobacco. Indian studies suggest a strong association between tobacco chewing and different premalignant lesions such as leukoplakia and erythoplakia. However, the association between tobacco chewing and Oral Sub mucous Fibrosis (OSMF) is not well established. Studies from India also suggest association between different dental diseases and tobacco chewing.[21]

Review of articles

A study done to determine the prevalence and trend towards tobacco use among auto drivers of Gwalior city found out overall prevalence of tobacco use among auto drivers to be 84.25%, while the prevalence of smoking and tobacco chewing were 58.25% and 70.25% respectively. Night shifts and longer waiting hours were associated with increased trend towards tobacco consumption. About 38% drivers required one dose of tobacco immediately after waking up in the morning while 45.10% required one dose before going to toilet. Almost 69% said that their friends had first introduced them to tobacco use. Majority (88.50%) knew about various health hazards associated with tobacco consumption and 68.00% drivers had knowledge about law for smoking in public places.[12]

A cross sectional, descriptive study done on auto rickshaw drivers of Jaipur city, Rajasthan showed that prevalence of tobacco consumption was very high (87%). Auto rickshaw drivers mostly used tobacco in the form of gutkha (72%) and beedi

(40%) in comparison to other products. Most of the auto rickshaw drivers started using tobacco products in age less than 18 years (80%) and associated factors for tobacco use were due to friends and their influence (78%).[22]

A study done in Nagpur city of Maharashtra to find out the prevalence of cardiovascular diseases risk factors among auto rickshaw drivers revealed that 40.20% subjects had habit of tobacco chewing, 35.14% were smokers and 7.77% had habit of gutkha chewing. Overall 71.28% subjects used to consume some form of tobacco.[23]

Another study done in Mumbai, India on taxi drivers found that 32% taxi drivers were chewing tobacco or gutkha while 28% were smokers. This could be associated with the fact that 40% of taxi drivers worked for more than 10 hours daily, while 35% taxi drivers worked 8 – 10 hours / day. [24]

A study conducted in Davangere showed that the overall prevalence of smoking among auto drivers was 29.5%, prevalence was more in the age group of 25-34 years and overall prevalence of smokeless tobacco was 36.5%, indicates that more than 1/3rd of the auto drivers were having habit of using smokeless tobacco.[25]

Another study conducted in Ludhiana city to find the prevalence of smoking among Rickshaw Pullers found that more than three-fourths (76.0%) were smokers with routine smokers (76.4%) more in number. Beedi (86.8%) was the commonest nature of smoke followed by cigarette (39.5%), hukkah (7.8%) and chilam (7.8%). Most of the pullers had been smoking for more than 5 years (88.0%). The rickshaw pullers usually smoked 6-12 beedis/cigarettes per day (47.4%). The pullers were initially exposed at the age of 15-20 years. Adventure, pleasure and relaxation were

major reason for smoking. They got information on smoking from friends (81.6%). More than half of them (55.3%) were aware of the deleterious health effects of smoking. More than 3 / 4th (76.3%) knew its respiratory effects.[26]

A study conducted in Chennai to assess the prevalence of tobacco consumption and the associated factors involved in its consumption among auto rickshaw drivers found the prevalence of consumption of tobacco products to be very high (87%). Auto rickshaw drivers were mostly using tobacco in the form of gutkha (72%) and beedi (40%) in comparison to other products. It also showed that they use cheap tobacco products. Most of the auto rickshaw drivers started using tobacco products in age less than 18 years (80%) and associated factors for tobacco use were friends and their influence (78%). Awareness level among auto rickshaw drivers was high (70%) but still used tobacco products because of its addiction (66%). In the opinion of auto rickshaw drivers, increase in tax may reduce its consumption and the majority of drivers (70%) thought that tobacco must be banned.[27]

Another study conducted to assess the risk factors of cardiovascular diseases among auto-rickshaw drivers of Kannur, north Kerala found that all the study population were males. Among the 330 auto rickshaw drivers interviewed, the cardiovascular risk factors were, current smokers (35.45%), current alcoholics (43.6%), those who were overweight & obese (40.6%), central obesity (32.1%) & hypertension (21.8%).[28]

According to a survey conducted by the Preventive Oncology department of the Tata Memorial Hospital, more than 30 per cent of Mumbai's taxi drivers suffer from pre-cancerous symptoms. An oral examination for the taxi drivers to detect pre-

cancerous symptoms or cancerous lesions in them revealed that 35 per cent of them had cancerous symptoms.[29]

A study done in Dharan, eastern Nepal to study the tobacco use among long route bus drivers and staff found the prevalence of tobacco consumption among the respondents to be 96.3%. Tobacco initiation at an age less than18 years was 52%. 'Peer pressure' and 'influenced by family member(s)' were the reasons for initiation while 'like the intoxicated feeling' (67.5%) and 'feeling Mature' were the reasons given for continued use. About 97% respondents claimed they knew about the injurious effect of tobacco use and cited respiratory, cancer and cardiac diseases, but only 48.9% knew this before initiating its use. More than 3/4th (75.8%) of tobacco consumers had tried to quit it due to 'Health issue' (65.3%) followed by 'Pressure from family members' and 'Economic burden'. Only about 20% were successful in quitting. The main reason for failure was feeling of addiction (69.7%). Among current tobacco users, 95% would like to seek medical help in quitting, if available.[30]

Another study done in Dhaka city in Bangladesh to find the prevalence and pattern of smoking among bus drivers found that the overall prevalence of smoking among bus drivers was 93%, and 20% of their daily income was spent on smoking. Though most (32.3%) of the drivers started smoking before involving in driving profession, but excessive smoking had been promoted by occupational and environmental stress and hectic work schedule. Individuals with no education were three times more likely to be smokers. Smoking was detected among 53.2% of smokers aged 26 or above, and they showed significantly high prevalence. The reasons behind smoking were mainly as a habit (38.1%), peer influence (26.8%), and as a method of stress relief (25.3%). Smoking can also worsen poverty among users

and their families because most of the drivers reported chest pain (34.4%), heart disease (25.8%), and other health complications caused by smoking depriving families of much-needed income and imposing additional costs of health care.[31]

A study conducted in rural area of Andhra Pradesh to study cardiovascular risk factors among transport drivers found that among 244 transport drivers, 114(46.70%) had habit of tobacco consumption out of which 82 were tobacco smokers and 32 had habit of tobacco chewing, about 58 subjects started the habit of tobacco consumption after joining the job. Gutkha chewers were 20 (7.77%). Average duration of tobacco smoking was 12.39±7.45 years and the average number of tobacco smoking in the form of cigarettes / beedis / others were 5.09 times a day. Perceived reasons for smoking were it suppresses cold (28.04%) and enables to concentrate on work (20.73%). Duration of alcohol intake and tobacco use, BMI, Waist to Hip Ratio (WHR) & Waist Circumference (WC) were significantly associated with hypertension.[32]

A study conducted in Bangalore to assess stress among Auto Rickshaw drivers revealed that out of 480 Auto-rickshaw drivers 29.8% had mild stress and 2 % had moderate stress, 90.6% belongs to age group 21 to 40 years and they had 27.8% stress as compared to 41 to 60 years(9.4%) had 32.2% stress. Socio-economic class depicts that 69.8% were upper lower (class IV) had 29.8% stress as compared to lower middle class III (30.2%) had 34.5% stress. About 84% had been in this profession since 10 years or less and stress was found to be 24.3% as compared to those driving more than 10 years (16%) who had stress around 76%.[33]

A comparative study was done among fifty non - smoker male auto drivers and age and sex matched individuals not exposed to auto rickshaw driving who

formed the control group. Pulmonary function parameters (FVC, FEV1, FEV1%, PEFR, PIFR, FEF25-75, FEF50 and MVV) were assessed using a computerized Spiro meter during their working hours in both the groups. There was a highly significant decrease in FVC and FEV1 in the study group compared to control group. The decrease in FEV1%, PIFR, FEF_{25-75} and FEF_{50} were statistically significant but the decrease in PEFR and MVV were statistically non significant and these results pointed towards the adverse effects of vehicle exhaust on lung functions, mainly on lower airways with restrictive pattern of disease.[34]

Another study conducted among 296 auto rickshaw drivers working in Nagpur city of Maharashtra found that the mean systolic BP of the subjects was 124.45 $\pm$ 15.85 mmHg and diastolic BP was 82.00 $\pm$ 14.05 mmHg. Overall only 27.70% subjects had normal blood pressure while 37.16% were pre hypertensive and 35.14% were hypertensive. Association of hypertension with age, number and duration of breaks during working hours, regular physical exercise, alcohol intake, tobacco consumption and Body Mass Index were found to be statistically significant.[35]

Another study conducted among 440 Auto-rickshaw drivers of Agra city to assess their health status revealed 47.27% subjects had no complaints at the time of interview, while 25.45% had one complaint, 12.27% had two complaints and 15% had more than two complaints at the time of interview. About 41% of the subjects had presenting complaints of ocular system while 28.64% had complaints of respiratory system and 20.45% had complaints of nervous system. Two most common presenting complaints of study subjects were blurring of vision (15%) and watering of eyes (10.45%). Around 29% subjects had refractive errors, 25.45% had mild anemia,

19.55% had musculoskeletal discomforts, 18.64% had grade I hypertension while 11.59% had grade II hypertension and 10.49% were overweight.[36]

A study conducted in Belgaum to find the tobacco use, its correlates and knowledge about its hazards in Belgaum urban area, Karnataka found the prevalence of ever users of tobacco to be 29.41%. Among the tobacco users, 10.29 % had initiated the habit before the age of 18 years. All the 28 consumers above the age group of 50 were consuming tobacco from more than 10 years while 24 of those between 30-49 years were consuming from more than 10 years. Among 68 current users, 8 had attempted to quit tobacco. Almost 90 % of the tobacco users knew that tobacco causes cancers.[37]

Another study conducted in Belgaum to study oral precancerous lesions, conditions and oral cancer among population tobacco using population found that the use of smokeless tobacco was predominant in women and men below 30 years, but smoking was predominant in men above 30 years. Combination of smoking and smokeless tobacco use was the highest with 275 (37.7%). All the females were tobacco chewers and they also belonged to low socioeconomic status. The prevalence of precancerous lesions like leukoplakia was 102 (13.4%), Oral submucus fibrosis was 215 (28.3%) and oral cancer was 48 (6.3%).[38]

A cross sectional study done to find out the prevalence of oral precancerous lesions and conditions among tobacco consumers in rural population around Belgaum found that among the 840 participants, 232 were tobacco consumers. 87% were smokeless tobacco users and among them 37% had different oral lesions. Prevalence of precancerous lesion and condition was 51.21%. Significant association was seen with type of tobacco used. The habit of tobacco chewing and smoking showed a

statistically significant association with oral lesions which were common in younger age group.[39]

Methodology

METHODOLOGY

a) Source of data:

Registered regular auto rickshaw drivers aged 18 years and above, who were permanent residents of Belagavi city.

b) Study design:

Cross sectional study

c) Study period:

One year – 1st January to December 31st 2016.

d) Sample size:

Sample Size = 4 P (100−P) /d 2

P=Estimated prevalence, taken as 84% [12]

d= Absolute error in estimation of P, taken as 3%

Thus, $n = 4 \times 84 (100-94) / 3^2 = 597 \approx 600$

These 600 auto rickshaw drivers were selected from different auto stands of the Belagavi. The city has around 300 major auto rickshaw stands and among each stand two auto drivers were selected for the study.

DATA COLLECTION:

Data was collected using a pre designed and pre tested questionnaire by personal interview method. General physical examination and oral visual examination for premalignant lesions in oral cavity were done in all the study participants. Informed consent was taken prior to data collection.

INCLUSION CRITERIA:

1) Registered, regular auto - rickshaw drivers above 18 years of age in the study area.

2) Those who are permanent residents of Belagavi city from the past 1 year.

EXCLUSION CRITERIA:

1) Non regular (part time) auto rickshaw drivers.

SAMPLING METHOD

The city has around 300 major auto rickshaw stands and among each stand two auto drivers were selected for the study.

SAMPLING PROCEDURE

Two auto rickshaw drivers who were last in the queue were selected purposively. This was to have ample amount of time for the participant to be interviewed and examined for the study, which could not have been done if someone else from the queue were selected as they had to discontinue the study if their auto rickshaw was hired meanwhile.

ETHICAL CLEARANCE

Ethical Clearance was obtained from the Institutional Ethics Committee for Human Subject's Research of J. N. Medical College, KLE university, Belagavi (Ref: MDC/DOME/379 dated 19 November 2015).

INFORMED CONSENT

Written Consent was obtained from all participants before start of the interview for data collection. Participants were informed in detail about the purpose of the study and their rights, possible benefits and risks.

METHOD OF DATA COLLECTION

Personal interview of eligible participants was conducted by the investigator, using pre-designed and pre-tested questionnaire adopted from GATS questionnaire.[40] Data regarding socio demographic variables like age, address, educational status, years in present occupation, socio-economic status and etc. were collected.

Visits were made by the investigator to all the 300 major auto rickshaw stands within the limits of Belagavi City Corporation and auto rickshaw drivers were identified according to sampling procedure. These auto rickshaw drivers were explained about the purpose of the study and after getting their written informed consent, they were interviewed and examined in the auto rickshaw stands or any convenient place nearby.

The participants were given free chance to discontinue from the study at any given point of time for any privacy or confidential issues or work related issues. Care was taken to make sure that the participants did not have any hindrance in their work.

OPERATIONAL DEFINITION

Auto rickshaw drivers were those who drove auto rickshaws (three-wheeled motorized vehicles) for any commercial purposes (not for transport of goods or luggage) as their main profession.

INSTRUMENTS USED FOR DATA COLLECTION

Measuring Tape

The subject was asked to stand straight without footwear, with heels, buttocks and back straight and arms hanging by side. The height was measured from head to heel. The coinciding reading was measured to the nearest 0.1 cm using a metallic measuring tape.

Adult weighing scale

Body weight was measured without any foot wear and with minimal clothing to the nearest 0.1 kilogram using a standard portable adult weighing machine, which

was standardized periodically during the study. The scale was adjusted to zero before each session and weight was recorded in kilograms.

Torch and Disposable wooden sticks

Torch and disposable wooden sticks were used for performing Oral Visual Examination. A fresh wooden stick was used for every participant.

Sphygmomanometer

Blood pressure of each individual was measured on right arm in sitting position at the nearest convenient place available. A standard digital sphygmomanometer was used for all the participants. Three readings were taken within three minutes and mean of three readings was taken as the final reading for classification.

QUESTIONNAIRE:

Questionnaire for the present study was adopted from the GATS questionnaire. The questionnaire was customized according to the needs of the present study. Some questions related to the occupation and tobacco consumption were added to the original GATS questionnaire to meet the study objectives. Similarly, some other questions from GATS which were not relevant to the study were left out.

PROFORMA VARIABLES

Wherever possible, standard definitions were used to determine the definitions of the terminologies in the study.

SOCIO-DEMOGRAPHIC PROFORMA

AGE: Age of the participant in years as completed on his last birthday.

ADDRESS: Study participant's place of present stay was collected. It was grouped as urban among those who stayed within the area covered under City Corporation and rural among those who stayed in the areas covered by gram panchayat.

RELIGION: Study participant's religion was noted and grouped as Hindu, Muslim, Christian and Others (Jain etc.)

EDUCATION: Every study subject was asked about his educational qualification. It was classified as follows:

1. **Illiterate:** A person who cannot read and write any language.
2. **Primary School:** A person who had formal school education from first to seventh standard.
3. **High School:** A person who had formal school education from eighth to tenth standard.
4. **P. U. C:** A person who had studied up to Pre-University College first or second year (PUC) or 11^{th} or 12^{th} standard.
5. **Diploma or Graduate:** A person who had completed diploma or graduation in any subjects or had any other higher qualifications.

TOTAL FAMILY INCOME: Combined income of all earning members of the family.

FAMILY SIZE: Total number of members in the family.

TYPE OF FAMILY

1. **Nuclear Family:** The family consisting of married couple along with their dependent children.

2. **Joint Family:** It consists of number of married couples and their children who live in the same household.

3. **Broken Family:** A family where the parents have separated, or where death has occurred of one or both the parents.

4. **Three generation Family:** A family where of representatives of three generations related to each other by direct descent live together.

5. **Problem Family:** Those families which lag behind the rest of the community. Standards of life are generally far below the accepted minimum and home life is utterly unsatisfactory.[41]

SOCIO-ECONOMIC STATUS (SES) CLASS

Information regarding per capita income (in Rupees/month) was collected and socio-economic status was classified using Modified B. G. Prasad's[42] classification for the study period (2016).

Monthly Per Capita Income = Total monthly income of family / Total members of family

Modification was done with the aid of Correction factor (CF), which was obtained as below:

Multiplication factor = Value of consumer price index [Average for the study period] / 100

Multiplication factor (MF) = 274.33/100 = 2.7433

As our study period was from 1st January 2016 till 31st December 2016, the mean consumer price index for the period was considered.

The new income value can now be calculated using the following equation:

New income value = Old income value (Base 1960) × 4.93 × 4.63× MF

Socio Economic Status: Class	Classification of 1961 (per capita income in rupees/ month)	Classification for 2016 (per capita income in rupees per month)
I	100 and above	6261 and above
II	50 – 99	3131 – 6260
III	30 – 49	1879 – 3130
IV	15 – 29	939 – 1878
V	Below 15	Below 939

MARITAL STATUS: Data regarding marital status was obtained and categorized as married, unmarried, widower, divorcee and separated.

TYPE OF HOUSE:

KUCCHA HOUSE: Houses made from mud, thatch, or other low-quality materials were categorized as kuccha houses.

PUCCA HOUSE: Houses made with high quality materials throughout, including the floor, roof, and exterior walls, were categorized as pucca houses. [43]

LENGTH OF WORKING HOURS: Data regarding **l**ength of working hours on an usual day were collected which also included breaks for tea, lunch and etc. These were entered as numerical variables.

NIGHT SHIFTS IN AN USUAL WEEK: Average number of night shifts done per week were collected and entered as numerical variables. Night shifts were defined as any shifts of work done between the period of 8 pm to 8 am.

YEARS IN PRESENT OCCUPATION: Study participant's data regarding number of consecutive years in present occupation of driving three wheeled auto rickshaw for commercial purpose were taken and recorded as numerical variables.

TOBACCO AND RELATED DEFINITIONS

Tobacco products are products made entirely or partly of leaf tobacco as raw material, which are intended to be smoked, sucked, chewed or snuffed.[44]

SMOKE FORM: The predominant use of tobacco is by smoke inhalation of cigarettes, beedis, pipes, cigars and others.

TYPES OF SMOKED FORM

- **Cigarette:** A thin cylinder of ground or shredded tobacco that is wrapped in paper, lit, and smoked.

- **Beedi:** Small, thin, hand-rolled cylindrical product which contain tobacco and can be flavored. When smoked, beedis have higher concentrations of nicotine, tar, and carbon monoxide than conventional cigarettes.

- **Cigar:** A tube of tobacco that is thicker than a cigarette, wrapped in tobacco leaf, lit, and smoked. Cigars include regular cigars, cigarillos, and little filtered cigars.

- **Hookah:** Hookahs are water pipes that are used to smoke specially made tobacco that comes in different flavors, such as apple, mint, cherry, chocolate, coconut, licorice, cappuccino, and watermelon. Also called water pipes.

- **Pipe:** A tube with a small bowl at one end that is filled with tobacco, lit, and smoked. [45]

SMOKELESS TOBACCO: Refers to a variety of tobacco products that are sniffed, sucked, or chewed.

- **Chewing tobacco:** A type of shredded or twisted smokeless tobacco that the user keeps in his or her mouth, between the cheek and gum.
- **Dip:** Dipping tobacco (so called because users dip their fingers into the package to pinch a portion to insert into the mouth) is moist ground tobacco placed between the lower lip or cheek and the gums; it is not used nasally.
- **Dissolvables**: Dissolvables are finely ground tobacco pressed into shapes such as tablets, orbs, sticks, or strips and slowly dissolve in the mouth.
- **Snuff:** Finely ground smokeless tobacco usually sold in round cans. Can be placed between the check and gum or may be sniffed.
- **Snus:** Moist snuff packaged in ready-to-use pouches that resemble small tea bags Pouch is placed between cheek or teeth and gums; does not require spitting. [45]

TYPES OF CHEWING TOBACCO:

- **Chewing raw tobacco**: Small pieces of raw or commercially available finely cut tobacco used for the purpose of chewing.
- **Betel quid with tobacco:** Betel quid consists of four main ingredients - betel quid leaf (Piper betel), areca nut (Areca catechu), slaked lime [Ca (OH2)] and catechu (Acacia catechu). Tobacco is the most important ingredient of betel for regular users.
- **Gutkha:** It is a dry, relatively non-perishable, commercial preparation containing areca nut, slaked lime, catechu and condiments and powdered tobacco (tobacco waste). Tobacco, betel quid nut and catechu are mixed together with several other ingredients, flavored and sweetened. Product is sold in small brightly-colored packets, which appeal to children. The same mixture without tobacco is called pan masala.
- **Lime with tobacco:** Use of a mixture of sun-dried tobacco and slaked lime known in some areas as khaini. A small quantity of tobacco is taken in the palm and a little slaked lime is added. The ingredients are then mixed vigorously with the thumb to make them alkaline (pH 8.3) and placed in the mouth.[46]
- **Khaini:** This is one of the most common methods of chewing tobacco. Dried tobacco leaves are crushed and mixed with slaked lime and chewed as a quid.[47]
- **Mawa:** is a preparation containing thin shavings of areca nut with the addition of some tobacco and slaked lime. Small pieces of sun-cured areca nut and mixed with tobacco flakes and slaked lime (liquid calcium hydroxide). The mixture is rubbed together to combine. The resulting mixture is about 95% areca nut.

- **Kimam:** It is a thick tobacco paste which is also available as granules or pellets. Paste is placed in the mouth and chewed. Also used in betel quid.
- **Zarda:** It is prepared by cutting tobacco leaves into small pieces and boiling them in water with slaked lime and spices until the water evaporates. It is then dried, and coloring and flavoring agents are added. Zarda may be chewed by itself, with areca nut or in betel quid quid.[46]

OTHER TERMINOLOGIES

- **Amount smoked:** The average number of cigarettes smoked per day, on days when cigarettes were smoked.
- **Current smoker:** An adult who has smoked 100 cigarettes in his or her lifetime and who currently smokes cigarettes. Beginning in 1991 this group was divided into “everyday” smokers or “someday” smokers.
- **Environmental Tobacco Smoke (ETS):** Also called second-hand smoke. Inhaling ETS is called passive smoking. Usually refers to cigarette smoke in the environment of a nonsmoker.
- **Every day smoker:** An adult who has smoked at least 100 cigarettes in his or her lifetime, and who now smokes every day. Previously called a “regular smoker”.
- **Former smoker:** An adult who has smoked at least 100 cigarettes in his or her lifetime but who had quit smoking at the time of interview.

- **Never smoker:** An adult who has never smoked, or who has smoked less than 100 cigarettes in his or her lifetime.

- **Quit attempt:** A quit attempt is defined as having stopped smoking for one day or longer with the intention of quitting.

- **Someday smoker:** An adult who has smoked at least 100 cigarettes in his or her lifetime, who smokes now, but does not smoke every day. Previously called an "occasional smoker".

- **Smoking status:** A recoded variable based on several questions about cigarette smoking. It includes the categories of current smoker, former smoker, never smoked, and smoking status unknown.[45]

ANTHROPOMETRY

BODY MASS INDEX (BMI):

Calculation of BMI (in Kg/m^2) = Weight in kg / (Height in m) ^{2} * 100

BMI calculated was categorized as per the WHO criteria for Asian population[48]

CATEGORY	BODY MASS INDEX
UNDERWEIGHT	< 18.5 Kg / m^2
NORMAL	18.5 – 23.0 Kg / m^2

OVERWEIGHT	23.0 – 27.5 Kg / m^2
OBESE	> 27.5 Kg / m^2

BLOOD PRESSURE: Blood pressure findings after being recorded were classified according to updated JNC - 8 guideline recommendations[49]

CATEGORY	SYSTOLIC BLOOD PRESSURE	DIASTOLIC BLOOD PRESSURE
NORMAL	< 120 mmHg	< 80 mmHg
PREHYPERTENSION	120 – 139 mmHg	80 – 89 mmHg
HYPERTENSION STAGE I	140 – 159 mmHg	90 – 100 mmHg
HYPERTENSION STAGE II	160 mmHg and above	100 mmHg and above

ORAL VISUAL EXAMINATION

The participant was explained about the procedure and was asked to spit out any tobacco products if present at the time of examination. He was asked to rinse his mouth thoroughly with water for few minutes and again spit out the contents before starting with the procedure.

The investigator then sat opposite to the study participant in broad day light. He focused the torch on the oral cavity of patient with one hand and held disposable wooden stick in the other hand. The lips were examined both with the mouth closed and with it open, noting color, texture and surface abnormalities of the vermilion border. Lower labial mucosa and sulcus were examined with the mouth partially open, using disposable wooden stick, observing the color and any swelling of the vestibular mucosa and gingival. The upper labial mucosa, sulcus, vestibule and frenum were examined, again with the mouth partially open.

With the mouth wide open the entire buccal mucosa extending from the commissures and back to the anterior tonsillar pillars are examined, noting any change in color and mobility of the mucosa. The alveolar ridges, including gingivae, were examined from all sides both buccally and lingually.

With the mouth partially open, the dorsum of the tongue was inspected for any swelling, ulceration, coating or variation in color or texture. Any changes in the pattern of the papillae covering the surface of the tongue were noted.

The participant was then asked to protrude the tongue and any abnormal mobility was noted. The ventral surface of the tongue was then examined.

Next, the participant was asked to push the tongue into the left cheek and then into the right cheek to obtain good views of the posterior part of the lateral borders of the tongue. With the tongue elevated, the floor of the mouth was carefully examined for ulcerations and color changes. Together with the alveolar-lingual sulcus, the floor of the mouth is in an area where good visibility is difficult to obtain. Finally, the hard and soft palates were examined. With the mouth wide open and the head tilted backwards, the base of the tongue was gently depressed with the disposable stick. The hard palate and the soft palate were then examined.[50]

ORAL PREMALIGNANT LESIONS AND CONDITIONS:

Leukoplakia: The World Health Organization (WHO) group has defined leukoplakia as "a white patch or plaque that cannot be characterized, clinically or pathologically, as any other disease". These lesions are potentially premalignant and vary in size, shape, and consistency, and macroscopically said to be homogenous and nodular. [11]

Erythroplakia: It is a red or erythematous patch of the oral mucosa and is associated with significantly higher rates of dysplasia, carcinoma in situ, and invasive carcinoma than leukoplakia.[11]

Leukoerythroplakia: An abnormal patch of red and white tissue that forms on mucous membranes in the mouth. Tobacco (smoking and chewing) and alcohol may increase the risk of erythroleukoplakia.[51]

Oral sub mucous fibrosis (OSMF): It is a chronic, debilitating disease characterized by inflammation and progressive fibrosis of the sub mucosal tissues (lamina propria and deeper connective tissues). It results in marked rigidity and an eventual inability to open the mouth. The buccal mucosa is the most commonly involved site. [11]

Lichen Planus: It can affect any part of the oral mucosa, most commonly affected areas are dorsum of the tongue, buccal mucosa and gingiva. Clinically it may be seen as six types including papular, reticular, plaque-like, atrophic, erosive, and bullous type. The most common type is the reticular pattern which present as fine white striae known as *"Wickham's striae"*. Typically, lesions present symmetrically and bilaterally, and usually asymptomatic. Atrophic pattern presents as a red lesion. Erosive pattern is usually seen as irregular erosion or ulceration covered with a fibrinous plaque or pseudo membrane. Both atrophic and erosive pattern are generally associated with a burning sensation and pain that exacerbated by trauma and hot, spicy or acidic foods. Plaque type clinically resembles leukoplakia because of its homogenous white nature.[52]

Melanoplakia: occurrence of black pigmented patches on the tongue and buccal mucous membrane.[53]

Non healing ulcer in oral cavity: single persistent oral ulcer showing no sign of healing ten to fourteen days after any putative trauma is removed must be considered as malignant, unless proven otherwise.[54]

STATISTICAL ANALYSIS

The data was tabulated and master chart was prepared (Annexure V). Data collected in the questionnaire which was coded and entered in Microsoft excel sheet. Mean and

Standard Deviation were calculated for some of the numerical data. Data was analyzed using Statistical Package for Social Sciences (SPSS), version 24.0 and the prevalence of each risk factor was expressed in terms of percentages. Tables and charts were prepared. Statistical analysis was done using Pearson's Chi- Square test to find out the association between Tobacco use and various risk factors. A probability value (p value) of less than 0.05 was considered as significant. Fisher's exact test was applied wherever necessary.

Results

RESULTS

The present study was conducted among 600 regular auto rickshaw drivers operating within the limits of Belagavi City Corporation during the period of January 2016 to December 2016. All the participants in the present study were males.

The data obtained was tabulated and analyzed under the following headings as below:

A. **Socio – demographic data**
B. **Occupational details**
C. **Details of tobacco consumption**
D. **Knowledge, Attitude and Practices regarding tobacco**
E. **General Physical Examination**
F. **Oral Visual Examination**
G. **Association of tobacco and oral premalignant lesions with various socio - demographic and occupational exposures**

A. SOCIO – DEMOGRAPHIC DATA

Table 1. Distribution of study participants according to age (n = 600)

AGE	NUMBER	PERCENTAGE (%)
< 30 years	159	26.50
31 – 40 years	175	29.17
41 – 50 years	164	27.33
51 – 60 years	90	15.00
> 60 years	12	02.00
TOTAL	**600**	**100**

In the present study, 159 (26.50%) participants were below the age group of 30 years, 175 (29.17%) were between 31 to 40 years, 164 (27.33%) were between 41 to 50 years, 90 (15.0%) were between 51 to 60 years and 12 (2.0%) were above the age of 60 years. Mean age of the participants was 39.71 years $\pm$ 11.07 SD (Standard Deviation).

Graph 1. Distribution of study participants according to age

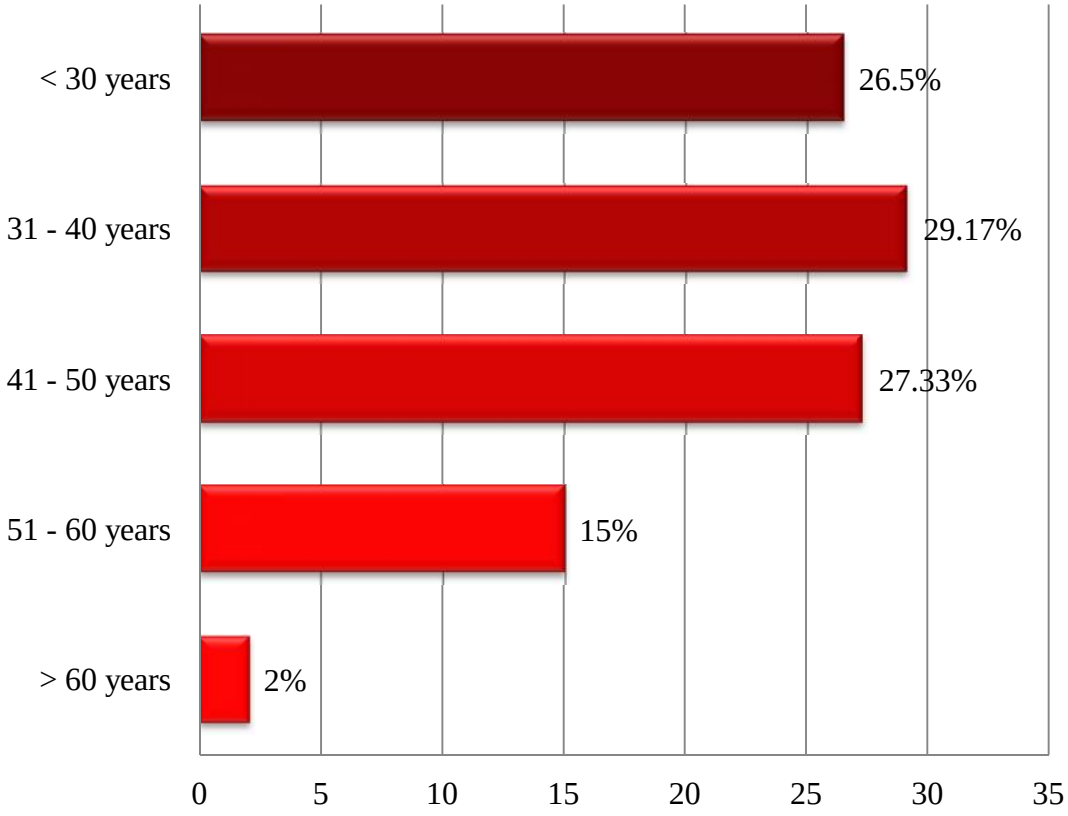


Table 2. Distribution of study participants according to place of residence (n = 600)

RESIDENCE	NUMBER	PERCENTAGE (%)
URBAN	592	98.67
RURAL	08	01.33
TOTAL	**600**	**100**

In the present study, 592 (98.67%) participants presently stayed in urban areas of Belagavi and 8 (1.33%) participants presently stayed in nearby rural areas on temporary basis although they were permanent residents of Belagavi city.

Table 3. Distribution of study participants according to religion (n = 600)

RELIGION	NUMBER	PERCENTAGE (%)
HINDU	143	23.83
MUSLIM	457	76.17
TOTAL	**600**	**100**

Among the study participants, 457 (76.17%) were Muslims and 143 (23.83%) were Hindu by religion.

Graph 2. Distribution of study participants according to religion

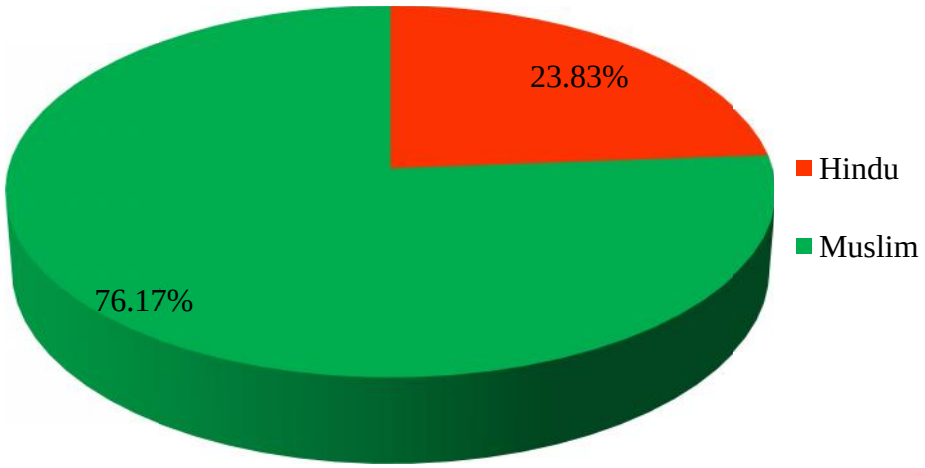


Table 4. Distribution of study participants according to Educational Status (n = 600)

EDUCATION	NUMBER	PERCENTAGE (%)
ILLITERATE	49	08.17
PRIMARY SCHOOL	141	23.50
HIGH SCHOOL	327	54.50
PUC	59	09.83
DIPLOMA & GRADUATE	24	04.00
TOTAL	**600**	**100**

In the present study, 49 (08.17%) participants were illiterate, 141 (23.50%) had primary school education, 327 (54.50%) had high school education, 59 (9.83%) had pre university education and 24 (4.0%) had either diploma or graduate education.

Graph 3. Distribution of study participants according to Educational Status

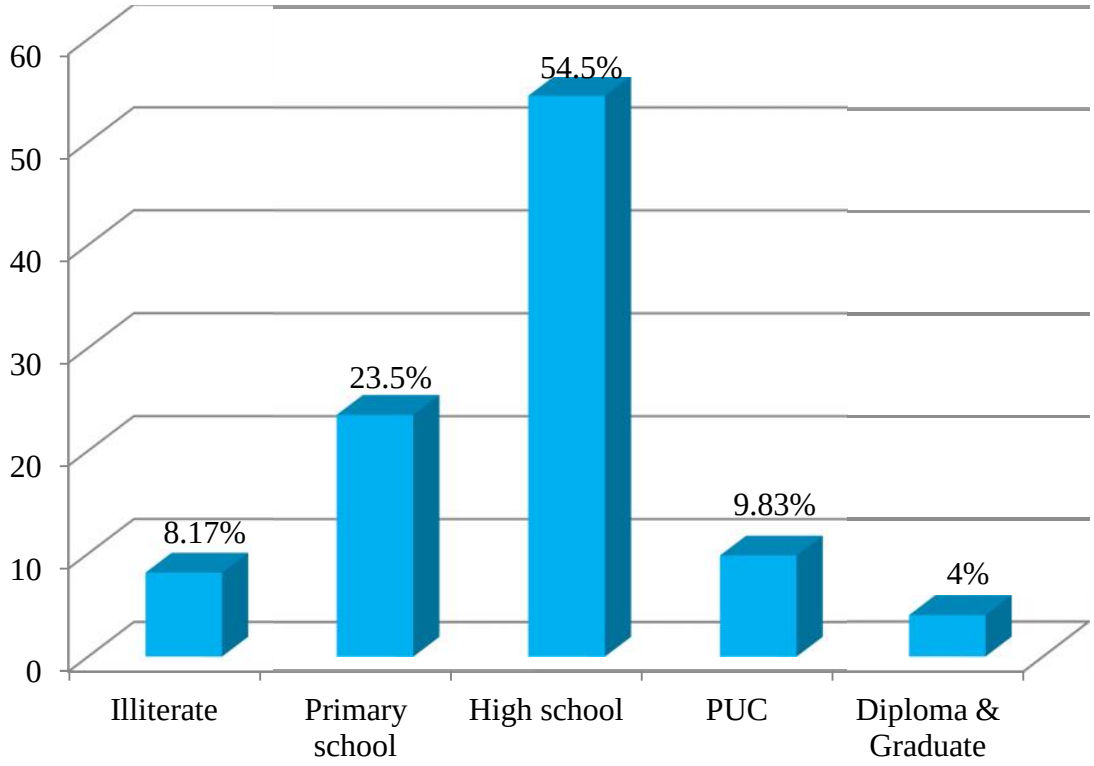


Table 5. Distribution of study participants according to Socio Economic Status (SES) (Modified B. G. Prasad Classification) (n = 600)

SE STATUS	NUMBER	PERCENTAGE (%)
CLASS I	17	02.83
CLASS II	65	10.83
CLASS III	196	32.67
CLASS IV	265	44.17
CLASS V	57	09.50
TOTAL	**600**	**100**

Among the 600 study participants, 17 (2.83%) belonged to Class I according to Modified B. G. Prasad Classification, 65 (10.83%) to Class II, 196 (32.67%) to Class III, 265 (44.17%) to Class IV and 57 (9.5%) belonged to Class V.

Graph 4. Distribution of study participants according to SE Status

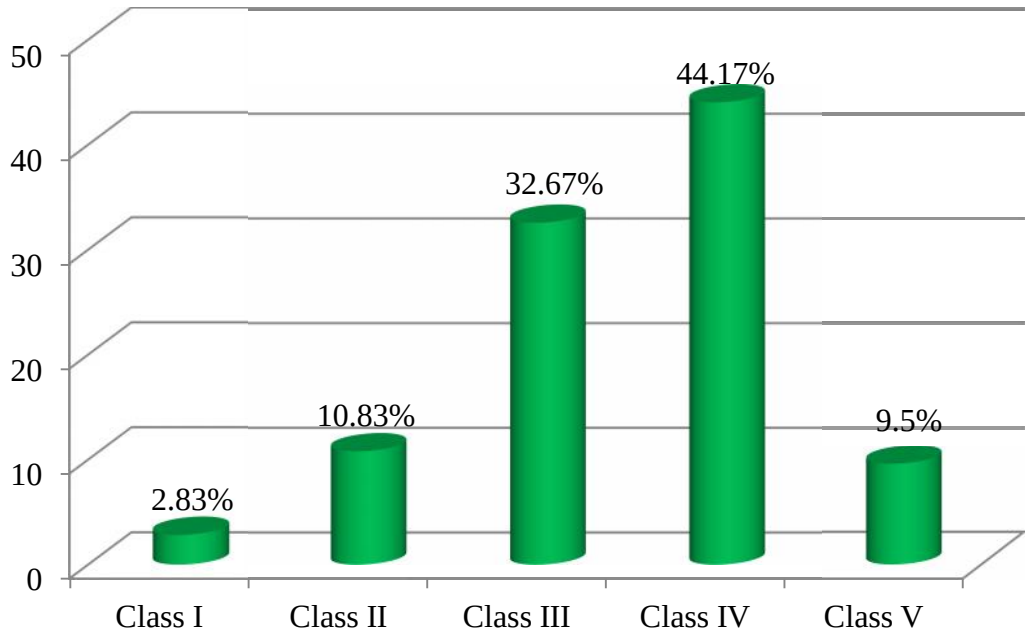


Table 6. Distribution of study participants according to marital status (n = 600)

MARITAL STATUS	NUMBER	PERCENTAGE (%)
UNMARRIED	61	10.17
MARRIED	539	89.83
TOTAL	**600**	**100**

In the present study, 61 (10.17%) participants were unmarried and 539 (89.83%) were married.

Graph 5. Distribution of study participants according to marital status

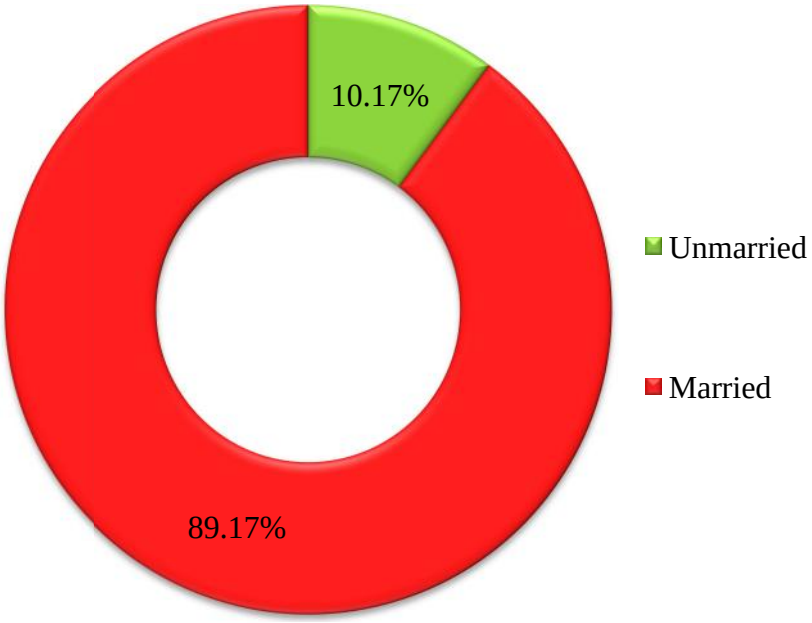


Table 7. Distribution of study participants according to type of family (n = 600)

TYPE OF FAMILY	NUMBER	PERCENTAGE (%)
JOINT	202	33.67
NUCLEAR	371	61.83
THREE GENERATION	18	03.00
BROKEN	09	01.50
TOTAL	**600**	**100**

Among the study participants, 202 (33.67%) stayed in joint families, 371 (61.83%) in nuclear families, 18 (3.0%) in three generation families and 9 (1.5%) in broken families.

Graph 6. Distribution of study participants according to type of family

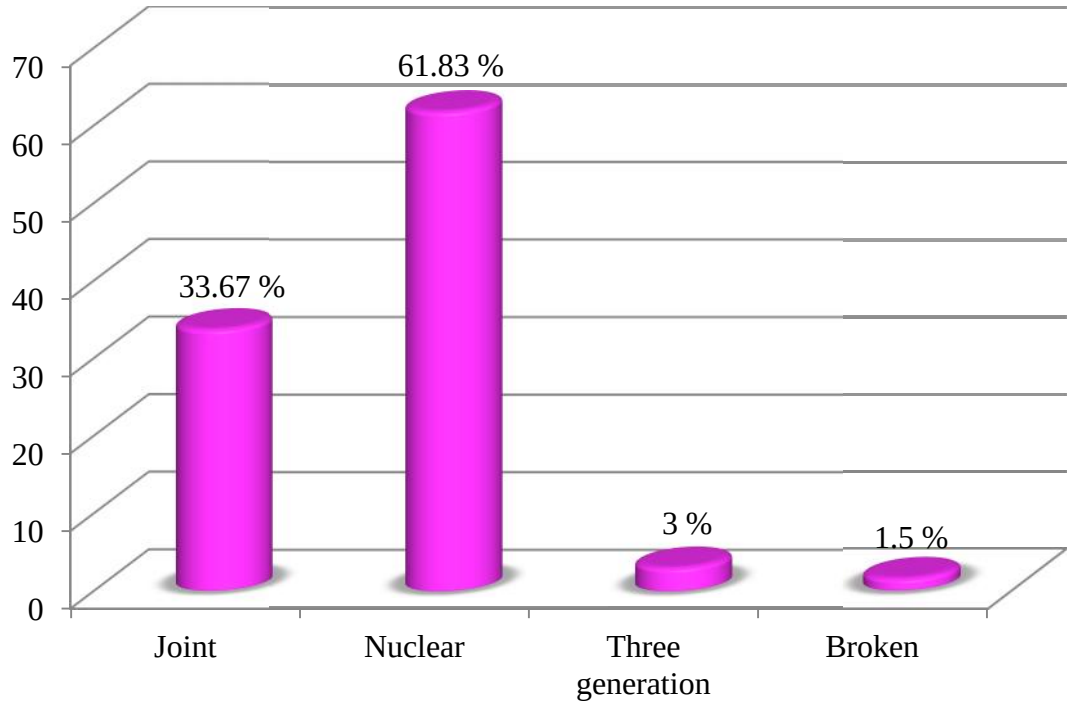
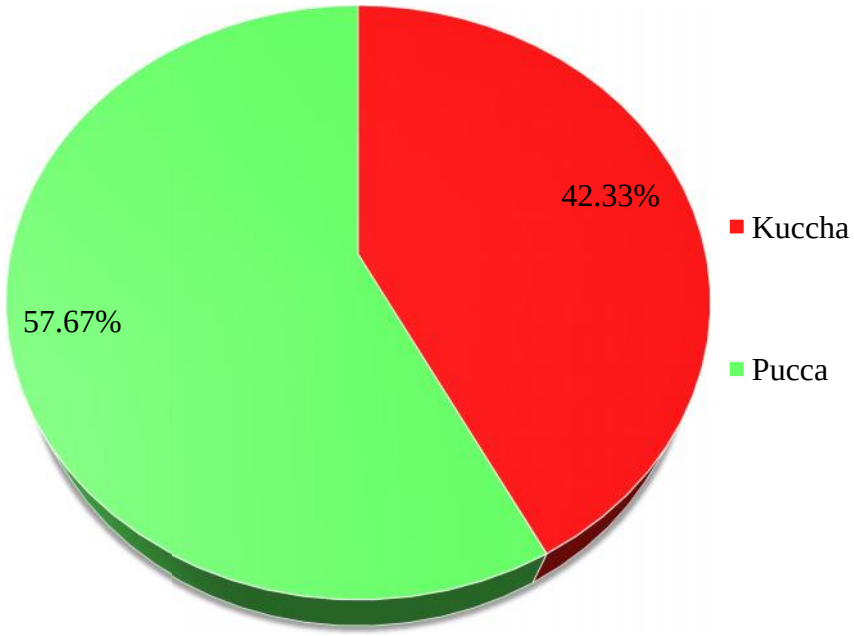


Table 8. Distribution of study participants according to type of house (n = 600)

TYPE OF HOUSE	NUMBER	PERCENTAGE (%)
KUCCHA	254	42.33
PUCCA	346	57.67
TOTAL	**600**	**100**

In the present study, 254 (42.33%) participants stayed in kuccha houses and 346 (57.67%) in pucca houses.

Graph 7. Distribution of study participants according to type of house



B. OCCUPATIONAL DETAILS

Table 9. Distribution of study participants according to number of years in the present occupation (n = 600)

YEARS IN PRESENT OCCUPATION	NUMBER	PERCENTAGE (%)
< 10 YEARS	235	39.17
11 – 20 YEARS	189	31.50
> 20 YEARS	176	29.33

TOTAL	**600**	**100**

Among the study participants, 235 (39.17%) were in the present occupation of auto rickshaw driving from last consecutive 10 years, 189 (31.50%) between 11 to 20 years and 176 (29.33%) from more than 20 years. Mean years in present occupation was 15.80 years ± 10.11 SD.

Graph 8. Distribution of study participants according to number of years in present occupation

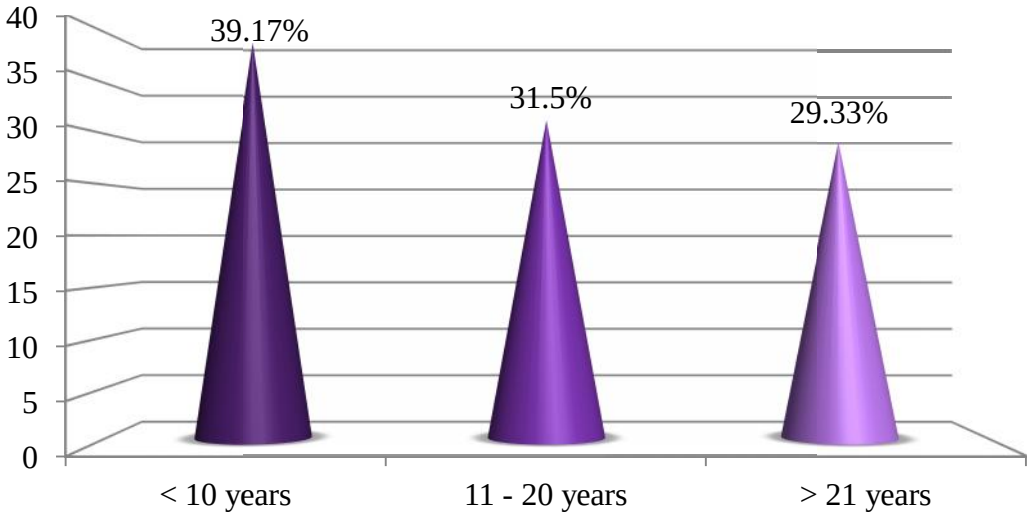


Table 10. Distribution of study participants according to average length of working hours per day (n = 600)

LENGTH OF WORKING HOURS	NUMBER	PERCENTAGE (%)
6 - 8 HOURS	51	08.50
8 - 10 HOURS	218	36.33
10 - 12 HOURS	191	31.83

12 HOURS & ABOVE	140	23.34
TOTAL	**600**	**100**

In the present study, 51 (8.5%) study participants worked on an average 6 – 8 hours per day, 218 (36.33%) participants for 8 – 10 hours, 191 (31.83%) participants for 10 to 12 hours and 140 (23.34%) participants for more than 12 hours. Mean length of working hours per day was 9.43 $\pm$ 1.82 SD.

Graph 9. Distribution of study participants according to average length of working hours per day

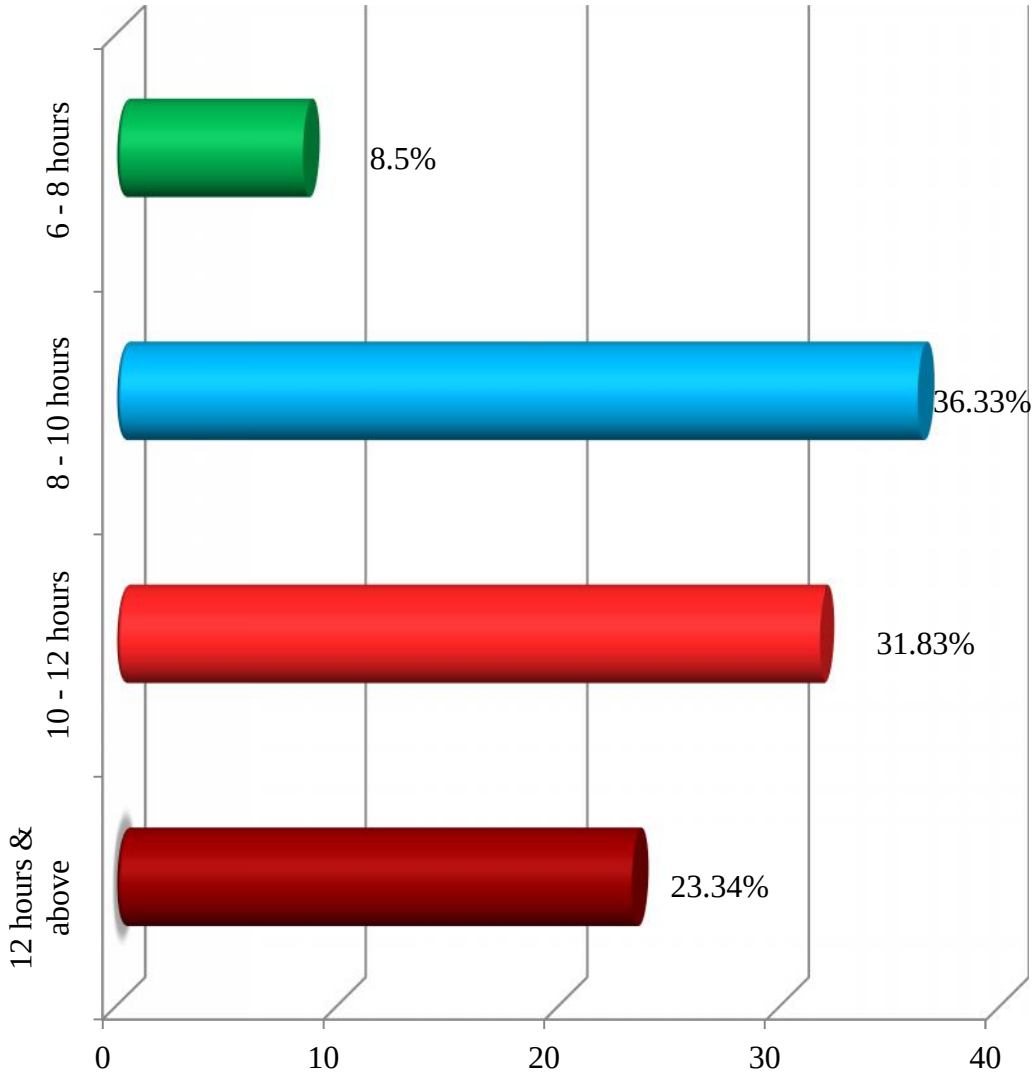
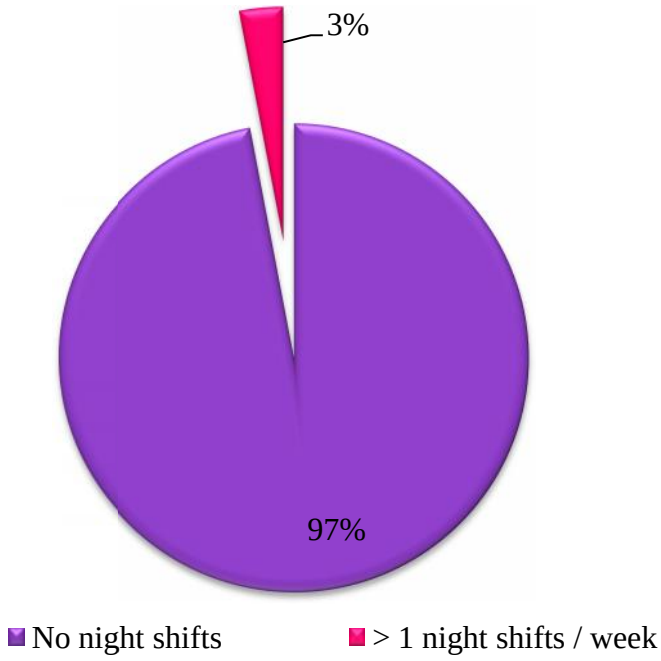


Table 11. Distribution of study participants according to average number of night shifts per week (n = 600)

NIGHT SHIFTS/ WEEK	NUMBER	PERCENTAGE (%)
0	582	97.00
≥ 1	18	03.00
TOTAL	**600**	**100**

Among the study participants, 582 (97.0%) participants did not do any night shifts in an usual week and rest 18 (3.0%) did one or more than one night shifts per week.

Graph 10. Distribution of study participants according to average number of night shifts per week



C. DETAILS OF TOBACCO CONSUMPTION

Table 12. Distribution of study participants according to use of tobacco (n = 600)

TOBACCO USE	NUMBER	PERCENTAGE (%)
YES	373	62.17
NO	227	37.83
TOTAL	**600**	**100**

Among 600 participants, 373 (62.17%) were using tobacco in any form whereas 227 (37.83%) were not using.

Graph 11. Distribution of study participants according to use of tobacco

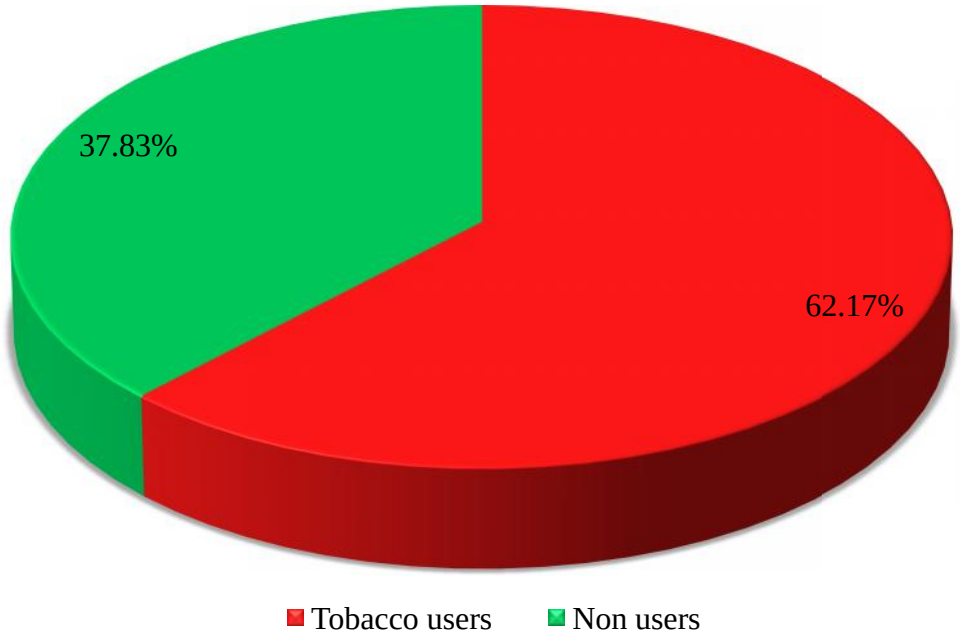


Table 13. Distribution of tobacco users according to form of tobacco used (n = 373)

TOBACCO USERS	NUMBER	PERCENTAGE (%)

SMOKING FORM	89	23.86
SMOKELESS FORM	234	62.74
BOTH FORMS	50	13.40
TOTAL	**373**	**100**

Among 373 participants who were using tobacco in any form, 89 (23.86%) were using smoking form exclusively, 234 (62.74%) were using smokeless form exclusively and 50 (13.40%) were using both the forms simultaneously. This accounted for a prevalence of 14.83% exclusive smokers, 39% exclusive smokeless users and 8.33% combined users (139 users i.e., 23.17% using smoking form and 284 i.e., 47.33% using smokeless form).

Graph 12. Distribution of tobacco users according to form of tobacco used

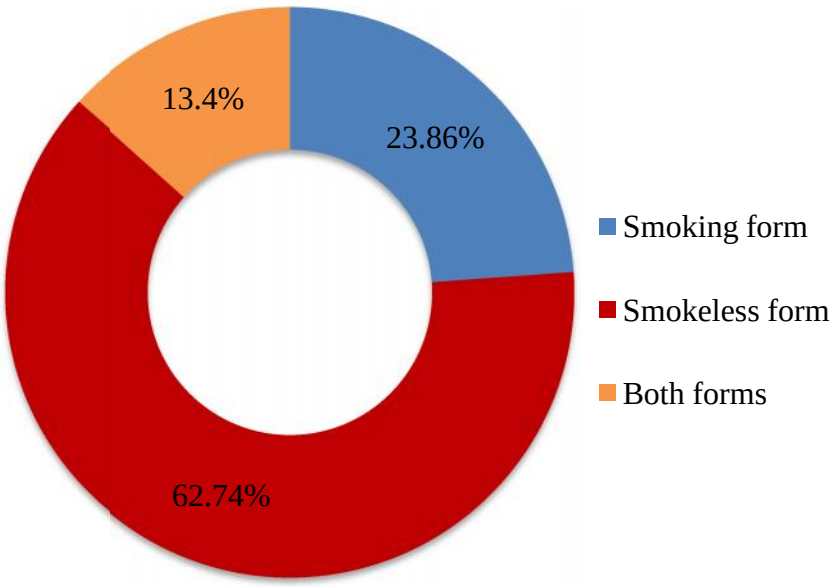


Table 14. Distribution of exclusive smokers and smokeless users according to frequency of use

TOBACCO USE	SMOKING FORM		SMOKELESS FORM	
	NUMBER	PERCENTAGE (%)	NUMBER	PERCENTAGE (%)
DAILY	77	86.52	226	96.58
LESS THAN DAILY	12	13.48	08	03.42
TOTAL	**89**	**100**	**234**	**100**

Among the 89 exclusive smokers, 77 (86.52%) were smoking on a daily basis and 12 (13.48%) on less than daily basis. Similarly, among 234 exclusive smokeless users, 226 (96.58%) were using it on a daily basis and 8 (3.42%) on less than daily basis.

Graph 13. Distribution of exclusive smokers and smokeless users according to frequency of use

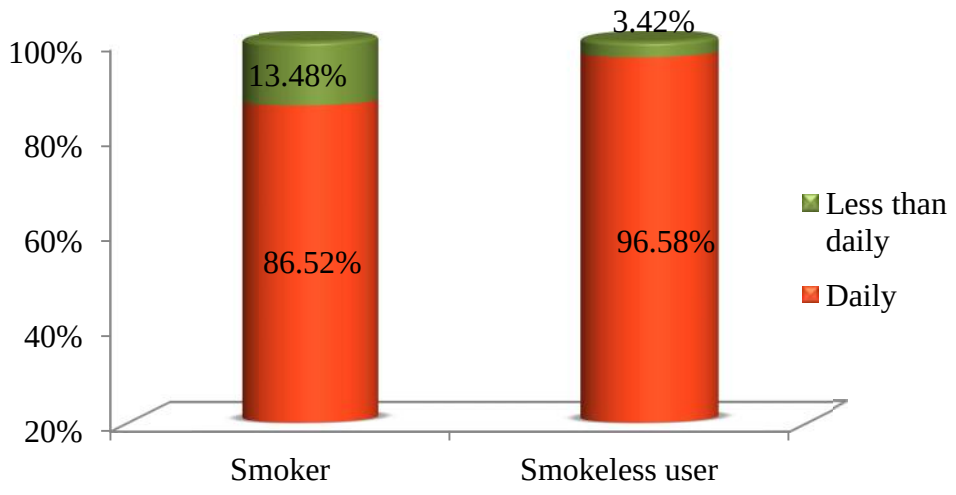


Table 15. Distribution of combined users according to frequency of use (n =50)

BOTH USERS	SMOKING FORM		SMOKELESS FORM	
	NUMBER	PERCENTAGE (%)	NUMBER	PERCENTAGE (%)
DAILY	32	64.0	50	100
LESS THAN DAILY	18	36.0	0	0
TOTAL	**50**	**100**	**50**	**100**

Among 373 participants using tobacco, 50 were using both forms simultaneously. Among these 50 participants, 32 (64%) used smoking form on daily basis and 18 (36.0%) used on less than a daily basis. Similarly, all of the 50 participants used smokeless form on a daily basis.

Table 16. Distribution of smokers according to type of products used (n = 139)

TYPE OF SMOKING FORM USED	NUMBER	PERCENTAGE (%)
CIGARETTES	121	87.05
BEEDI's	18	12.95
TOTAL	**139**	**100**

Among 139 smokers, 121 (87.05%) were smoking cigarettes while remaining 18 (12.95%) were smoking beedi. None of them were using any other form of smoking products

Graph 14. Distribution of smokers according to type of products used

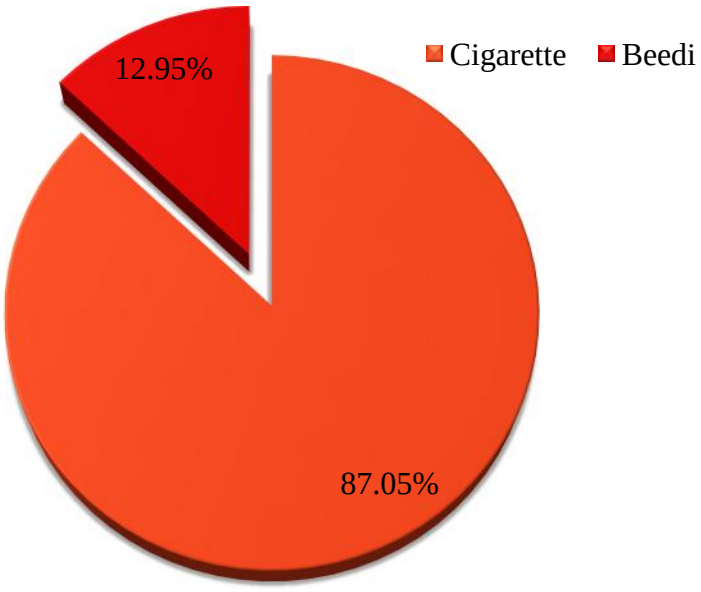


Table 17. Distribution of smokeless tobacco users according to type of products used (n = 284)

TYPE OF SMOKELESS FORM USED	NUMBER	PERCENTAGE (%)
CHEWING TOBACCO	88	30.99
BETEL QUID WITH TOBACCO	09	03.17
GUTKHA	156	54.93
LIME WITH TOBACCO	35	12.32
MAWA	06	02.11
KHIMAM	05	01.76

*****Multiple smokeless forms were used by 15 participants simultaneously, hence it sums up to 299.

Chewing form was the only form of smokeless tobacco used and none of participants used any other forms of smokeless tobacco like snuff, snus and etc.

Among 284 smokeless users, 88 (30.99%) were using chewing tobacco, 09 (3.17%) were using betel quid with tobacco, 156 (54.93%) were using gutkha, 35 (12.32%) were using lime with tobacco, 06 (2.11%) were using mawa and 05 (1.76%) were using khimam.

Graph 15. Distribution of smokeless tobacco users according to type of products used

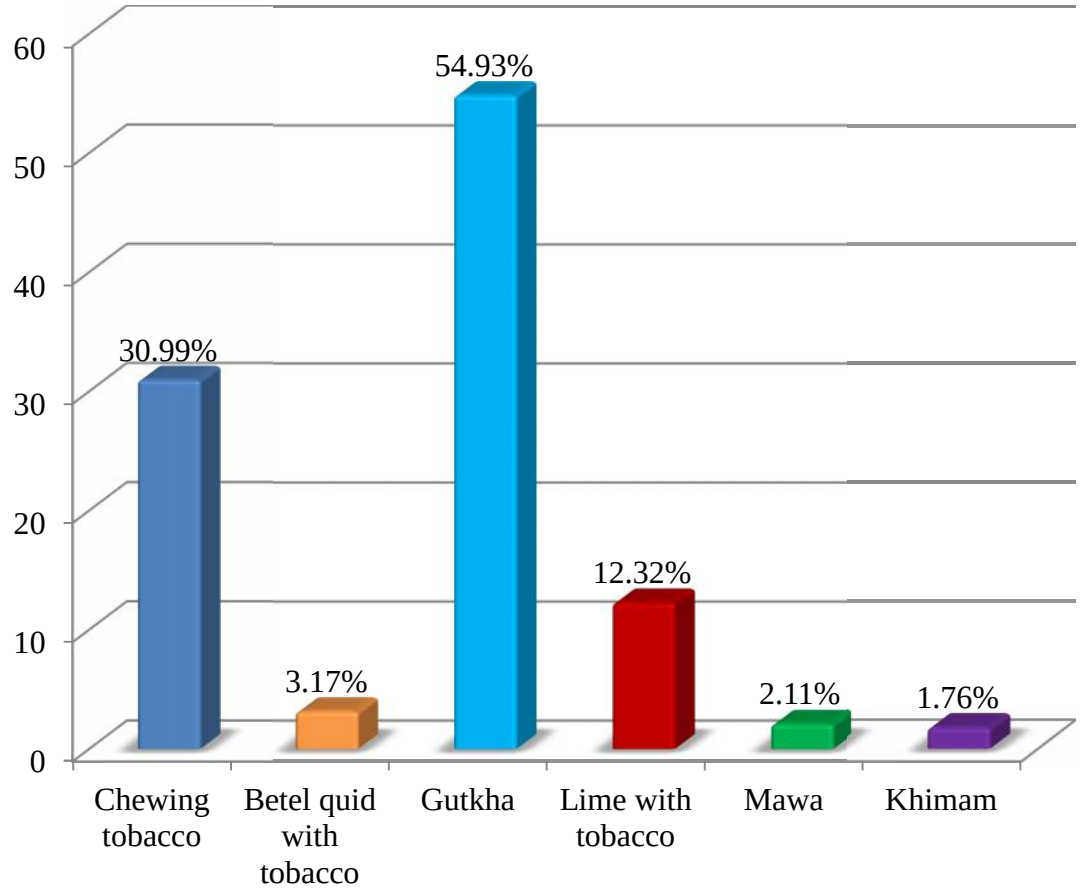


Table 18. Distribution of combined users according to type of products used (n = 50)

TYPE OF SMOKELESS FORM	SMOKING FORM		TOTAL
	CIGARETTES	BEEDI	
CHEWING TOBACCO	10 (20.00)	04 (100)	14
GUTKHA	27 (54.00)	00	27
LIME WITH TOBACCO	13 (26.00)	00	13
TOTAL	**50**	**04**	**54***

* Among these 50 people using both forms simultaneously, 4 participants were using 1 Smoking form (cigarette) and 2 Smokeless form (chewing tobacco + lime with tobacco) simultaneously. Hence the total has added up to 54.

Among those who used both forms simultaneously, 10 were using chewing tobacco and cigarettes, 4 were using chewing tobacco and beedi, 27 were using gutkha with cigarettes and 13 were using lime with tobacco and cigarettes.

Table 19. Distribution of tobacco users according to age at initiation of tobacco (n = 373)

AGE AT INITIATION OF TOBACCO	NUMBER	PERCENTAGE (%)
10 – 20 YEARS	173	46.38
21 – 30 YEARS	145	38.87
31 – 40 YEARS	44	11.80
> 40 YEARS	11	02.95
TOTAL	**373**	**100**

Among the 373 tobacco users, 173 (46.38%) users initiated the use of tobacco between 10 – 20 years, 145 (38.87%) between 21 – 30 years, 44 (11.80%) between 31–40 years and 11 (2.95%) initiated above the age of 40 years. Mean age at initiation for smoking form of tobacco was 23.22 $\pm$ 8.00 years and for smokeless form, it was 23.36 $\pm$ 7.99 years.

Graph 16. Distribution of tobacco users according to age at initiation of tobacco

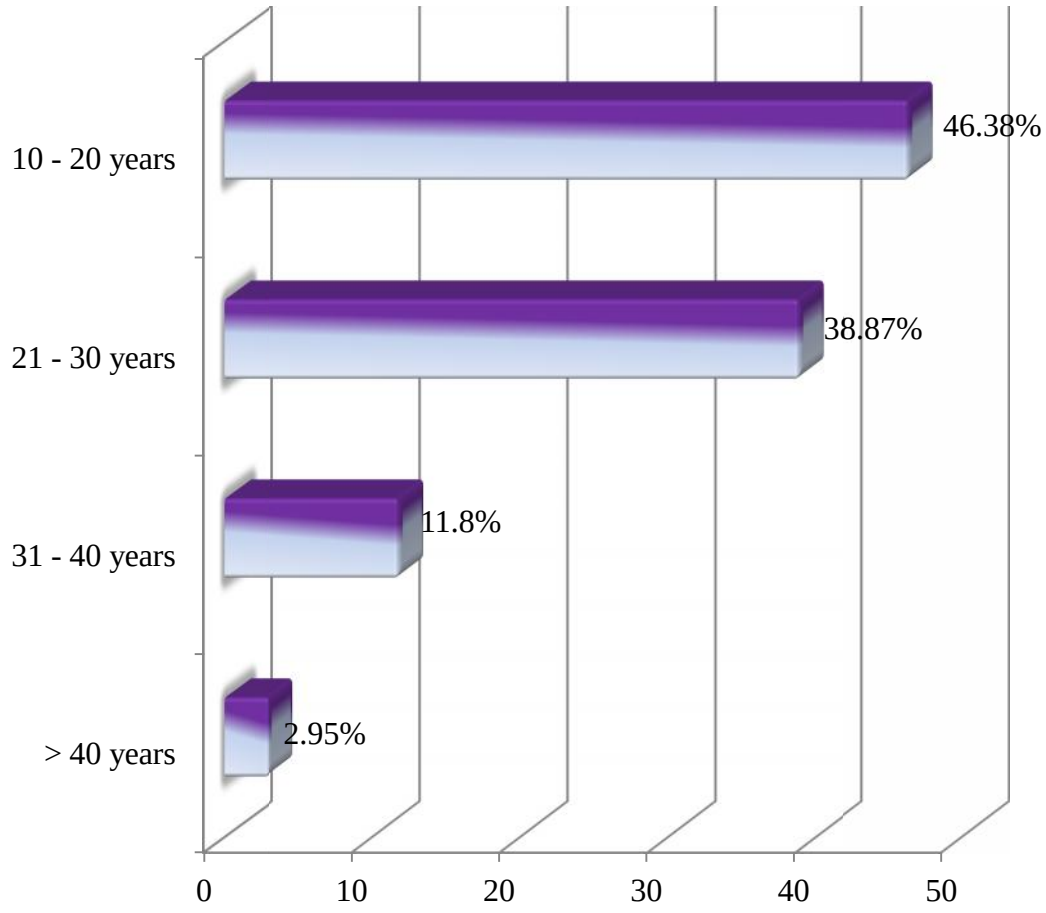


Table 20. Distribution of tobacco users according to duration of use of tobacco (n = 373)

DURATION OF TOBACCO USE	NUMBER	PERCENTAGE (%)
< 10 YEARS	138	37.00
11 - 20 YEARS	131	35.12
21 - 30YEARS	72	19.30
> 30 YEARS	32	08.58
TOTAL	**373**	**100**

Among the tobacco users, 138 (37.0%) were using tobacco from last 10 years, 131(35.12%) from last 11 – 20 years, 72 (19.30) from last 21 – 30 years and 32 (8.58%) from more than 30 years. Mean duration of tobacco use was 15.31 $\pm$ 10.29 SD.

Graph 17. Distribution of tobacco users according to duration of use of tobacco

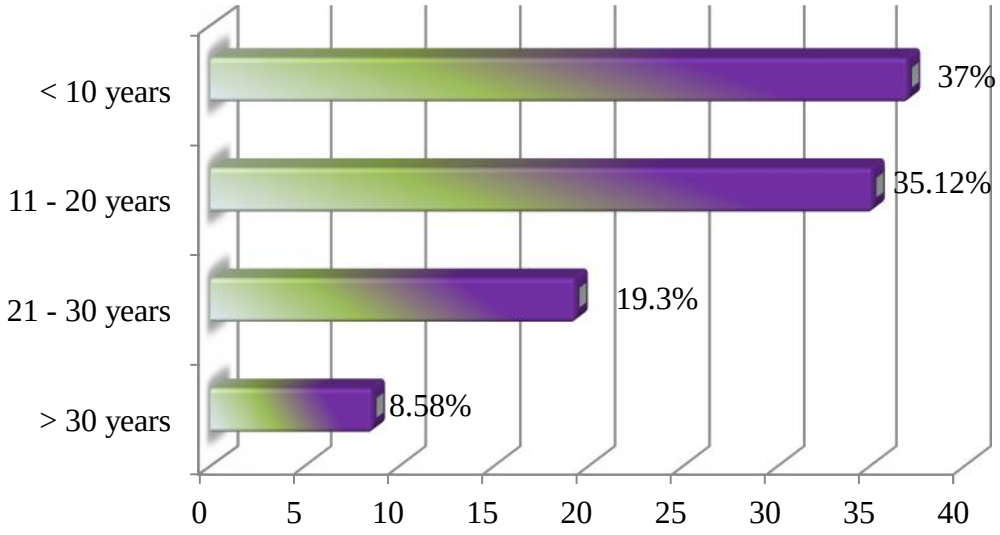


Table 21. Distribution of tobacco users according to first use of tobacco of the day after waking up (n = 373)

FIRST USE OF TOBACCO AFTER WAKING UP	NUMBER	PERCENTAGE (%)
WITHIN 5 MIN	86	23.06
6 TO 30 MIN	62	16.62
31 TO 60 MIN	57	15.28
MORE THAN 60 MIN	168	45.04
TOTAL	**373**	**100**

Among the 373 tobacco users, 86 (23.06%) had the first use of tobacco of the day within five minutes of waking up, 62 (16.62%) used between 6 to 30 minutes, 57 (15.28%) used between 31 to 60 minutes and 168 (45.04%) used after 60 minutes of waking up.

Graph 18. Distribution of tobacco users according to first use of tobacco after waking up

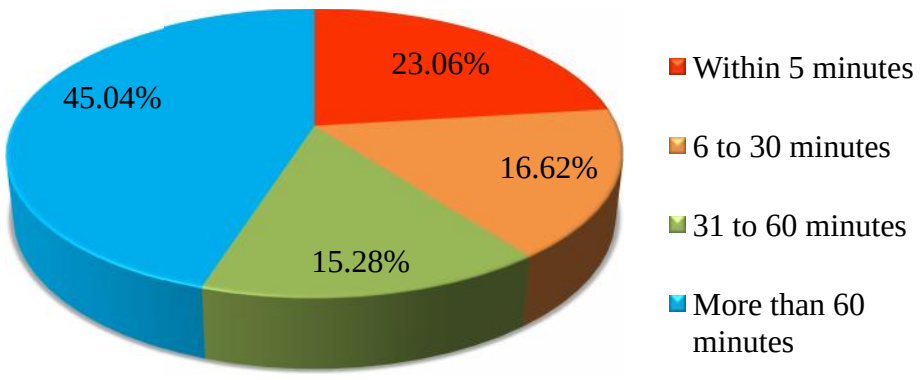


Table 22. Distribution of tobacco users according to being advised by any health care provider in the last one year to quit tobacco (n = 373)

ADVISED TO QUIT BY HEALTH CARE PROFESSIONAL	NUMBER	PERCENTAGE (%)
YES	204	54.69
NO	169	45.31
TOTAL	**373**	**100**

Among the 373 tobacco users, 204 (54.69%) were advised to quit tobacco by any health care provider in last one year and 169 (45.31%) were not given any such advise.

Graph 19. Distribution of tobacco users according to being advised by any health care provider in the last one year to quit tobacco

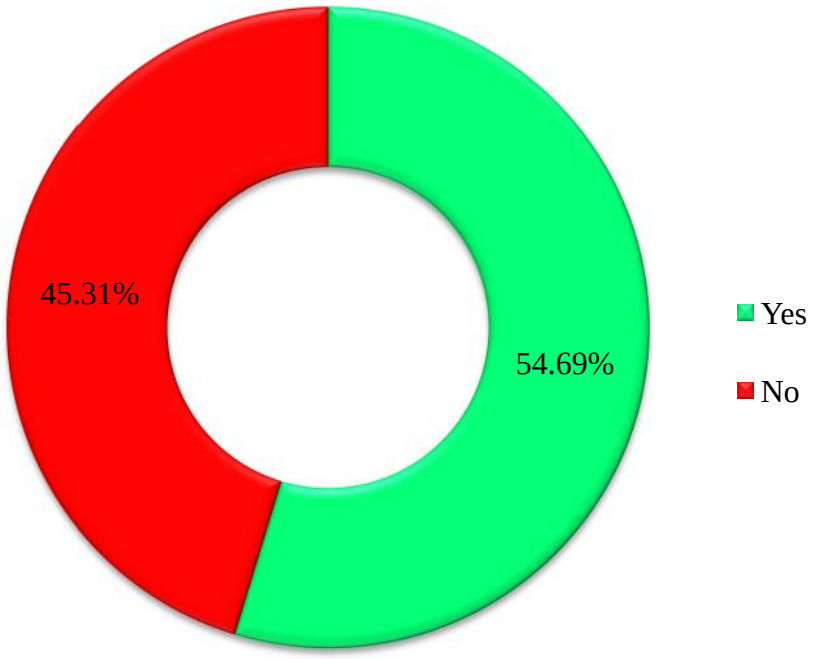


Table 23. Distribution of tobacco users according to average expenditure on tobacco products per month (n = 373)

EXPENDITURE ON TOBACCO PRODUCTS / MONTH	NUMBER	PERCENTAGE (%)
< 100 Rs	63	16.89
101 – 500 Rs	81	21.71
501 – 1000 Rs	112	30.03
> 1000 Rs	117	31.37
TOTAL	**373**	**100**

Among the 373 tobacco users, 63 (16.89%) were spending less than 100 rupees per month, 81 (21.71%) were spending between 101 to 500 rupees, 112 (30.03%) were spending between 501 to 1000 rupees and 117 (31.37%) were spending more than 1000 rupees per month (combined users were categorized in the above table after adding expenditure of both smoking form and smokeless form).

Graph 20. Distribution of tobacco users according to average expenditure on tobacco products per month

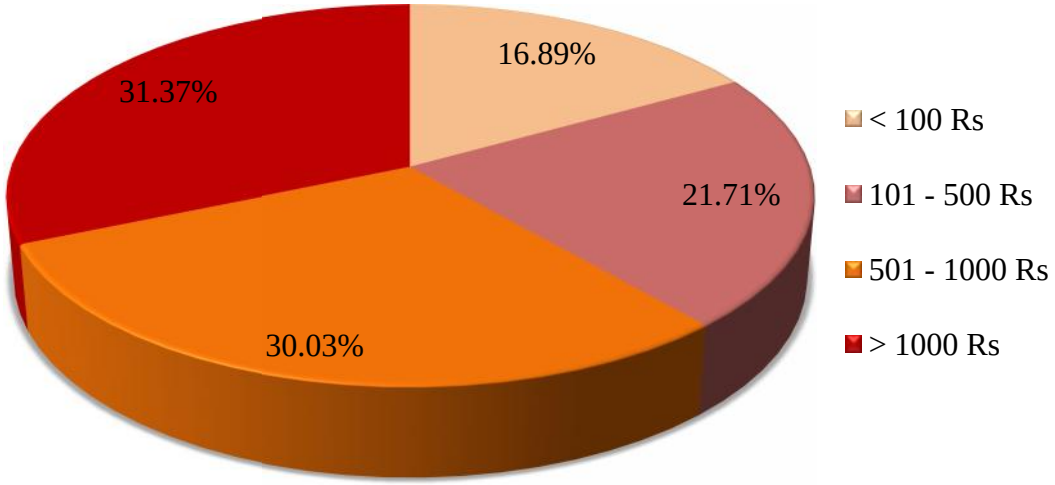


Table 24. Distribution of tobacco users according to use in front of children (n = 373)

USE OF TOBACCO IN FRONT OF CHILDREN	NUMBER	PERCENTAGE (%)
YES	94	25.20
NO	279	74.80
TOTAL	**373**	**100**

Among the 373 tobacco users, 94 (25.20%) were using tobacco in any form in front of their children and 279 (74.80%) did not. This was high among smokeless users with 84 users (29.57%) among 284 smokeless users using in front of children compared with only 16 smokers (11.51%) among 139 smokers who smoked in front of children.

Graph 21. Distribution of tobacco users according to use in front of children

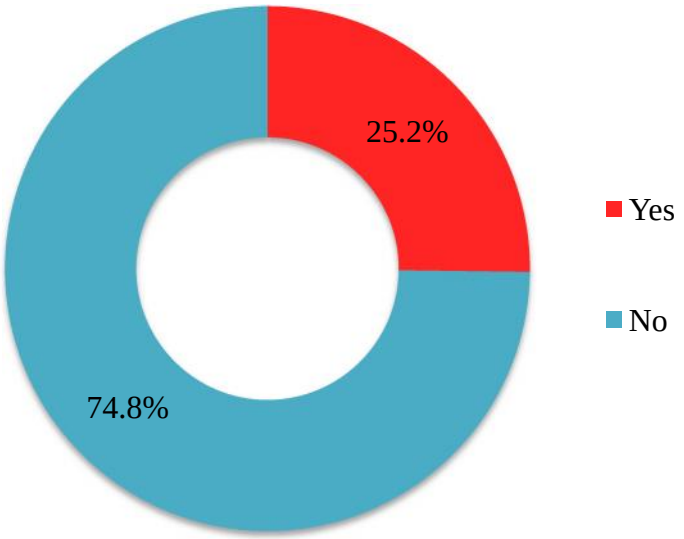


Table 25. Distribution of tobacco users according to attempts made to quit tobacco in last one year (n = 373)

ATTEMPTS TO QUIT TOBACCO IN LAST 1 YEAR	NUMBER	PERCENTAGE (%)
YES	227	60.86
NO	146	39.14
TOTAL	**373**	**100**

Among the 373 tobacco users, 227 (60.86%) had attempted to quit the use in the last one year while 146 (39.14%) had not.

Graph 22. Distribution of tobacco users according to attempts made to quit tobacco in last one year

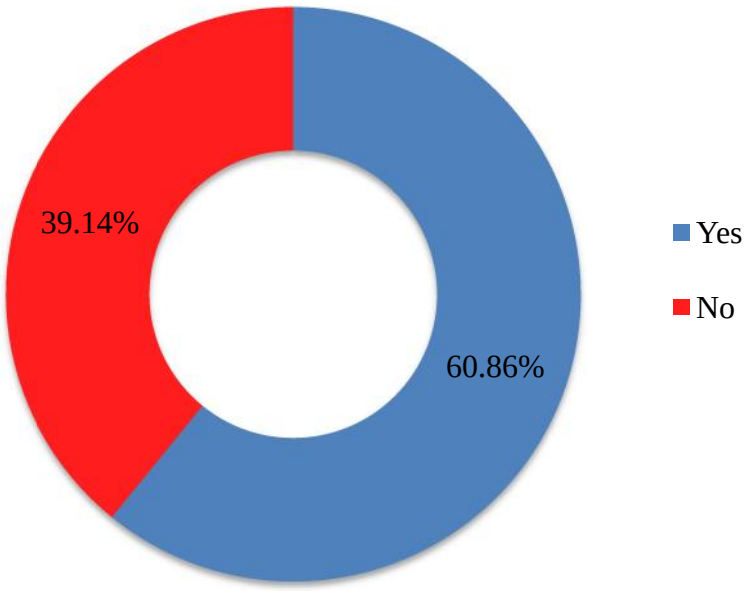


Table 26. Distribution of exclusive smokers and smokeless users according to quit attempts in last one year

QUIT ATTEMPT	SMOKING FORM		SMOKELESS FORM	
	NUMBER	PERCENTAGE (%)	NUMBER	PERCENTAGE (%)
YES	50	56.18	139	59.40
NO	39	43.82	95	40.60
TOTAL	**89**	**100**	**234**	**100**

Among 89 exclusive smokers, 50 (56.18%) had tried to quit smoking in last one year while rest 39 (43.82%) never attempted the same.

Similarly, among 234 exclusive smokeless users, 139 (59.40%) had tried to quit within last year and rest 95 (40.60%) did not.

Table 27. Distribution of combined users according to quit attempts in last one year (n = 50)

QUIT ATTEMPT	SMOKING FORM		SMOKELESS FORM	
	NUMBER	PERCENTAGE (%)	NUMBER	PERCENTAGE (%)
YES	34	68.00	38	76.00
NO	16	32.00	12	24.00
TOTAL	**50**	**100**	**50**	**100**

Among 50 people using both forms, 34 (68%) smokers had attempted to quit smoking in last one year and 16 (32%) did not while 38 (76%) smokeless users had attempted to quit and 12 (24%) did not.

Table 28. Distribution of tobacco users who attempted to quit according to duration of previous quit attempt (n = 227)

DURATION OF PREVIOUS QUIT ATTEMPT	NUMBER	PERCENTAGE (%)
MONTHS	124	54.63
WEEKS	17	07.49
DAYS	68	29.95
LESS THAN 1 DAY	15	06.61
DON'T KNOW	03	01.32
TOTAL	**227**	**100**

Among those 227 tobacco users who attempted to quit in the last one year, 124 (54.63%) did it for one or several months the last time they attempted to quit, 17 (7.49%) for one or more weeks, 68 (29.95%) for one or more days, 15 (6.61%) did it for less than a day before resuming the use and 3 (1.32%) users did not knew the duration of their previous quit attempt.

Table 29. Distribution of tobacco users according to methods adopted to quit tobacco (n = 227)

METHODS ADOPTED TO QUIT TOBACCO	NUMBER	PERCENTAGE (%)
COUNSELLING	13	05.73
NICOTINE REPLACEMENT THERPAY	05	02.20
SWITCHING TO OTHER FORMS	06	02.64
OWN WILL / SELF MOTIVATION	206	90.75
BADESOAP	08	03.52
RELIGIOUS	02	0.88
CHEWING GUM	08	03.52

* Multiple answers

Among the 373 tobacco users, 13 (5.73%) adopted counseling as a method to quit tobacco, 5 (2.20%) used nicotine replacement therapy, 6 (2.64%) switched to other forms of tobacco, 206 (90.75%) were either self motivated or had a strong will to quit, 8 (3.52%) used bade soap (saunf), 2 (0.88%) quit because of a religious event, 8 (3.52%) used chewing gum.

Graph 23. Distribution of tobacco users according to methods adopted to quit tobacco

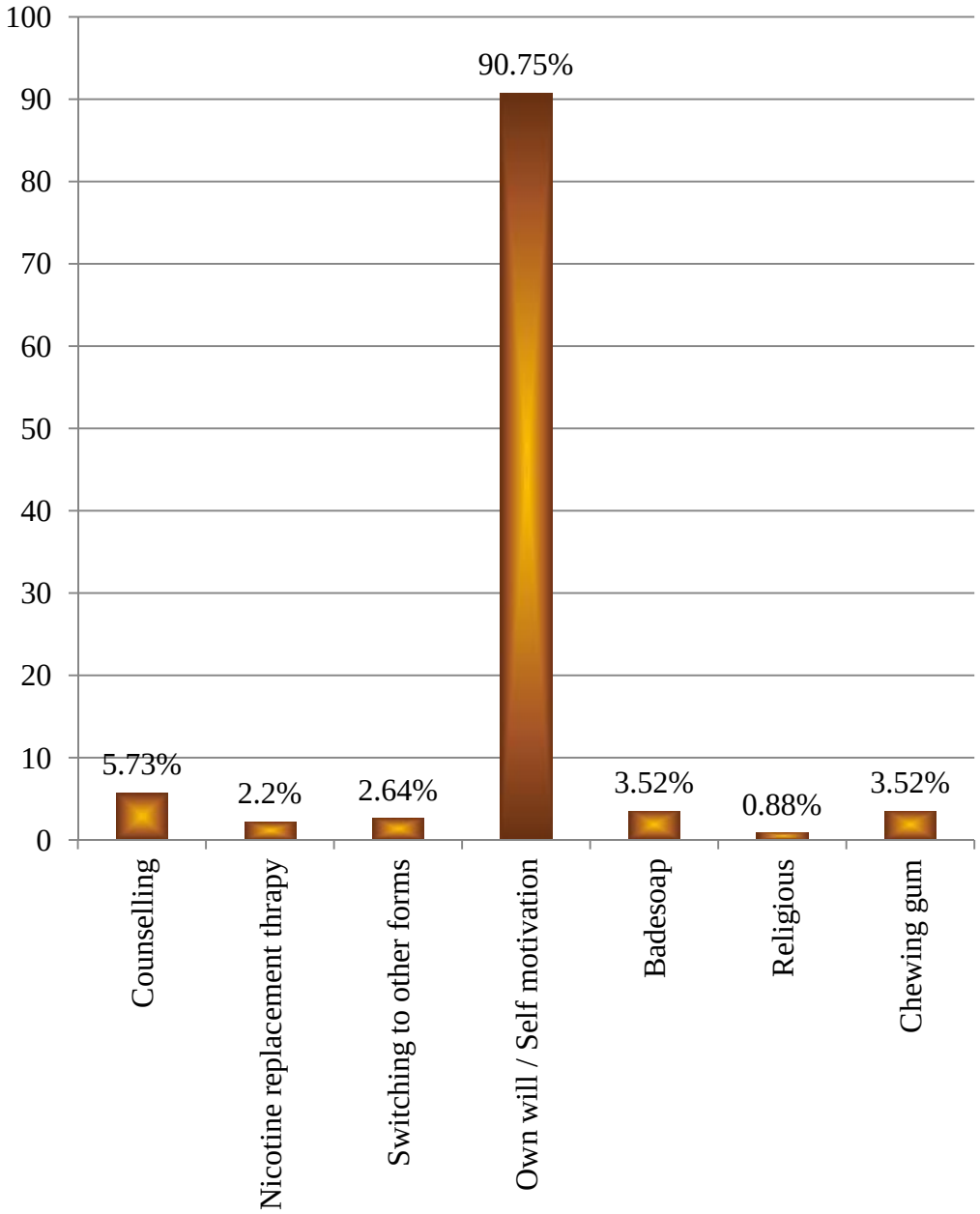


Table 30. Distribution of tobacco users according to best description of their thinking about quitting tobacco (n = 373)

DESCRIPTION OF THINKING ABOUT QUITTING TOBACCO	NUMBER	PERCENTAGE (%)
QUIT WITHIN NEXT MONTH	107	28.69
THINKING WITHING NEXT 12 MONTHS	82	21.98
QUIT SOMEDAY, BUT NOT NEXT 12 MONTHS	88	23.59
NOT INTERESTED IN QUITTING	39	10.46
DON'T KNOW	57	15.28
TOTAL	**373**	**100**

Among the tobacco users, 107 (28.69%) users had plans to quit tobacco within next month, 82 (21.98%) were thinking to quit within next 12 months, 88 (23.59%) had plans of quitting tobacco someday but not in next 12 months, 39 (10.46%) were not interested in quitting and 57 (15.28%) did not knew when they would quit.

D. KNOWLEDGE AND ATTITUDE

Table 31. Distribution of study participants according to their knowledge of serious illnesses caused by use of tobacco (n = 600)

USE OF TOBACCO – HARMFUL	TOBACCO USER (%)	NON USER (%)	TOTAL (%)
YES	324 (86.86)	208 (91.63)	532 (88.66)
NO	34 (09.12)	06 (02.64)	40 (06.67)
DON'T KNOW	15 (04.02)	13 (05.73)	28 (04.67)
TOTAL	**373 (62.17)**	**227 (37.83)**	**600 (100)**

In the present study, 532 (88.66%) participants knew that use of tobacco caused one or the other serious illness, 50 (6.67%) thought it did not cause any serious illness and 28 (4.67%) had no idea about it.

Knowledge regarding serious illnesses caused by use of tobacco was better in non users (91.63%) compared to tobacco users (86.86%).

Table 32. Distribution of study participants according to illnesses known to be caused by use of tobacco (n = 600)

ILLNESSES KNOWN TO BE CAUSED BY USE OF TOBACCO	NUMBER	PERCENTAGE (%)
CANCERS	436	72.66
HEART DISEASE	56	9.33
IMPOTENCE	15	2.5
PREMATURE AGING	06	01
RESPIRATORY DISEASE	160	26.66
GASTRITIS/ ACIDITY	39	06.5
WEAKNESS	37	06.16
BLINDNESS	03	0.5
HEADACHE	10	01.66
HYPERTENSION	04	0.67
DIABETES MELLITUS	04	0.67
TUBERCULOSIS	02	0.33
RENAL DISEASES	08	1.33
OTHERS	87	14.5
DON'T KNOW	97	16.16

* Multiple answers

Among the 600 participants, 432 (72.66%) knew that tobacco in any form caused one or the other cancers, 56 (9.33%) told tobacco causes heart diseases, 15 (2.5%) said it causes impotence, 6 (1%) said premature aging, 160 (26.66%) said

respiratory diseases, 39 (6.5%) said acidity or gastritis, 37 (6.16%) said weakness, 3 (0.5%) said blindness, 10 (1.66%) headache, 4 (0.67%) hypertension and diabetes mellitus, 2 (0.33%) said tuberculosis, 8 (1.33%) said renal diseases, 87 (14.5%) said other diseases like dental caries, oral ulcers and etc. and 97 (16.16%) did not knew about it.

Among the participants, 69 (11.5%) knew that tobacco caused one or the other serious illness but could not name a single disease.

Table 33. Distribution of study participants according to their opinion on smoking in public places (n = 600)

SUPPORT OR OPPOSE LAW PROHIBITING SMOKING IN INDOOR WORK PLACES AND PUBLIC PLACES	TOBACCO USER (%)	NON USER (%)	TOTAL (%)
SUPPORT	373 (100)	221 (97.36)	594 (99.0)
NOT SURE	00	06 (02.64)	06 (01.00)
TOTAL	**373 (62.17)**	**227 (37.83)**	**600 (100)**

Among the 600 participants, 594 (99.0%) supported the law which prohibits smoking in indoor work places and public places, such as restaurants and theatres while none of them opposed the same and 6 (1%) were not sure if this will help.

All the tobacco users supported the law prohibiting smoking in indoor work places and public places.

Table 34. Distribution of study participants according to their opinion about taxes on tobacco products (n = 600)

FAVOR OR OPPOSE INCREASING TAXES ON TOBACCO PRODUCTS	TOBACCO USER (%)	NON USER (%)	TOTAL (%)
FAVOR	349 (93.57)	218 (96.04)	567 (94.50)
OPPOSE	24 (06.43)	03 (1.32)	27 (04.50)
NOT SURE	00	06 (2.64)	06 (01.00)
TOTAL	**373 (62.17)**	**227 (37.83)**	**600 (100)**

In the present study, 567 (94.5%) favored increase of taxes on tobacco products, 27 (4.5%) opposed the same and 6 (1.0%) were not sure if this will help. Non users (96.04%) were more in favor of increasing taxes on tobacco products compared to tobacco users (93.57%).

Table 35. Distribution of study participants according to their opinion on advertisements of tobacco products (n = 600)

FAVOR OR OPPOSE LAW PROHIBITING ADVERTISEMENTS OF TOBACCO PRODUCTS	TOBACCO USER (%)	NON USER (%)	TOTAL (%)
FAVOR	334 (89.54)	191 (84.14)	525 (87.50)
OPPOSE	39 (10.46)	18 (07.93)	57 (09.50)
NOT SURE	00	18 (07.93)	18 (03.00)
TOTAL	**373 (62.17)**	**227 (37.83)**	**600 (100)**

In the present study, 525 (87.5%) favored law prohibiting ban on advertisements of tobacco products, 57 (9.5%) some opposed the same and 18 (3%) were not sure if this will help.

Tobacco users (89.54%) were more in favor of the law prohibiting advertisements of tobacco compared to non users (84.14%).

Table 36. Distribution of study participants according to their knowledge about harmful effects of second hand smoke (n = 600)

KNOWLEDGE ABOUT HARMFUL EFFECTS OF SECOND HAND SMOKE	TOBACCO USER (%)	NON USER (%)	TOTAL (%)
YES	310 (83.11)	216 (95.16)	526 (87.67)
NO	63 (16.89)	05 (02.20)	68 (11.33)
NOT SURE	00	06 (2.64)	06 (01.00)
TOTAL	**373 (62.17)**	**227 (37.83)**	**600 (100)**

Among the 600 study participants, 526 (87.67%) knew the harmful health effects of second hand smoking, 68 (11.33%) did not have any knowledge regarding the same and 6 (1%) were not sure if it had any harmful effects.

Non users (95.16%) had better knowledge about harmful effects of second hand smoke compared to tobacco users (83.11%).

Table 37. Distribution of tobacco users according to their opinion on warning labels on tobacco products (n = 373)

WARNING LABELS LED TO THINKING ABOUT QUITING	NUMBER	PERCENTAGE (%)
YES	339	90.89
NO	34	9.11
TOTAL	**373**	**100**

Among the 373 tobacco users, 339 (90.89%) had thought of quitting tobacco in last one month because of warning labels on tobacco products and these labels had no such impact on 34 (9.11%) users.

Table 38. Distribution of tobacco users according to whether they have asked their children to buy tobacco products (n = 373)

CHILDREN OR ANYONE LESS THAN 18 YEARS ASKED TO BUY TOBACCO PRODUCTS	NUMBER	PERCENTAGE (%)
YES	38	10.19
NO	335	89.81
TOTAL	**373**	**100**

Among the 373 tobacco users, 38 (10.19%) users had asked their children or anyone less than 18 years to buy tobacco products for their own use in the last one month while the remaining 335 (89.81%) users never did the same.

Table 39. Distribution of tobacco users according to common place of tobacco use (n = 373)

USUAL PLACE OF TOBACCO USE	NUMBER	PERCENTAGE (%)
HOME	141	37.80
TEA STALL	170	45.57
AUTO STAND	288	77.21
WHILE DRIVING	63	16.89
OTHERS	37	09.91

* Multiple answers

Among the 373 tobacco users, 141 (37.80%) used tobacco products in their home, 170 (45.57%) in tea stalls, 288 (77.21%) in auto stand, 63 (16.89%) used while driving and 37 (9.91%) used it in other places.

Graph 24. Distribution of tobacco users according to common place of tobacco use

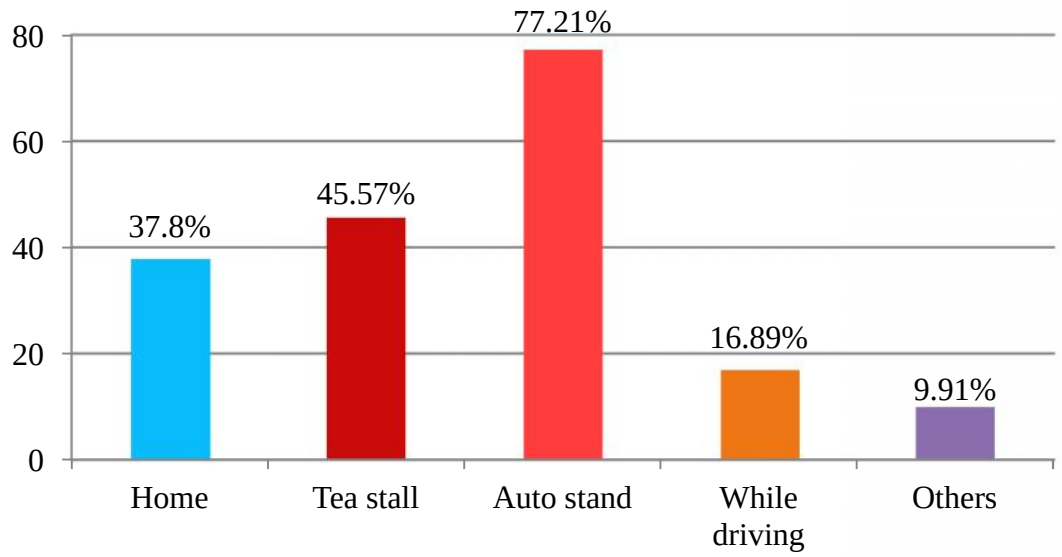


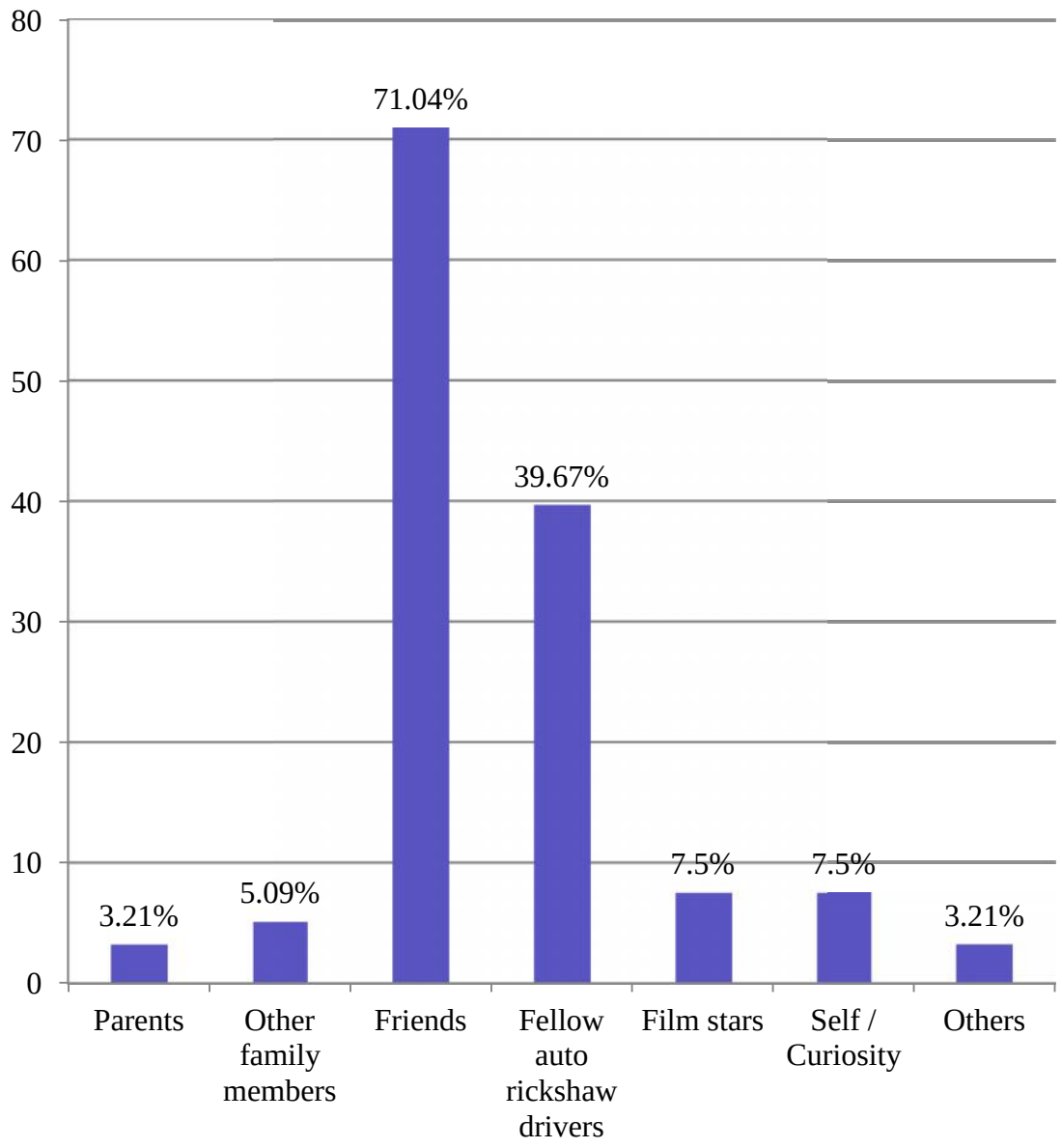
Table 40. Distribution of tobacco users according to motivation for tobacco use (n = 373)

MOTIVATION FOR TOBACCO USE	NUMBER	PERCENTAGE (%)
PARENTS	12	03.21
OTHER FAMILY MEMBERS	19	05.09
FRIENDS	265	71.04
FELLOW AUTO RICKSHAW DRIVERS	148	39.67
FILM STARS	28	07.50
SELF / CURIOSITY	28	07.50
OTHERS	12	03.21

* Multiple answers

Among the 373 tobacco users, 12 (3.21%) were motivated for tobacco use looking at their parents, 19 (5.09%) from other family members apart from parents, 265 (71.04%) from their friends, 148 (39.67%) from their fellow auto rickshaw drivers, 28 (7.50%) by looking at some film stars using tobacco, 28 (7.5%) started it as a curiosity and 12 (3.21%) were motivated from others.

Graph 25. Distribution of tobacco users according to motivation for tobacco use



E. GENERAL PHYSICAL EXAMINATION

Table 41. Distribution of study participants according to Body Mass Index (BMI) (n = 600)

BODY MASS INDEX	NUMBER	PERCENTAGE (%)
UNDERWEIGHT	40	06.67
NORMAL	210	35.00
OVERWEIGHT	197	32.83
OBESE	153	25.50
TOTAL	**600**	**100**

In the present study, 40 (6.67%) participants were underweight according to their BMI, 210 (35.0%) were normal weight, 197 (32.83%) were overweight and 153 (25.50%) were obese. Mean BMI of the participants was 24.32 Kg / m^2 $\pm$ 4.51 SD.

Graph 26. Distribution of study participants according to Body Mass Index

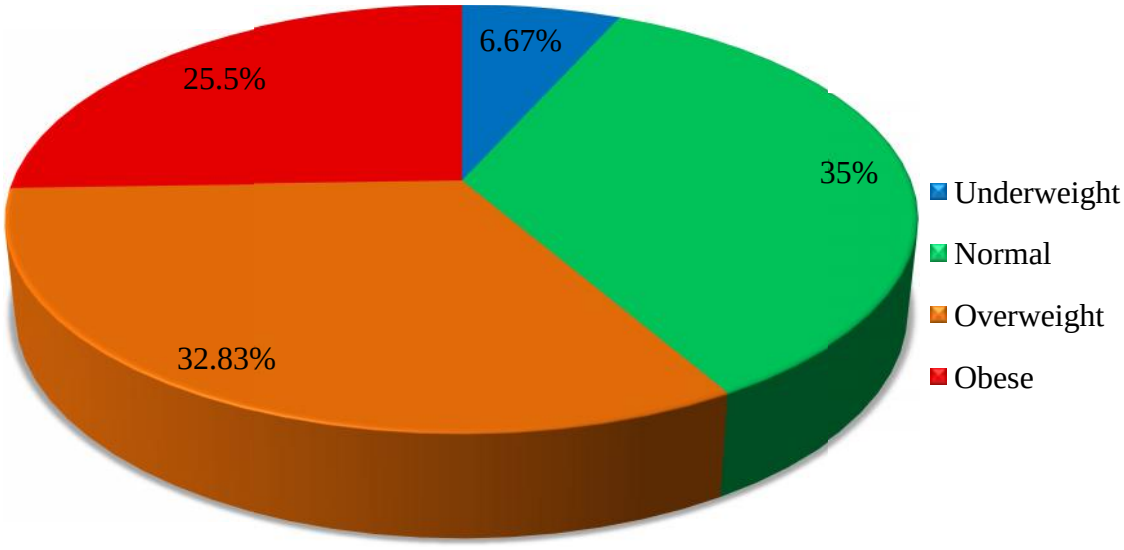


Table 42. Distribution of study participants according to blood pressure (n = 600)

BLOOD PRESSURE	NUMBER	PERCENTAGE (%)
NORMOTENSIVE	80	13.33
PREHYPERTENSIVE	238	39.67
HYPERTENSIVE	282	47
TOTAL	**600**	**100**

In the present study, 80 (13.33%) participants were normotensive, 238 (39.67%) were pre -hypertensive, 282 (47%) were hypertensive. Mean systolic blood pressure of the participants was 135.64 $\pm$ 17.89 mmHg while diastolic was 87.43 $\pm$ 13.28 mmHg.

Among the hypertensive, 54 were previously known case of hypertension and all of them were presently on treatment.

Graph 27. Distribution of study participants according to blood pressure

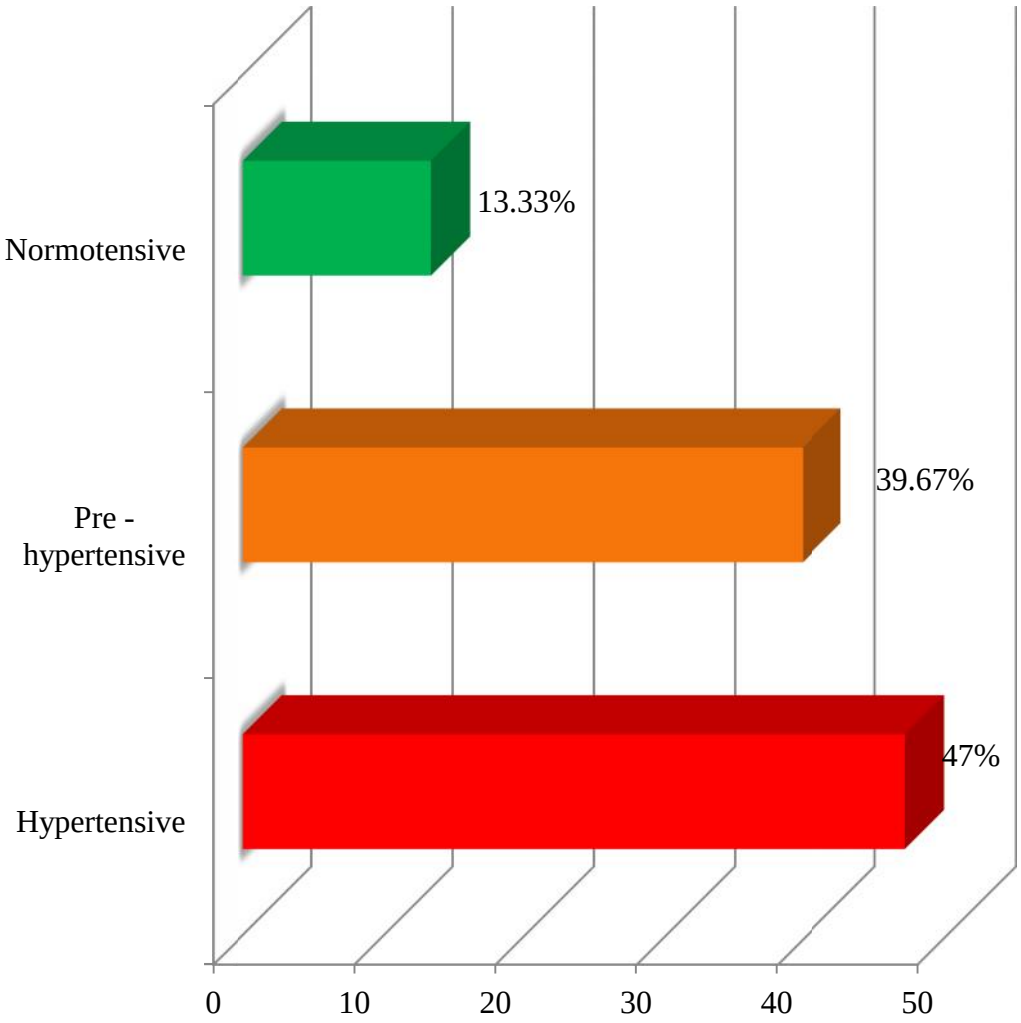


Table 43. Distribution of previous known hypertensive according to duration

DURATION OF HYPERTENSION	NUMBER	PERCENTAGE (%)
< 6 MONTHS	06	11.11
6 MONTHS – 5 YEARS	25	46.30
6 – 10 YEARS	23	42.59
TOTAL	**54**	**100**

Among the 54 known hypertensive's, 6 (11.11%) were diagnosed within last 6 months, 25 (46.30%) between 6 months to 5 years and 23 (42.59%) before 5 years.

F. ORAL VISUAL EXAMINATION

Table 44. Distribution of study participants according to presence of oral premalignant lesions (n = 600)

ORAL PREMALIGNANT LESIONS	NUMBER	PERCENTAGE (%)
PRESENT	181	30.17
ABSENT	419	69.83
TOTAL	**600**	**100**

Among the participants, 181 (30.17%) were found to have one or the other premalignant lesions in the oral cavity while the remaining 419 (69.83%) did not any have of these.

Graph 28. Distribution of study participants according to presence of oral premalignant lesions

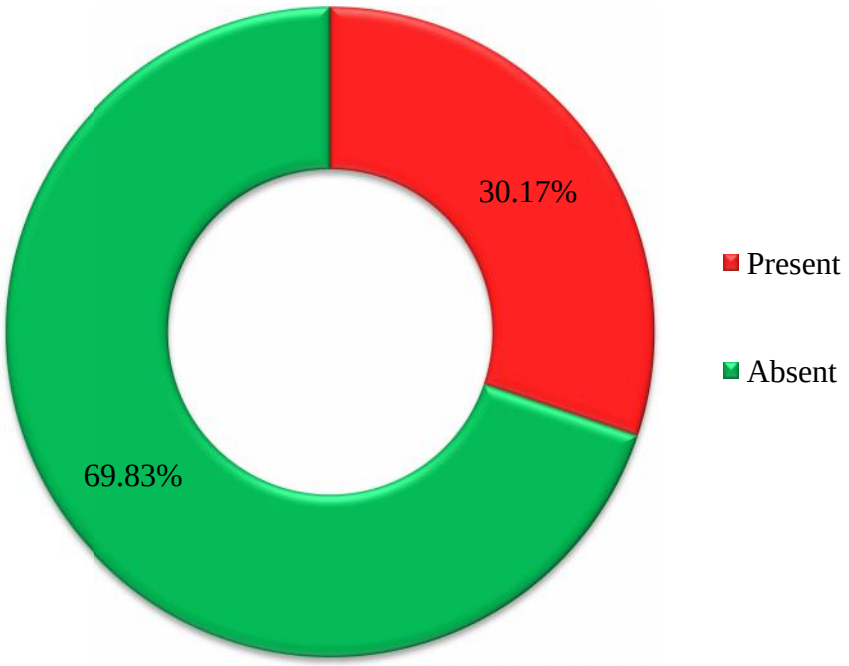


Table 45. Distribution of study participants according to type of oral premalignant lesion (n = 600)

TYPE OF LESION	NUMBER	PERCENTAGE (%)
LEUKOPLAKIA	113	18.83
ERYTHROPLAKIA	03	0.50
LEUKOERYTHROPLAKIA	07	01.16
ORAL SUBMUCOUS FIBROSIS	84	14.0
NON HEALING ULCER	20	03.33
MELANOPLAKIA	14	02.33
LICHEN PLANUS	08	01.33
NONE	419	69.83

***** Multiple lesions were found in some participants.

In the present study, 113 (18.83%) participants were found to have leukoplakia on oral visual examination, 3 (0.50%) had erythroplakia, 7 (1.16%) had leukoeryhtroplakia, 84 (14.0%) had oral sub mucus fibrosis, 20 (3.33%) had non healing ulcer in oral cavity, 14 (2.33%) had melanoplakia, 8 (1.33%) had lichen planus and 419 (69.83%) did not have any lesion.

Graph 29. Distribution of study participants according to type of oral premalignant lesion

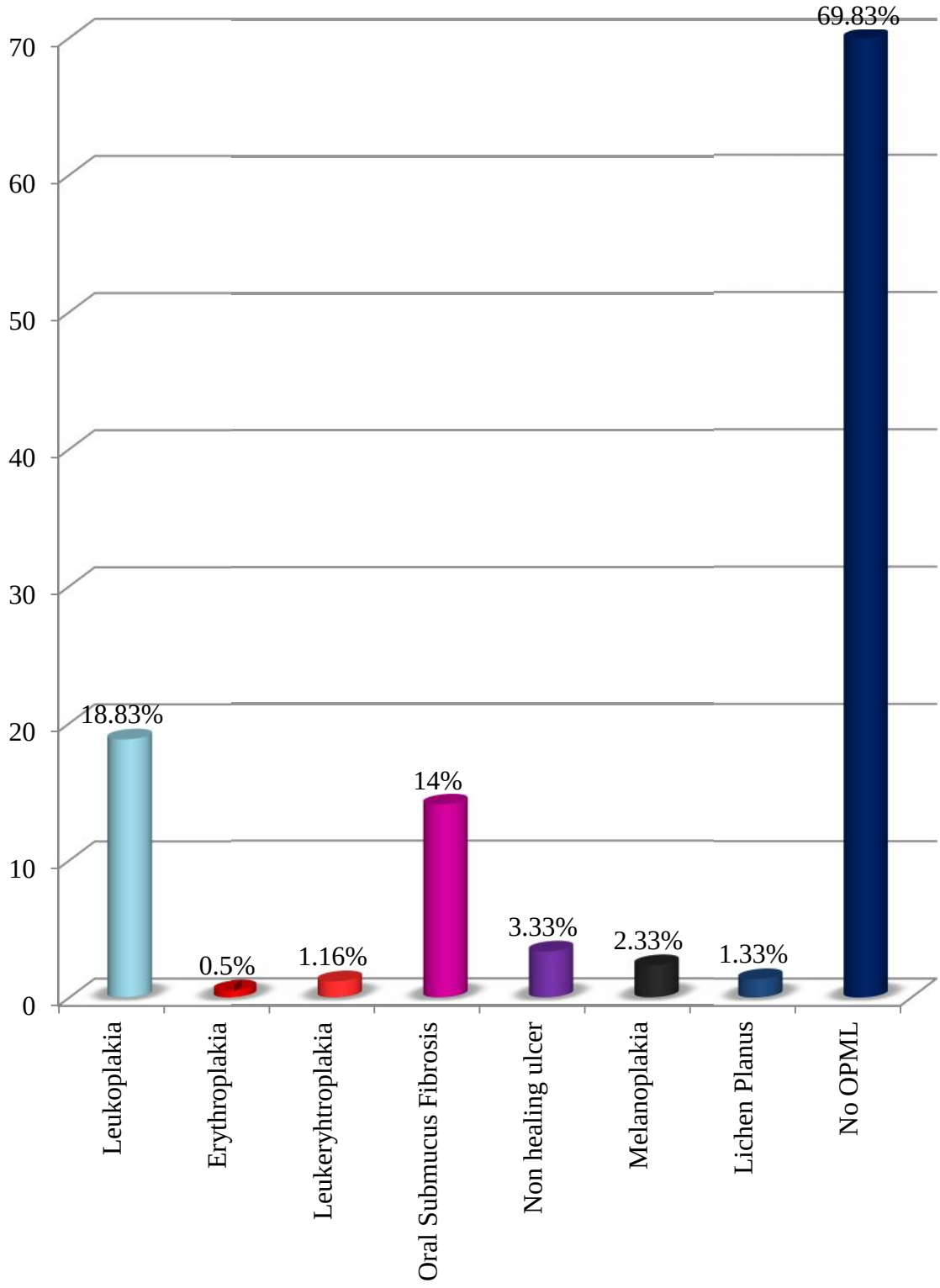


Table 46. Distribution of oral premalignant lesions according to their site in the oral cavity (n = 181)

SITE OF LESION IN ORAL CAVITY	NUMBER	PERCENTAGE (%)
BUCCAL MUCOSA	146	80.66
VESTIBULE	35	19.34
SOFT PALATE	02	01.11
RETRO MOLAR TRIGONE	05	02.76

*****Multiple sites of oral cavity were involved in some participants

Among the 181 participants found to have any oral premalignant lesion, 146 (80.66%) had it in buccal mucosa, 35 (19.34%) had it in vestibule, 2 (1.11%) had it soft palate and 5 (2.76%) had it in the retro molar trigone.

G. ASSOCIATION TABLES

Table 47. Association between age of the study participants and use of tobacco (n = 600)

AGE	TOBACCO USERS (%)	NON USERS (%)	TOTAL (%)
< 30 YEARS	104 (65.41)	55 (34.59)	**159 (100)**
31 – 40 YEARS	133 (76.00)	42 (24.00)	**175 (100)**
41 – 50 YEARS	93 (56.71)	71 (43.29)	**164 (100)**
> 50 YEARS	43 (42.16)	59 (57.84)	**102 (100)**
TOTAL	**373 (62.17)**	**227 (37.83)**	**600 (100)**
χ^2 = 34.39, df = 3, p < 0.00001			

Among 159 participants aged less than 30 years, 104 (65.41%) were tobacco users and 55 (34.59%) were not. Among 175 participants aged between 31 to 40 years, 133 (76%) were tobacco users and 42 (24%) were not. Among 164 participants aged between 41 to 50 years, 93 (56.71%) were tobacco users and 71 (43.29%) were not. Similarly, among 102 participants aged above 50 years, 43 (42.16%) were using tobacco and 59 (57.84%) were not using. Age of the participants was significantly associated with tobacco use.

Table 48. Association between religion of the study participants and use of tobacco (n = 600)

RELIGION	TOBACCO USERS (%)	NON USERS (%)	TOTAL (%)
HINDU	88 (61.54)	55 (38.46)	**143 (100)**
MUSLIM	285 (62.36)	172 (37.64)	**457 (100)**
TOTAL	**373 (62.17)**	**227 (37.83)**	**600 (100)**
χ^2 = 0.032, df = 1, *p* = 0.858			

In the present study, among 143 Hindu participants, 88 (61.54%) were tobacco users and 55 (38.46%) were non users. Similarly, among 457 Muslim participants, 285 (62.36%) were tobacco users and 172 (37.64%) were non users. No significant association was seen between religion and tobacco use.

Table 49. Association between education of study participants and use of tobacco (n = 600)

EDUCATION	TOBACCO USERS (%)	NON USERS (%)	TOTAL (%)
ILLITERATE	37 (75.51)	12 (24.49)	**49 (100)**
PRIMARY	80 (56.74)	61 (43.26)	**141 (100)**
HIGH SCHOOL	221 (67.58)	106 (32.42)	**327 (100)**
PUC	29 (49.15)	30 (50.85)	**59 (100)**
DIPLOMA & GRADUATE	06 (25.00)	18 (75.00)	**24 (100)**
TOTAL	**373 (62.17)**	**227 (37.83)**	**600 (100)**
$\varkappa^2$ = 27.901, df = 4, p = 0.00001			

In the present study, among 49 illiterates, 37 (75.51%) were tobacco users and 12 (24.49%) were non users, among 141 participants with primary school education, 80 (56.74%) were tobacco users and 61 (43.26%) were non users, among 327 with high school education, 221 (67.58%) were users and 106 (32.42%) were non users, among 59 with pre university education, 29 (49.15%) were users and 30 (50.85%) were non users and among 24 who had higher education with a degree or diploma, 6 (25%) were users and 18 (75%) were non users. There was a statistically significant association between education status and tobacco use.

Table 50. Association between marital status of the study participants and use of tobacco (n = 600)

MARITAL STATUS	TOBACCO USERS (%)	NON USERS (%)	TOTAL (%)
UNMARRIED	31 (50.82)	30 (49.18)	**61 (100)**
MARRIED	342 (63.45)	197 (36.55)	**539 (100)**
TOTAL	**373 (62.17)**	**227 (37.83)**	**600 (100)**
χ^2 = 3.7173, df = 1, *p* = 0.053			

In the present study, among 61 unmarried participants, 31 (50.82%) were tobacco users and 30 (49.18%) were non users. Similarly among 539 participants who were married, 342 (63.45%) were tobacco users and 197 (36.55%) were non users. No statistical significance was seen between marital status and tobacco use.

Table 51. Association between type of family of the study participants and use of tobacco (n = 600)

TYPE OF FAMILY	TOBACCO USERS (%)	NON USERS (%)	TOTAL (%)
JOINT	131 (64.85)	71 (35.15)	**202 (100)**
NUCLEAR	221 (59.57)	150 (40.43)	**371 (100)**
THREE GENERATION	12 (66.67)	06 (33.33)	**18 (100)**
BROKEN	09 (100)	0	**9 (100)**
TOTAL	**373 (62.17)**	**227 (37.83)**	**600 (100)**
Fisher's Exact Test, p = 0.0456			

In the present study, among 202 who belonged to joint families, 131 (64.85%) were tobacco users and 71 (35.15%) were non users, among 371 from nuclear families, 221 (59.57%) were tobacco users and 150 (40.43%) were non users, among 18 from three generation families, 12 (66.67%) were tobacco users and 6 (33.33%) were non users and all 9 participants belonging to broken families were tobacco users. This difference in tobacco use among participants belonging to different types of families was statistically significant.

Table 52. Association between socio – economic status of the study participants and use of tobacco (n = 600)

SE STATUS	TOBACCO USERS (%)	NON USERS (%)	TOTAL (%)
CLASS I	12 (70.59)	05 (29.41)	**17 (100)**
CLASS II	45 (69.23)	20 (30.77)	**65 (100)**
CLASS III	125 (63.78)	71 (36.22)	**196 (100)**
CLASS IV	161 (60.75)	104 (39.25)	**265 (100)**
CLASS V	30 (63.83)	27 (47.37)	**57 (100)**
TOTAL	**373 (62.17)**	**227 (37.83)**	**600 (100)**
χ^2 = 4.535, df = 4, *p* = 0.3384			

In the present study, among 17 participants belonging to Class I according to Modified B. G. Prasad Classification, 12 (70.59%) were tobacco users and 5 (29.41%) were non users, among 65 belonging to Class II, 45 (69.23%) were users and 20 (30.77%) were non users, among 196 belonging to Class III, 125 (63.78%) were users and 71 (36.22%) were non users, among 265 belonging to Class IV, 161 (60.75%) were users and 104 (39.25%) were non users and among 57 who belonged to Class V, 30 (63.83%) were users and 27 (47.37%) were non users. There was no statistically significant association between Socio Economic Status of participants and tobacco use.

Table 53. Association between socio – economic status and expenditure on tobacco products per month among tobacco users (n = 373)

SE STATUS	< 500 Rs	> 500 Rs	TOTAL
CLASS I	09 (75)	03 (25)	**12 (100)**
CLASS II	14 (31.11)	31 (68.89)	**45 (100)**
CLASS III	49 (39.2)	76 (60.8)	**125 (100)**
CLASS IV	65 (40.37)	96 (59.63)	**161 (100)**
CLASS V	07 (23.33)	23 (76.67)	**30 (100)**
TOTAL	**144 (38.61)**	**229 (61.39)**	**373**
$\varkappa^2$ = 10.955, df = 4, *p* = 0.02707			

In the present study, among 12 tobacco users belonging to Class I, 9 (75%) were spending less than 500 rupees per month and 3 (25%) were spending more than 500 rupees per month. Among 45 tobacco users belonging to Class II, 14 (31.11%) were spending less than 500 rupees per month and 31 (68.89%) were spending more than 500 rupees per month. Among 125 tobacco users belonging to Class III, 49 (39.2%) were spending less than 500 rupees per month and 76 (60.8%) were spending more than 500 rupees per month. Among 161 tobacco users belonging to Class IV, 65 (40.37%) were spending less than 500 rupees per month and 96 (59.63%) were spending more than 500 rupees per month. Among 30 tobacco users belonging to Class V, 7 (23.33%) were spending less than 500 rupees per month and 23 (76.67%) were spending more than 500 rupees per month.

Table 54. Association between years in present occupation and use of tobacco among study participants (n = 600)

YEARS IN PRESENT OCCUPATION	TOBACCO USER (%)	NON USER (%)	TOTAL (%)
< 10 YEARS	160 (68.09)	75 (31.91)	**235 (100)**
11 – 20 YEARS	118 (62.43)	71 (37.56)	**189 (100)**
> 20 YEARS	95 (53.98)	81 (46.02)	**176 (100)**
TOTAL	**373 (62.17)**	**227 (37.83)**	**600 (100)**
$\varkappa^2$ = 8.524, df = 2, *p* = 0.0140			

In the present study, among 235 participants who where in present occupation of auto rickshaw driving from last 10 years, 160 (68.09%) were tobacco users and 75 (31.91%) were non users, among 189 participants who were in present occupation from 11 – 20 years, 118 (62.43%) were users and 71 (37.56%) were non users and among 176 participants who were driving auto rickshaw from more than 20 years, 95 (53.98%) were users and 81 (46.02%) were non users. There was a statistically significant association between number of years in present occupation and tobacco use.

Table 55. Association between average length of working hours and use of tobacco among study participant (n = 600)

LENTH OF WORKING HOURS	TOBACCO USERS (%)	NON USERS (%)	TOTAL (%)
6 - 8 HOURS	22 (43.14)	29 (56.86)	**51 (100)**
8 - 10 HOURS	175 (80.28)	43 (19.72)	**218 (100)**
10 - 12 HOURS	83 (43.46)	108 (56.54)	**191 (100)**
12 HOURS & ABOVE	93 (66.43)	47 (33.57)	**140 (100)**
TOTAL	**373 (62.17)**	**227 (37.83)**	**600 (100)**
$\varkappa^2$ = 67.759, df = 3, p < 0.00001			

In the present study, among 51 participants working for 6 – 8 hours per day, 22 (43.14%) were tobacco users and 29 (56.86%) were non uses, among 218 participants working for 8 – 10 hours, 175 (80.28%) were users and 43 (19.72%) were non users, among 191 participants working for 10 – 12 hours, 83 (43.46%) were users and 108 (56.54%) were non users and among 140 participants working for more than 12 hours per day, 93 (66.43%) were users and 47 (33.57%) were non users. The association between length of working hours per day and tobacco use was found to be statistically significant.

Table 56. Association between night shifts and use of tobacco among study participant (n = 600)

NIGHT SHIFTS PER WEEK	TOBACCO USERS (%)	NON USERS (%)	TOTAL (%)
NO NIGHT SHIFTS	355 (61.00)	227 (39.00)	**582 (100)**
≥ 1 NIGHT SHIFTS	18 (100)	0	**18 (100)**
TOTAL	**373 (62.17)**	**227 (37.83)**	**600 (100)**
Fisher's Exact Test, *p* = 0.0456			

In the present study, among 582 participants who did not do any night shifts, 355 (61%) were tobacco users and 227 (39.0%) were non users. Among 18 of those who did one or more night duties per week, all of them were tobacco users. There was a statistically significant association between night shifts and tobacco use.

Table 57. Association between tobacco use and oral premalignant lesion among study participant (n = 600)

ORAL PREMALIGNANT LESIONS	TOBACCO USER (%)	NON USER (%)	TOTAL (%)
PRESENT	161 (43.16)	20 (08.81)	**181**
ABSENT	212 (56.86)	207 (91.19)	**419**
TOTAL	**373 (62.17)**	**227 (69.83)**	**600 (100)**
$\varkappa^2$ = 79.054, df = 1, p < 0.00001			

In the present study, among 373 tobacco users, 161 (43.16%) had one or the other oral premalignant lesion, and 212 (56.86%) did not have any such lesion. Among 227 non users of tobacco, 20 (8.81%) had oral premalignant lesion and 207 (91.19) did not. Tobacco use was significantly associated with oral premalignant lesions.

Table 58. Association between oral premalignant lesions and use of smokeless tobacco among study participant (n = 600)

ORAL PREMALIGNANT LESIONS	SMOKELESS USER (%)	NON USER (%)	TOTAL (%)
PRESENT	123 (43.31)	58 (18.35)	**181**
ABSENT	161 (56.69)	258 (81.65)	**419**
TOTAL	**284 (47.33)**	**316 (52.67)**	**600 (100)**
$\chi^2 = 44.217$, df = 1, $p < 0.00001$			

In the present study, among 284 smokeless tobacco users, 123 (43.31%) had one or the other oral premalignant lesion and 161 (56.69%) did not have any such lesion. Similarly, among 316 non users of smokeless tobacco, 58 (18.35%) had an oral premalignant lesion while 258 (81.65%) did not. Use of smokeless tobacco was significantly associated with oral premalignant lesion.

Table 59. Association between form of smokeless tobacco used with oral premalignant lesion

TYPE OF SMOKELESS FORM USED		ORAL PREMALIGNANT LESION		TOTAL	
		PRESENT (%)	ABSENT (%)		
CHEWING TOBACCO	USER	36 (40.90)	52 (59.90)	88	χ^2 = 5.649, p = 0.017
	NON USER	145 (28.32)	367 (71.68)	512	
BETEL QUID WITH TOBACCO	USER	02 (22.22)	07 (77.78)	09	Fisher exact = 0.7304
	NON USER	179 (30.29)	412 (69.71)	591	
GUTKHA	USER	72 (46.15)	84 (53.85)	156	χ^2 = 25.57 p < 0.00001
	NON USER	109 (24.55)	335 (75.45)	444	
LIME WITH TOBACCO	USER	17 (48.57)	18 (51.42)	35	χ^2 = 5.976 p = 0.0145
	NON USER	164 (29.03)	401 (70.97)	565	
MAWA	USER	40 (66.67)	02 (33.33)	06	Fisher exact = 0.070799
	NON USER	177 (29.80)	417 (70.20)	594	
KHIMAM	USER	0	05 (100)	05	Fisher exact = 0.32987
	NON USER	181 (30.42)	414 (69.58)	595	

In the present study, use of chewing tobacco, gutkha and lime with tobacco were significantly associated with oral premalignant lesion while use of betel quid with tobacco, mawa and khimam were not associated.

Table 60. Association between oral premalignant lesions and use of smoke from of tobacco among study participant (n = 600)

ORAL PREMALIGNANT LESIONS	SMOKERS (%)	NON SMOKERS (%)	TOTAL (%)
PRESENT	55 (39.57)	126 (27.33)	**181**
ABSENT	84 (60.43)	335 (72.67)	**419**
TOTAL	**139 (23.17)**	**461 (76.83)**	**600 (100)**
χ^2 = 7.591, df = 1, *p* = 0.0058			

In the present study, among 139 smokers, 55 (39.57%) had one or the other oral premalignant lesion and 84 (60.43%) did not have any such lesion. Similarly, among 461 non smokers, 126 (27.33%) had an oral premalignant lesion while 335 (72.67%) did not. Smoking was significantly associated with oral premalignant lesion.

Table 61. Association between type of smoking form tobacco used with oral premalignant lesion

TYPE OF SMOKING FORM USED		ORAL PREMALIGNANT LESION		TOTAL	
		PRESNT (%)	ABSENT (%)		
CIGARETTES	USER	48 (39.67)	73 (60.33)	121	χ^2 = 6.497, p = 0.0108
	NON USER	133 (27.77)	346 (72.23)	479	
BEEDI's	USER	07 (38.89)	11 (61.11)	18	χ^2 = 0.67 p = 0.4130
	NON USER	174 (29.90)	408 (70.10)	582	

In the present study, cigarettes were found to be significantly associated with oral premalignant lesion whereas beedis were not associated.

Table 62. Association between oral premalignant lesions and combined users of tobacco among study participant (n = 600)

ORAL PREMALIGNANT LESIONS	COMBINED USERS (%)	NON USERS (%)	TOTAL (%)
PRESENT	17 (34.00)	164 (29.82)	**50**
ABSENT	33 (66.00)	386 (70.18)	**550**
TOTAL	**50 (08.33)**	**550 (91.67)**	**600 (100)**
χ^2 = 0.38, df = 1, *p* = 0.5376			

In the present study, among 50 combined users, 17 (34.0%) had one or the other oral premalignant lesion and 33 (66.0%) did not have any such lesion. Similarly, among 550 non users of combined tobacco, 164 (29.82%) had an oral premalignant lesion while 386 (70.18%) did not. There was no significant association between combined use of tobacco with oral premalignant lesion although positive correlation existed.

Table 63. Association between duration of tobacco use and oral premalignant lesions among tobacco users (n = 373)

DURATION OF TOBACCO USE	ORAL PREMALIGNANT LESION		TOTAL (%)
	PRESENT (%)	ABSENT (%)	
< 10 YEARS	44 (31.88)	94 (68.12)	**138 (100)**
11 - 20 YEARS	82 (62.60)	49 (37.40)	**131 (100)**
21 - 30YEARS	25 (34.72)	47 (65.28)	**72 (100)**
> 30 YEARS	10 (31.25)	22 (68.75)	**32 (100)**
TOTAL	**161 (43.16)**	**212 (56.84)**	**373 (100)**
$\varkappa^2 = 31.262$, df = 3, $p < 0.00001$			

In the present study, among 138 participants using tobacco in any form from less than 10 years, 44 (31.88%) had an oral premalignant lesion and 94 (68.12%) did not. Among 131 participants using tobacco from 11 to 20 years, 82 (62.60%) had a lesion and 49 (37.40%) did not. Among 72 participants using tobacco from 21 to 30 years, 25 (34.72%) had a lesion and 47 (65.28%) did not. Among 32 participants using any form of tobacco from more than 30 years, 10 (31.25%) had a lesion and 22 (68.75%) did not. The difference in duration of tobacco use was significantly associated with oral premalignant lesions.

Table 64. Association between duration of smokeless tobacco use and oral premalignant lesions among smokeless users (n = 284)

DURATION OF USE OF SMOKELESS TOBACCO	ORAL PREMALIGNANT LESION		TOTAL (%)
	PRESENT (%)	ABSENT (%)	
> 10 YEARS	33 (35.11)	61 (64.89)	**94 (100)**
11 – 20 YEARS	57 (58.76)	40 (41.24)	**97 (100)**
> 20 YEARS	33 (35.48)	60 (64.52)	**93 (100)**
TOTAL	**123 (43.31)**	**161 (56.69)**	**284 (100)**
$\varkappa^2$ = 14.331, df = 2, *p* = 0.00077			

In the present study, among 94 participants using smokeless tobacco from less than 10 years, 33 (35.11%) had an oral premalignant lesion and 61 (68.49%) did not. Among 97 participants using smokeless tobacco from 11 to 20 years, 57 (58.76%) had a lesion and 40 (41.24%) did not. Among 93 participants using smokeless tobacco from more than 20 years, 33 (35.48%) had a lesion and 60 (64.52%) did not. This difference in duration of smokeless tobacco use was significantly associated with oral premalignant lesions.

Table 65. Association between duration of smoke use and oral premalignant lesions among smokers (n = 139)

DURATION OF USE OF SMOKING FORM	ORAL PREMALIGNANT LESION		TOTAL (%)
	PRESENT (%)	ABSENT(%)	
> 10 YEARS	25 (32.47)	52 (67.53)	**77 (100)**
11 – 20 YEARS	28 (68.29)	13 (31.71)	**41 (100)**
> 20 YEARS	02 (09.42)	19 (90.48)	**21 (100)**
TOTAL	**55 (39.57)**	**84 (60.43)**	**139 (100)**
$\varkappa^2$ = 23.698, df = 2, *p* = 0.00000715			

In the present study, among 77 participants using smoking form from less than 10 years, 25 (32.47%) had an oral premalignant lesion and 52 (67.53%) did not. Among 41 participants using smoking form from 11 to 20 years, 28 (68.29%) had a lesion and 13 (31.71%) did not. Among 21 participants using smoking form from more than 20 years, 02 (9.42%) had a lesion and 19 (90.48%) did not. The difference in duration of smoking was significantly associated with oral premalignant lesions.

Table 66. Association between tobacco use and body mass index among study participant (n = 600)

TOBACCO USE	UNDER WEIGHT (%)	NORMAL (%)	OVER WEIGHT (%)	OBESE (%)	TOTAL (%)
TOBACCO USERS	25 (06.70)	111 (29.76)	135 (36.19)	102 (27.35)	**373 (100)**
NON USERS	15 (06.61)	99 (43.61)	62 (27.31)	51 (22.47)	**227 (100)**
TOTAL	**40 (06.67)**	**210 (35.00)**	**197 (32.83)**	**153 (25.50)**	**600 (100)**
$\varkappa^2$ = 12.447, df = 3, *p* = 0.0059					

In the present study, among 373 tobacco users, 25 (6.70%) were underweight, 111 (29.76%) had normal BMI, 135 (36.19%) were overweight and 102 (27.35%) were obese. Among 227 non users, 15 (6.61%) were underweight, 99 (43.61%) had normal BMI, 62 (27.31%) were overweight and 51 (22.47%) were obese. There was a statistically significant association between tobacco use and BMI.

Table 67. Association between use of tobacco and blood pressure among study participant (n = 600)

TOBACCO USE	NORMO TENSIVE (%)	PRE HYPERTENSIVE (%)	HYPER TENSIVE (%)	TOTAL (%)
TOBACCO USERS	43 (11.53)	149 (39.95)	181 (48.52)	**373 (100)**
NON USERS	37 (16.30)	89 (39.21)	101 (44.49)	**227 (100)**
TOTAL	**80 (13.33)**	**238 (39.67)**	**282 (47.00)**	**600 (100)**
χ^2 = 2.917, df = 2, *p* = 0.2325				

* Hypertensive included both previously known and newly diagnosed during the study.

In the present study, among 373 tobacco users, 43 (11.53%) were normotensive, 154 (41.29%) were pre hypertensive and 176 (47.18%) were hypertensive. Among 227 non users, 37 (16.30%) were normotensive, 95 (41.85%) were pre hypertensive and 95 (41.85%) were hypertensive. There was no significant association between tobacco use and blood pressure although positive correlation existed.

Table 68. Association between Body Mass Index and blood pressure of study participant (n = 600)

BLOOD PRESSURE	NORMO TENSIVE (%)	PRE HYPERTENSIVE (%)	HYPER TENSIVE (%)	TOTAL (%)
UNDER WEIGHT	12 (30.00)	24 (60.00)	04 (10.00)	**40 (100)**
NORMAL	54 (25.71)	111 (52.86)	45 (21.43)	**210 (100)**
OVER WEIGHT	05 (02.54)	78 (39.59)	114 (57.87)	**197 (100)**
OBESE	09 (05.88)	25 (16.34)	119 (77.78)	**153 (100)**
TOTAL	**80 (13.33)**	**238 (39.67)**	**282 (47.00)**	**600 (100)**
$\varkappa^2$ = 167.089, df = 6, p < 0.00001				

In the present study, among 40 participants who were underweight according to Asian BMI classification, 12 (30%) were normotensive, 24 (60%) were pre hypertensive and 4 (10%) were hypertensive. Among 210 participants with normal weight, 54 (25.71%) were normotensive, 111 (52.86%) were pre hypertensive and 45 (21.43%) were pre hypertensive. Among 197 overweight participants, 5 (2.54%) were normotensive, 78 (39.59%) were pre hypertensive and 114 (57.87%) were hypertensive. Among 153 obese participants, 9 (5.88%) were normotensive, 36 (23.53%) were pre hypertensive and 108 (70.59%) were hypertensive. There was a statistically significant association between BMI and blood pressure.

Discussion

DISCUSSION

The present study was conducted among 600 regular auto rickshaw drivers operating within the limits of Belagavi City Corporation during the period of January 2016 to December 2016.

A. SOCIO – DEMOGRAPHIC DATA

Table 1 & 2. Distribution of study participants according to age and place of residence

All the study participants in the present study were males. Similarly, studies conducted in Gwalior and Nagpur among auto rickshaw drivers also enrolled all male participants. [12 & 23] This may be because of the reason that it is very rare to find a female auto rickshaw drivers be it any part of the country.

In the present study, majority (29.17%) of the participants were between 31 to 40 years of age and mean age of the participants was 39.71 $\pm$ 11.07 years. A study

done in Nagpur had around 35% participants in the age group of 31 to 40 years and mean age of the participants was 41.70 ± 9.05 years. [35] Similarly, another study conducted in Gwalior also enrolled participants with mean age of 34.90 ±11.34 (SD) years. [12]

In the present study, 98.67% participants presently stayed in urban areas. Although the present study was supposed to include only urban residents, but because the participants from rural areas were permanent residents of urban areas and were temporarily staying in villages adjacent to Belagavi city, they were included in the study. Similarly, all the participants were residents of urban areas in studies conducted in Gwalior and Nagpur. [12 & 23]

Table 3. Distribution of study participants according to religion

In this study, most (76.17%) of the participants were Muslims and remaining (23.83%) were Hindu by religion. Whereas in the study conducted in Gwalior, 47.97% subjects were Hindus and 42.57% were Muslims. [12] This may be because of the fact that most of the Muslims in this part of the country are self employed or are into their own business.

Table 4. Distribution of study participants according to educational status

In the present study, most of the participants had high school education (54.50%), followed by primary education (23.50%), whereas some were illiterate (08.17%) and some had either a diploma or a degree (4.0%).

In a study conducted in Gwalior, most (54.25%) of the participants were educated either up to middle/ 8th grade or had high school education, 08.00% had up to primary /informal education, 19.25% were illiterate and only few (0.75%) had a

degree.[12] This increase in education level in the present study may be because south India has better education level compared to the north.

Table 5. Distribution of study participants according to socio economic status

In the present study, most of the participants belonged to either Class IV (44.17%) or Class III (32.67%) according to Modified B. G. Prasad Classification.

Similarly in the study done in Nagpur, most of the participants belonged to either upper lower socio-economic class (46.96%) or to lower middle class (44.26%) according to according to modified Kuppuswamy classification. [23] Both these classes (i.e., upper lower class and lower middle class) of modified Kuppuswamy classification were corresponding to Class IV and Class III of Modified B. G. Prasad classification respectively. [55]

In general, the level of income in auto rickshaw drivers is usually moderate to low compared to other occupations because of various reasons like increased dependency of the public on personal vehicles and public transport systems, exponential increase in the number of two wheelers, lack of any social assistance schemes for this occupation and the very fact that this is an unorganized sector and no support in any form is available from any bodies makes it worse.

Table 6. Distribution of study participants according to marital status

In this study, most (89.83%) of the participants were married while remaining (10.17%) were unmarried and none of them were a divorcee.

Similarly, according to the study done in Gwalior, 78% were married and 20.75% were unmarried and remaining 1.25% participants were divorcee. [12] This can

be attributed to the fact that most of the participants in both the studies have mean age in the mid or late thirties and by this age most of the Indian males would have been married.

Table 7. Distribution of study participants according to type of family

In the present study, most of the study participants stayed either in nuclear families (61.83%) or joint families (33.67%).

Among the participants enrolled in Gwalior study, most of them belonged to nuclear families (60.50%) followed by joint families (28.50%). [12] Similarly, among the participants enrolled in Nagpur study, most of the participants belonged to nuclear families (56.08%). [23] This is because of rampant urbanization due to which most of the families are becoming nuclear in urban areas.

Table 8. Distribution of study participants according to type of house

In this study, most of the participants stayed in pucca houses (57.67%) and remaining in kuccha houses (42.33%). This was noteworthy as substantial number of participants stayed in kuccha houses which are known to be a risk factor for a range of health problems and the burden will only increase among those also using tobacco.

B. OCCUPATIONAL DETAILS

Table 9. Distribution of study participants according to number of years in present occupation

In the present study, most (39.17%) of the participants were driving auto rickshaws from less than 10 years. Mean years in present occupation was 15.80 years $\pm$ 10.11 SD. This is because most of the participants started the present occupation in

their early twenties (and as the mean age was in late thirties). Study conducted among auto rickshaw drivers in Nagpur had participants with a mean length of occupation of 17.70 ± 7.62 years SD. [23]

Table 10. Distribution of study participants according to average length of working hours per day

In this study, most of the participants worked for 8 – 10 hours a day (36.33%) followed by 10 to 12 hours (31.83%). Mean length of working hours per day was 9.43 ± 1.82 hours. Whereas in the study done in Nagpur, average daily working hours was 11.52 ± 2.29 hours.[23] While study done in Gwalior revealed that around 1/4th of the total participants (25.25%) were working for 8 hours per day and almost half (48.75%) were working for 12 hours.[12]

Table 11. Distribution of study participants according to average number of night shifts per week

In the present study, 97.0% participants did not do any night shifts, while only 3.0% did one or more than one night shifts per week. On the other hand, study done in Gwalior had 26.0% participants working till late night. [12] This may be because the data collection for the present study was done during day times due to which a good number of drivers doing only night shifts would have been missed.

C. DETAILS OF TOBACCO CONSUMPTION

Table 12. Distribution of study participants according to use of tobacco

In the present study, the prevalence of tobacco use in any form was found to be 62.17%.

The Gwalior study showed prevalence of tobacco use among auto rickshaw drivers to be 84.26%. [12] This difference in prevalence of tobacco use can be attributed to the fact that the educational levels of the participants in the present study was high compared to the Gwalior study and both the studies have shown negative association between educational level and tobacco use i.e., as the education increased, tobacco consumption decreased. A study done in Jaipur, Rajasthan concluded that the prevalence of tobacco use was 87.2% among auto rickshaw drivers which was comparatively higher. But a comparison with this study was less valid as this study had a very small sample size of only 94 participants. [22]

The prevalence of tobacco use in auto rickshaw drivers revealed by these studies was comparatively very high with respect to the prevalence in Indian adults aged 15 years and above which was just 28.6% according to GATS 16 -17.[4]

It was also noted that the prevalence of tobacco use in present study was very high compared to the adults among general population in Belgaum city. A community based study done among adults in Belgaum revealed the prevalence of ever use of tobacco to be only 29.41%. [37]

These findings indicate that the prevalence of tobacco use among auto rickshaw drivers is very high compared to general adult population which can be attributed to various occupational factors like constant physical and mental pressure due to irregular shifts, continuous variation in fuel prices, long waiting hours, low

levels of education, poverty, lack of knowledge about hazards of tobacco, other socioeconomic factors and many unknown factors.

Table 13. Distribution of tobacco users according to form of tobacco used

In this study, prevalence of smoking was 23.17% (139 / 600) and prevalence of smokeless tobacco was 47.33% (284 / 600).

The Gwalior study showed the prevalence of smoking to be 52.25% and tobacco chewing to be 64.25% (257/400).[12] This difference was high because the prevalence of tobacco in any form was found to be higher in the Gwalior study as discussed earlier.

Whereas according to a study conducted among auto rickshaw drivers in Davangere, Karnataka, the prevalence of smoking was 29.5%, and smokeless tobacco was 36.5%.[25] These results were comparable with our study.

Another study done in Mumbai on taxi drivers found the prevalence of smoking to be 28% and smokeless tobacco to be 32%.[24]

All these findings showed preponderance of smokeless form over smoking form which is the dominant form of tobacco consumed in India as also revealed by the GATS survey. [4]

In the present study, amongst the tobacco users, 23.86% were exclusive smokers, 62.74% were exclusive smokeless users and 13.40% were using both the forms simultaneously. Whereas in Gwalior study, amongst the tobacco users, 23.73% were exclusive smokers, 37.98% were exclusive tobacco chewers and 38.28% used both.[12]

There was a major difference in the use of smokeless tobacco which was very high in the present study. This is because, this part of the country is one of the major producers of tobacco and has very high consumption of tobacco in its chewable form compared to other parts of the country. The same point was highlighted in a study done in Belgaum[56] where almost 78% of the tobacco users were using it in chewing form which is very high compared to the national average.

Table 14 & 15. Distribution of exclusive smokers, smokeless and combined users according to frequency of use

In the present study, most of the tobacco users used it on a daily basis with more than 86% exclusive smokers and more than 96% smokeless users using them daily. Among combined users, all the smokeless users used it on a daily basis whereas only 64% smoked on a daily basis.

Study conducted in Nagpur revealed that all the smokers were smoking daily. [23] According to GATS 2009 – 10 data, among male, 18.3% was the overall use of smoking form on daily basis while 27.4% was the overall use of smokeless form on daily basis.[4]

A higher use of smokeless tobacco on daily basis compared to smoking form was observed in both our study and GATS which may be because of the reason that smokeless form is comparatively cheaper and can be used at ease even while driving.

Among combined users, a good number of participants were smoking occasionally (i.e., 36% who smoked during weekends, parties or any social gatherings) while they used smokeless tobacco daily.

Table 16. Distribution of smokers according to type of product used

In the present study, most (87.05%) of the smokers were smoking cigarettes, while very few (12.95%) were smoking beedis and no other smoking forms were used. Contradictory to this finding, study done in Jaipur among auto rickshaw drivers revealed that beedis (53.23%) were the most common smoking form followed by cigarettes (43.55%) and hukka (3.23%).[22] But a comparison with this study was less valid because of a small sample size. Among smokers staying in urban areas, cigarettes were the dominant form over beedi which was highlighted in GATS 2009–10 survey which revealed 7.0% prevalence of cigarette smoking and 5.5% prevalence of beedi smoking.[4] This can be linked to urbanization due to which most of the adults are shifting towards cigarettes over beedis.

Table 17. Distribution of smokeless users according to type of product used

In the present study, most of the smokeless users were chewing gutkha (54.93%) followed by chewing tobacco (30.99%) and lime with tobacco (12.32%). Whereas a study done in Nepal among long route bus drivers revealed that khaini (57.8%) was the most common form followed by gutkha (46%).[30]

This can be attributed to the fact that the legislations of ban on gutkha are not properly implemented in our country and adding to it, easy availability, attractive multi colored foils and surrogate advertisements for gutkha with popular film stars makes it most common smokeless form compared to other less attractive and less advertised forms.

Table 18. Distribution of combined users according to type of tobacco used

In the present study, among those who used both forms simultaneously, gutkha with cigarettes were the most common combination followed by lime with

tobacco and cigarettes and chewing tobacco with cigarettes. This can be explained by the fact that gutkha and cigarettes were the most commonly used smokeless and smoking forms respectively.

Table 19. Distribution of tobacco users according to age at initiation of tobacco

In the present study, most of the tobacco users initiated the use between 10 – 20 years (46.38%), followed by 21 – 30 years (38.87%). Mean age at initiation for any form of tobacco was in mid twenties (23.22 $\pm$ 8.00 years for smoking form and 23.36 $\pm$ 7.99 years for smokeless form).

In the study done in Jaipur, around 55% drivers started using tobacco products below 15 years of age.[22] Similarly, study done in Dharan eastern Nepal revealed that more than half (52%) of the participants had initiated tobacco use at an age less than 18 years. Another study done in Chennai among auto rickshaw drivers showed that most (80%) of the drivers started tobacco at an age less than 18 years.[27]

All these observations indicate towards initiation of tobacco at a very tender age at which their minds are very much inquisitive, outwardly try for new experiments, amenable to the peer pressures and deeply impacted by use of tobacco in close contacts, media and mass advertisements.

Table 20. Distribution of tobacco users according to duration of use of tobacco

In this study, most of the tobacco users were using tobacco from last 10 years (37.0%), followed by 11 – 20 years (35.12%). Mean duration of tobacco use was

15.31 ± 10.29 years. Similarly, the average duration of tobacco smoking was 19.04 ± 7.27 years in a study done in Nagpur. [23]

It is a known fact that tobacco is an addictive substance and this duration of tobacco use will only increase in the coming years unless some intervention measures to stop tobacco use are taken immediately.

Table 21. Distribution of tobacco users according to first use of tobacco of the day after waking up

In the present study, around 55% tobacco users needed the first dose within an hour of waking up and 45% after 60 minutes of waking up.

Whereas among the tobacco users of Gwalior study, around 38% needed tobacco immediately after waking up, 45% needed it before toilet, 7.7% before / after meals and around 9% needed it at any time of the day.[12]

These figures indicate towards dependence on tobacco for physiological processes like bowel evacuation which has to be curtailed off with various de-addiction measures at the earliest.

Table 22. Distribution of tobacco users according to being advised by any health care provider in the last one year to quit tobacco

In this study, most (54.69%) of the tobacco users were advised to quit tobacco by any health care provider in last one year.

According to GATS 2009 - 10[4], 47.3% male smokers and 28.1% male smokeless users were advised to quit by a health care provider in last one year. Every attempt should be made by health care providers to help tobacco users quit their habit.

Table 23. Distribution of tobacco users according to average expenditure on tobacco products per month

In the present study, most of the tobacco users were spending either more than 1000 rupees a month (31.37%) or between 500 to 1000 rupees a month (30.03%). Very few (16.89%) were spending less than 100 rupees.

In the Jaipur study, around 50% were spending rupees 10-50 per day, around 29% were spending rupees 50-100 per day and 7% were spending more than rupees 100 per day on tobacco products.[22] While in Gwalior study, around 55% were spending less than 50 rupees, 37% were spending between 50 to 100 rupees and about 7% were spending more than 1000 rupees per day. [12]

This heavy expenditure on tobacco shown in both these studies will just add to the economic burden on the families of auto rickshaw drivers who already in majority belong to low socio economic strata.

Table 24. Distribution of tobacco users according to use in front of children

In the present study, 1/4th (25.20%) of the tobacco users were using tobacco in any form in front of their children (29.57% among smokeless users and 11.51% among smokers). A study done in the United States concluded that children of current and former smokers face an elevated risk of smoking. [57]

This has to be curtailed off by educating the parents, as parents are one of the important group of people who motivate their children for tobacco use.

Table 25-27. Distribution of various forms of tobacco users according to attempts made to quit tobacco in last one year

In this study, around 61% had tried to quit the use of tobacco in last one year. In the study done in Nepal, 75.8% had tried quitting the use of tobacco. Around 66.3% smokers tried to quit its use. [30] Whereas in the Gwalior study, only 28.47% had tried to quit the use of tobacco.[12]

In this study, more than half (56.18%) of the exclusive smokers had tried to quit in last one year, whereas among exclusive smokeless users, slightly higher number of participants (59.40%) had tried to quit.

Among those using both forms, most smokeless users (76%) had tried to quit compared to smoke users (68%).

According to GATS 2009 – 10 survey, 38.3% male smokers and 38.8% male smokeless users had attempted to quit their use in last one year. [4]

This difference in quit attempts can be related to the difference in various socioeconomic factors (like educational level, family background, other tobacco users in the family and etc.), knowledge regarding hazards of tobacco and the personality traits of the tobacco users as all of these do have a very important role on the users to discontinue their use.

Table 28. Distribution of tobacco users who attempted to quit according to duration of previous quit attempt

In the present study, among those tobacco users who attempted to quit in the last one year, more than a half (54.63%) did it for one or several months, followed by some (29.95%) who could do it for one or more days before resuming the use.

Most of them had continued to quit for months but gave up their quit attempt (some of these attempts were because of religious events like Ramzan and not actually willful quit attempts, hence the chance of giving up on the quit after completion of the event was high). This can be attributed to a strong peer pressure, addiction and physical dependence to tobacco and ignorance.

Table 29. Distribution of tobacco users according to methods adopted to quit tobacco

Among the 227 tobacco users who attempted to quit, 91% were self motivated or had strong will to quit tobacco, followed by around 6% who underwent counseling to quit.

A study conducted in Canada concluded that many smokers may be unaware of effective cessation methods and most underestimate their benefit. Further, this lack of knowledge may represent a significant barrier to treatment adoption. [58]

Self motivation or strong will which is found to be the most common approach by the participants to even attempt quitting tobacco has to be best utilized for any tobacco cessation programs in the future. This own will can be increased by providing education and raising the level of knowledge about tobacco and its hazards, providing emotional and mental support to those willing to quit, and if need arise physical support to those with strong will in the form of nicotine replacement therapy or some medications may be provided.

Table 30. Distribution of tobacco users according to best description of their thinking about quitting tobacco

In the present study, majority of the tobacco users wanted to quit tobacco within next month (28.69%) followed by some with plans to quit some day but not next 12 months (23.59%) while around 10% users were not interested in quitting. Whereas according to the Gwalior study, around 48% were not willing to quit tobacco and around 23% were willing to quit tobacco. [12]

The difference in both these studies, particularly with respect to people who were not willing to quit can be explained by the level of education which was higher in the present study and as it is a known phenomenon that knowledge and in turn quit attempts are directly related to level of education (which means that the present study had high level of education and hence more users were willing to quit and similarly, the Gwalior study had low levels of education and hence very few users were willing to quit).

D. KNOWLEDGE AND ATTITUDE

Table 31. Distribution of study participants according to their knowledge of serious illnesses caused by use of tobacco

In the present study, around 89% of the participants knew that use of tobacco caused one or the other serious illness. Non users (91.63%) had a better knowledge compared to tobacco users (86.86%). Similarly, Gwalior study also revealed that around 89% of participants knew about health hazards associated with tobacco use. [12]

These findings were slightly low compared to GATS- 2 which showed the prevalence of adults who believed use of smokeless tobacco to cause serious illness to be 96%.[3]

Knowledge regarding hazards of tobacco has increased in recent days owing to mass negative advertisements and scary images and videos of serious health hazards of tobacco which are continuously displayed in cinema halls, social media, television advertisements and etc.

Table 32. Distribution of study participants according to illnesses known to be caused by use of tobacco in any form

In this study, around 72% of the participants knew that tobacco in any form caused one or the other cancers, around 9% thought tobacco causes heart diseases, around 26% thought respiratory diseases, around 6% said gastritis while 16% did not knew a single disease.

Another study done in Belgaum showed that around 87% were aware about cancers, 42% about respiratory diseases, while 11% did not know a single disease.[37]

In both these populations, knowledge regarding cancers was high because of the mass media advertisements which typically tend to project images and videos of large tumors of oral cavity or tragic life of a tobacco related cancer survivor.

Table 33. Distribution of study participants according to their opinion on smoking in public places

In the present study, almost all the participants (99.0%) supported the law which prohibits smoking in indoor work places and public places. All the tobacco users supported the law prohibiting smoking in indoor work places and public places.

Whereas only 68% of the participants in the Gwalior study were aware about existence of such law.[12]

Although the knowledge about this legislation is very good and almost all are supporting this law in the present study, actual implementation of this legislation is a bigger question. Because very few, if any participants have seen anyone being actually fined for not following this legislation.

Table 34. Distribution of study participants according to their opinion about taxes on tobacco products

In the present study, most of the participants (94.5%) favored increase of taxes on tobacco products, while some (4.5%) opposed the same. Non users (96.04%) were more in favor of increasing taxes on tobacco products compared to tobacco users (93.57%).

Among those who opposed, most participants thought total ban of all tobacco products was a better option rather than increasing the taxes. It was good to know that among participants favoring the increase of taxes, there were a substantial number of tobacco users who thought they would quit or at least reduce the frequency of tobacco use if taxes were continually increased.

A study done in Brazil concluded that increase in taxes and prices have great potential to stimulate cessation or reduction of cigarette consumption.[59]

Table 35. Distribution of study participants according to their opinion on advertisements of tobacco products

In the present study, most participants (87.5%) favored a law prohibiting ban on advertisements of tobacco products, while some (9.5%) some opposed the same. While according to GATS 2009-10, 68.5% adult males still noticed tobacco advertisements or promotion in any places. [4]

Ban on advertisements is a good way of reducing inquisitiveness among non users and craving among users. But with the ban on advertisements of tobacco products, many larger companies are going for surrogate advertisements like use of the names of famous tobacco brands to some flavored spices, fashion shows, sponsoring of famous sports teams and etc. to attract the public towards their products.

Table 36. Distribution of study participants according to their knowledge about harmful effects of second hand smoke

In this study, most (87.67%) of the study participants knew that second hand smoking was harmful to non smokers followed by some (11.33%) who thought it had no such effect. According to GATS – 2, [3] this was known by 92% adults.

Some of them who did not have the knowledge regarding the harmful effects of second hand smoking believed that although it does not have any health effects, it gives an annoying smell and this made them stay away from smokers.

Table 37. Distribution of tobacco users according to their opinion on warning labels on tobacco products

In the present study, most (90.89%) of the tobacco users had thought of quitting tobacco in last one month because of warning labels on tobacco products.

According to GATS 2009-10[4], around 61% noticed the health warnings on tobacco packages and one in three tobacco users (31.5%) thought of quitting because of the warning label.

The number of users who thought to quit because of warning labels were comparatively higher in the present study, this can be because of better education, increased guilt or occurrence of any health related issues due to tobacco which may be leading to such thought. Although 90% had thought of quitting, hardly anyone quit because of these warnings, which means it just instills fear in the find of users and to quit or even make an attempt to quit requires a strong self motivation coupled with good emotional support.

Table 38. Distribution of tobacco users according to whether they have asked their children to buy tobacco products

In this study in the last one month, around 10% of the tobacco users had asked their children or anyone less than 18 years to buy a tobacco product for their own use.

This needs to be curtailed down as it is a known fact that the minds of children are quite inquisitive and also tend to follow their parents in every aspect. Hence, measures should be taken by parents to prevent such instances where they are not just asking their child to buy a tobacco but even stop using any form of tobacco in front of them.

Table 39. Distribution of tobacco users according to common place of tobacco use

In the present study, most of the users were using tobacco either in auto stands (77.21%) or tea stalls (45.57%) and some used tobacco in their houses (37.80%).

Although majority of the participants had good knowledge and supported ban of tobacco products in public places, most of those using tobacco were still using it in auto stands and most of these stands are located in public places like street side ways, junctions of roads and important terminals. Similarly, good number of tobacco users were using it in their house which again has a strong negative impact on the minds of their children and other family members.

Table 40. Distribution of tobacco users according to motivation for tobacco use

In the present study, most of the tobacco users were influenced to use tobacco by looking at their friends (71.04%) followed by fellow auto rickshaw drivers (39.67%). More than 8% were influenced by parents or other family members, around 8% started it as a curiosity and another 8% were influenced by film stars using tobacco.

Similar findings were seen in the Gwalior study, where around 69% were initiated for tobacco use by their friends, around 17% by celebrities and 12.75% of drivers reported that they were initiated into the habit by a family member.[12]

Another study done in Ludhiana also revealed friends to be the main culprits with more than 81% users learning about tobacco use from their friends.[26]

E. GENERAL PHYSICAL EXAMINATION

Table 41. Distribution of study participants according to body mass index

In the present study, around 7% participants were underweight, 35.0% were normal weight, 33% were overweight and 25.50% were obese. Mean BMI of the participants was 24.32 $\pm$ 4.51 Kg / m^2.

Whereas according to the Nagpur study, 14.53% were underweight, 67.23% had normal BMI, 14.86% were overweight, and only 3.38% were obese.[23]

This difference in BMI among both the studies is because of different cut off's of BMI used in both these studies. The present study has used Asian BMI classification while the Nagpur study used previous classification because of which many overweight and obese might have been classified as normal weight.

According to the Davangere study, prevalence of obesity / overweight was more (48%) among auto drivers which was in line with the Asian BMI calssification.[25] A study done in Kannur, north Kerala reported that 40.6% of auto rickshaw drivers were either overweight or obese according to Asian BMI classification. [28]

In general, higher level of overweight and obesity among auto rickshaw drivers as compared to general population can be explained by their sedentary work pattern, long hours of inactivity, continuous mental stress, higher level of tobacco use and etc. all of which are known to be risk factors for overweight and obesity.

Table 42 & 43. Distribution of study participants according to blood pressure and known hypertensive according to duration of hypertension

In the present study, around 13% participants were normotensive, around 40% were pre –hypertensive and 47% were either newly diagnosed hypertensive or previously known cases of hypertension. Among those who were known

hypertensive, majority (46.3%) of them knew about their condition from last 6 months to 5 years. Mean systolic blood pressure of the participants was 135.64 $\pm$ 17.89 mmHg while diastolic was 87.43 $\pm$ 13.28 mmHg.

While in the Davangere study, the prevalence of hypertension and pre-hypertension among auto rickshaw drivers were 17% and 37% respectively.[25] In the Kannur study, prevalence of hypertension was 21.8% while around 29% of the participants were in the pre-hypertensive stage.[28]

In the Nagpur study, around 28% participants were found to be normotensive, around 37% had pre-hypertension and 35% had hypertension, [23] while mean systolic blood pressure of participants was 124.45 $\pm$ 15.85 mmHg and diastolic blood pressure was 82.00 $\pm$ 14.05 mmHg.[35]

In general, the higher prevalence of pre-hypertension and hypertension in auto rickshaw drivers compared to general population could be attributed to the same risk factors discussed earlier for overweight and obesity as most of the risk factors for both these conditions are almost similar.

F. ORAL VISUAL EXAMINATION

Table 44. Distribution of study participants according to presence of oral premalignant lesions

In the present study, about 30% auto rickshaw drivers were found to have an oral premalignant lesion. Similar finding was seen in a survey conducted in Mumbai among taxi drivers where 35% of them had pre cancerous condition of oral cavity. [29] Whereas a study conducted in rural population around Belgaum revealed only 12.4% participants to have an oral lesion. [39]

The prevalence usually varies with the epidemiological characters of the participants like age, gender, presence of risk factors and etc.

Table 45. Distribution of study participants according to type of oral premalignant lesion

In the present study, around 19% participants were found to have leukoplakia on oral visual examination, 14.0% had oral sub mucus fibrosis (OSMF), only 0.5% had erythroplakia, 1.16% had leukoeryhtroplakia, 3.33% had non healing ulcer in oral cavity and 2.33% had melanoplakia.

Similarly, according to an article from World journal of clinical case, [52] the most common oral precancerous lesions were oral leukoplakia, oral sub mucous fibrosis (OSMF), and oral erythroplakia. Whereas according to a study done in Belgaum among patients attending dental hospital with habit of tobacco in one or the form, the prevalence of leukoplakia was 13.4%, OSMF was 28.3% and oral cancer was 6.3%.[38] This difference was very obvious and the reason being that the Belgaum study was done exclusively in tobacco users while the present study assessed auto rickshaw drivers as a whole.

Table 46. Distribution of oral premalignant lesions according to their site in the oral cavity

In the present study, among those found to have any oral premalignant lesion, buccal mucosa was the commonest site (80.66%), followed by vestibule (19.34%).

A study done in Medical College of Virginia revealed that around 22% of oral epithelial dysplasia's occurred on the buccal mucosa, around 14% on the palate, and

12% on the floor of the mouth.[60] Similarly, study done in Gujarat, India showed that buccal mucosa was the most common site of occurrence of leukoplakia. [61]

Although buccal mucosa was observed to be the most common site among these studies, but many other studies relating oral premalignant lesions to anatomic sites have shown varied results.

G. ASSOCIATION TABLES

Table 47. Association between age of the study participant and use of tobacco

In the present study, most of the tobacco users were in the age group of 30 to 40 years or aged less than 30 years. Among participants aged less than 30 years, almost 2/3rd (65.41%) were tobacco users and among those aged between 31 to 40 years, more than 3/4th (76%) were tobacco users. Age of the participants was significantly associated with tobacco use, i.e. tobacco use was highly prevalent in younger age group compared to older groups ($\varkappa^2 = 34.39$, $p < 0.00001$).

This could be because of the reason that most of the study participants were in the age group of 30 to 40 years followed by less than 30 years. And tobacco use was also very common in these age groups because of the reasons like, curiosity, increased tendency for experimentation, considering tobacco as a sign of manhood, impact of mass media and movies, friends and fellow auto rickshaw drivers.

Table 48. Association between religion of the study participant and use of tobacco

In the present study, no significant association was seen between religion and tobacco use. Whereas tobacco addiction was more prevalent and significantly associated among Hindu drivers (χ^2 = 21.73, p = 0.00003) of the Gwalior study.[12] Another study done in Belgaum showed no significant association between religion and tobacco use (χ^2 = 0.0095, p = 0.922).[37]

Table 49. Association between religion of the study participant and use of tobacco

In the present study, 3/4th (75.51%) of the illiterates, more than half (56.74%) with primary school education, more than 2/3rd (67.58%) with high school education, almost half (49.15%) with pre university education and only 1/4th of diploma or graduates (25%) were tobacco users. There was a statistically significant association between education status and tobacco use (χ^2 = 27.901, p = 0.00001) i.e. the tobacco use decreased with increase in educational status.

Similarly, study conducted in Gwalior showed an extremely significant negative association between education and tobacco consumption (p=0.0014).

Same association was highlighted in secondary analysis of GATS 09 – 10 which revealed that there was an inverse relation between education and tobacco use.[59]

This can be because of the reason that illiterates hardly have any knowledge regarding tobacco and its adverse effects and adding to it is their ignorant attitude about the same.

Table 50. Association between marital status of the study participant and use of tobacco

In the present study, around half (50.82%) of the unmarried and more than 63% of the married were tobacco users. No statistical significance was seen between marital status and tobacco use.

Similarly, in the Gwalior study, no statistical significance was between marital status and tobacco use. [12]

Table 51. Association between type of family of the study participant and use of tobacco

In the present study, around 65% from joint families, 56% from nuclear families, 67% from three generation families and 100% participants from broken families were tobacco users. Difference in tobacco use among participants belonging to different types of families was statistically significant (Fisher's Exact Test, p = 0.0456).

Similarly, in the study done in Gwalior, most of the tobacco users were in nuclear families or joint families and difference in tobacco use among participants belonging to different types of families was found to be statistically significant (χ^2 = 5.94, p = 0.0147). [12]

Table 52 & 53. Association between socio – economic status of the study participant and use of tobacco and association between socio – economic status and expenditure on tobacco products per month among tobacco users

In the present study, around 70% belonging to Class I according to Modified B. G. Prasad Classification, around 69% belonging to Class II, 64% belonging to Class III, 61% belonging to Class IV and 64% belonging to Class V were tobacco users. There was no statistically significant association between Socio Economic Status and tobacco use.

Whereas secondary analysis of GATS 09 – 10 showed that wealth was positively associated with cigarette smoking. [62]

In the present study, more than 61% tobacco users were spending more than 500 rupees per month on tobacco products and more than 3/4th belonging to Class V socio economic status spent more than 500 rupees per month. There was significant association between socio economic status and expenditure on tobacco products (χ^2 = 10.955, p = 0.02707).

A study done using data from World Health Survey concluded that addressing the tobacco use problem in low and middle income countries could benefit not only the health and economic well-being of smokers and their immediate families but also long-run economic development at a societal level. [63]

Table 54. Association between years in present occupation and use of tobacco among study participant

In this study, 68% of those working as auto rickshaw driver from last 10 years, 62% of those from 11 – 20 years and 54% of those from more than 20 years were tobacco users. There was a statistically significant association between number of years in present occupation and tobacco use (χ^2 = 8.524, p = 0.0140) i.e. tobacco use decreased with increase in present occupation.

This was because younger age group had higher prevalence of tobacco as discussed earlier.

Table 55 & 56. Association between average length of working hours and night shifts with use of tobacco among study participant

In the present study, around 43% working for 6 – 8 hours per day, 80% working for 8 – 10 hours, 43% working for 10 – 12 hours and 66% working for more than 12 hours per day were tobacco users. Association between length of working

hours per day and tobacco use was found to be statistically significant ($\varkappa^2$ = 67.759, $p < 0.00001$).

Among those who did not do any night shifts, 61% were tobacco users while all of those who did nights were using tobacco. Night shifts were significantly associated with tobacco use (Fisher's Exact Test, $p = 0.0456$)

Similarly, in the Gwalior study, people working for few hours had lesser prevalence of tobacco compared to those working for long hours. Tobacco users were higher among night shift drivers compared to those driving in the mornings and it was found to be statistically significant ($\varkappa^2 = 10.55$, $p = 0.0011$). [12]

These studies prove that long working hours and night shifts lead to increased tobacco consumption which is usually because of longer waiting hours and boredom during waiting hours.

Table 57. Association between tobacco use and oral premalignant lesion among study participant

In this study, 43.16% of tobacco users had an oral premalignant lesion while only 8.81% of non users had the same. Tobacco use was significantly associated with oral premalignant lesions ($\varkappa^2 = 79.054$, $p < 0.00001$).

Tobacco is one of the most frequently reported etiological factor for oral premalignant lesion [52] which has been time and then highlighted in various medical literatures and studies.

A study done in Kerala, India revealed tobacco chewing was the most important risk factor for multiple oral premalignant lesions and may be a major source of field cancerization on the oral epithelium in the Indian population. [64]

Table 58-62. Association between oral premalignant lesions and various forms of tobacco

In the present study, around 43% of smokeless users had an oral premalignant lesion while only 18% non users of smokeless tobacco had the same. Use of smokeless tobacco was significantly associated with oral premalignant lesion ($\varkappa^2 = 44.217$, $p < 0.00001$).

Similarly, almost 40% smokers had an oral premalignant lesion while only 27% non smokers had the same. Smoking was significantly associated with oral premalignant lesion ($\varkappa^2 = 7.591$, $p = 0.0058$).

Among the combined users, 34.0% had an oral premalignant lesion while around 30% non users of combined form had the same. Use of combined form was not statistically associated with oral premalignant lesion but positive correlation existed.

A review of Indian literature found a strong association between tobacco chewing and different premalignant lesions such as leukoplakia and erythoplakia. [21]

Various studies and professional bodies have identified smoking particularly cigarettes as one of the most important risk factor for oral premalignant lesions mainly leukoplakia. [65 - 67]

Table 63-65. Association between duration of various forms of tobacco and oral premalignant lesions

In the present study, more than 31% participants using tobacco from less than 10 years, around 62% of those using from 11 to 20 years, 35% of those using from 20 to 30 years and around 31% of those using from more than 30 years had an oral premalignant lesion. The difference in duration of tobacco use was significantly associated with oral premalignant lesion ($\varkappa^2 = 31.262$, $p < 0.00001$).

Similarly, more than 35% participants using smokeless tobacco from less than 10 years, about 59% of those using from 11 to 20 years and around 35% of those using from more than 20 years had an oral premalignant lesion. The difference in duration of smokeless tobacco use was significantly associated with oral premalignant lesions ($\varkappa^2$ = 14.331, p = 0.00077).

Among smokers, more than 32% smokers smoking from less than 10 years, about 68% of those smoking from 11 to 20 years and around 9% of those smoking from more than 20 years had an oral premalignant lesion. The difference in duration of smoking was significantly associated with oral premalignant lesions ($\varkappa^2$ = 23.698, p = 0.000007).

A retrospective study done in India concluded that increase in duration of tobacco consumption increases the risk of developing oral cancer. [68] Another study done in rural Maharashtra highlighted that the prevalence of leukoplakia increased with increase in duration of chewing form of tobacco.[69] According to a study done in Taiwan, annual incidence rate of leukoplakia was higher with high consumption and long duration of smoking. [70]

Table 66. Association between tobacco use and body mass index among study participant

In the present study, participants with normal BMI according to Asian BMI classification were less in tobacco users (29.76%) compared to non users (43.61%), while both overweight and obese individuals were higher among tobacco users (63.54%) compared to non users (49.78%). Tobacco use was significantly associated with body mass index ($\varkappa^2$ =12.447, p = 0.0059).

Similarly, according to a study done in India, tobacco addiction was independently associated with obesity (OR, 7.433; 95% CI, 3.746-14.750) and overweight (OR, 4.676; 95% CI, 3.381-6.468). [71]

Table 67. Association between use of tobacco and blood pressure among study participant

In this study, around 48% tobacco users and 42% non users were hypertensive. Tobacco use was not significantly associated with blood pressure although positive correlation existed.

Although no proper consensus is available about smokeless tobacco as a risk factor for high blood pressure, [72] many literatures and studies do accept tobacco, particularly smoking as an important risk factor for cardiovascular disease including high blood pressure. [7]

Table 68. Association between body mass index and blood pressure of study participant

In the present study, most of the obese (70.59%) and overweight (57.87%) participants had high blood pressure compared to people with normal BMI (21.43%). There was a statistically significant association between BMI and blood pressure ($\varkappa^2 = 167.089$, $p < 0.00001$).

It is a known fact that obesity is one of the important risk factors for high blood pressure apart from various other cardiovascular diseases which has been repeatedly highlighted by various reports and studies. [73]

Conclusion

CONCLUSION

The present cross sectional study reported a prevalence of tobacco use in any form to be 62.17%. Among those using tobacco, 23.86% used smoke form, 62.74% used smokeless form and remaining 13.40% used both forms simultaneously. Cigarettes (87.05%) were the most common smoked form and gutkha (54.93%) was the most common smokeless form used.

Most (88.66%) of the participants knew that use of tobacco in any form caused serious illness. Cancers (72.66%) were the most commonly known illnesses caused by tobacco followed by respiratory diseases (26.66%). Most of the participants supported law prohibiting smoking in indoor work places (99%), favored increase of taxes on tobacco products (94.5%), favored law prohibiting advertisements of tobacco products (87.5%) and had good knowledge about harmful effects of second hand smoking (87.67%). Most of the tobacco users used tobacco in auto stands (77.21%) and tea stalls (45.57%). Friends (71.04%) and fellow auto rickshaw drivers (39.67%) were the most common source of motivation for tobacco use.

Almost 1/3rd of the participants (30.17%) were found to have oral premalignant lesions and leukoplakia (18.83%) and oral sub mucus fibrosis (14.0%) were the commonest lesions. Buccal mucosa (80.66%) was the commonest site of lesion.

Tobacco use was significantly associated with age, literacy, type of family, years in present occupation, length of working hours, night shifts, oral premalignant lesions and body mass index. Use of chewing tobacco, gutkha, lime with tobacco and cigarettes were significantly associated with oral pre malignant lesions.

Limitations

LIMITATIONS

The limitations of the present study were:

1. Being a cross sectional study, some recall bias does exist in the study.
2. Histopathological examination could have been done to confirm the diagnosis.
3. Other risk factors for oral premalignant lesions were not analyzed in this study.
4. Confirmation and follow up of cases referred to KLE hospital with any oral premalignant lesion or any other health condition could not be done due to time and financial constraints.

Recommendations

RECOMMENDATIONS

Based on the findings of our study, following recommendations are being suggested for betterment of auto rickshaw drivers:

- Individual and group counseling of auto rickshaw should be conducted on regular basis along with pharmacological treatment to overcome tobacco addiction.
- Periodic examination of the auto rickshaw drivers to identify risk factors and initiate early preventive and control measures.
- Establishment of the work place tobacco cessation model for this group.
- Tobacco cessation activities should be targeted at younger auto rickshaw drivers to address the early initiators to prevent future health hazards.
- Continuous follow up and treatment of the people known to have oral premalignant lesions so as to intervene at the right time.

- Social assistance measures for the auto rickshaw drivers should be planned and implemented by the governments.

Summary

SUMMARY

The present study was conducted among 600 regular auto rickshaw drivers operating within the limits of Belagavi City Corporation during the period of January 2016 to December 2016, to find the prevalence of tobacco use among auto rickshaw drivers.

In the present study, all the participants were male, majority (29.17%) of the participants were in the age group of 31 – 40 years. Most of the study subjects were Muslims (76.17%), married (89.83%) and had high school education (54.50%). Majority belonged to nuclear families (61.83%), belonged to Class IV (44.17%) according to Modified B. G. Prasad Classification and stayed in pucca houses (57.67%).

Majority of the study participants were working as auto rickshaw drivers from less than 10 years (39.17%). Majority of them worked for 8 – 10 hours a day (36.33%) and most of them did not do any night duties (97%).

The prevalence of tobacco use in any form was found to be 62.17%. Among those using tobacco, 23.86% used smoke form, 62.74% used smokeless form and remaining 13.40% used both forms simultaneously. Most of the tobacco users used tobacco on a daily basis. Cigarettes (87.05%) were the most common smoked form and gutkha (54.93%) was the most common smokeless form used. Majority of the users had initiated tobacco use at a tender age of 10 – 20 years (46.38%) and were using tobacco from less than 10 years (37%). Majority of the users needed the first dose of tobacco after an hour of waking up (45.04%). More than half of them were

advised to quit tobacco use by a health care professional in the last one year (54.69%). Almost 1/3rd of users were spending more than 1000 rupees per month on tobacco products (31.37%). Almost 3/4th users were not using any tobacco products in front of children. Majority of the users had attempted to quit tobacco in last one year (60.86%) and own will/ self motivation (55.23%) was the most common method employed to quit the use. More than half of those who attempted to quit could do it for few months (54.63%) before resuming the use. Majority of the users were planning to quit within next month (28.69%).

Most of the participants knew that use of tobacco caused one or the other serious illness (88.66%). Non users (91.63%) had a better knowledge compared to users (86.86%). Cancers (72.66%) and respiratory diseases (26.66%) were the most commonly known illnesses caused by tobacco. Most of the participants supported law prohibiting smoking in indoor work places (99%), all the tobacco users supported the law prohibiting smoking in indoor work places and public places. Most of the participants favored increase of taxes on tobacco products (94.5%), non users (96.04%) were more in favor of increasing taxes compared to tobacco users (93.57%). Most of the participants favored law prohibiting advertisements of tobacco products (87.5%), tobacco users (89.54%) were more in favor of the law prohibiting advertisements of tobacco compared to non users (84.14%). Most of the participants had good knowledge about harmful effects of second hand smoking (87.67%). Most of the tobacco users thought of quitting because of the warning labels on tobacco products (90.89%), did not ask their children or anyone less than 18 years to buy tobacco products for their own use (89.81%). Most of the tobacco users used tobacco in auto stands (77.21%) and tea stalls (45.57%). Friends (71.04%) and fellow auto

rickshaw drivers (39.67%) were the most common source of motivation for tobacco use.

Almost 1/3rd of the participants were overweight (32.83%) and 1/4th were obese (25.50%). Majority of them were pre hypertensive (39.67%) followed by newly diagnosed hypertensive (38%). All the known cases of hypertension were presently on treatment. Majority of the known hypertensive knew about their condition from last 6 months to 5 years (46.30%).

Almost 1/3rd of the participants (30.17%) were found to have oral premalignant lesions and leukoplakia (18.83%) and oral submucus fibrosis (14.0%) were the commonest lesions. Buccal mucosa (80.66%) was the commonest site of lesion.

Tobacco use was significantly associated with age, literacy, type of family, years in present occupation, length of working hours, night shifts and body mass index.

A significant association was found between oral premalignant lesion and tobacco use, smokeless tobacco, smoking form of tobacco, duration of tobacco use, duration of smokeless tobacco use and duration of smoke tobacco.

Among various forms of tobacco, chewing tobacco, gutkha, lime with tobacco and cigarettes were significantly associated with oral premalignant lesions.

There was no statistically significant association between tobacco use with religion, marital status, socio economic status, blood pressure.

There was also a significant association observed between body mass index and blood pressure.

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Annexures

ANNEXURE – I – ETHICAL CLEARANCE CERTIFICATE

K.L.E.UNIVERSITY'S
JAWAHARLAL NEHRU MEDICAL COLLEGE,
NEHRU NAGAR, BELAGAVI-590010 (KARNATAKA-INDIA)
(Accredited 'A' Grade by NAAC)

Website: http//www.jnmc.edu
E-Mail : dome@jnmc.edu

Phone: (+ 91-(0)831 Office : 2471350
Principal: 2471701
Fax No. +91 (0)831 – 2470759

Ref: MDC/DOME/ 379. **Date: 19/11/2015**

To,

Sub: Institutional Ethical Clearance for the study.

With reference to the above, we wish to inform you that your proposed research project titled **"TOBACCO USE AMONG AUTO – RICKSHAW DRIVERS IN BELAGAVI CITY– A CROSS SECTIONAL STUDY"**, is ethical and justifiable. The proposed research project has been cleared by the JNMC Institutional Ethics Committee on Human Subjects Research.

(Dr. Arathi Darshan)
Member Secretary
JNMC Institutional Ethics Committee
on Human Subjects Research,
J.N.Medical College Belagavi.

(Dr. Ganga Pilli)
Chairman,
JNMC Institutional Ethics Committee
on Human Subjects Research,
J.N.Medical College, Belagavi.

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ANNEXURE – II – CONSENT FORM

TOBACCO USE AMONG AUTO - RICKSHAW DRIVERS IN BELAGAVI CITY – A CROSS SECTIONAL STUDY

INVESTIGATORS: _____ GUIDE: _____

Introduction:

Auto rickshaw drivers are under constant physical and mental pressure due to irregular shifts, continuous variation in fuel prices, long waiting hours, illiteracy, poverty, lack of knowledge about hazards and other socioeconomic factors which lead to various habits. There are many diseases that are caused, increased or exacerbated by tobacco in the form of acute gastritis, predisposition to hypertension, diabetes mellitus, coronary artery disease, bronchial asthma and cancers. The overall prevalence of tobacco use among auto rickshaw drivers is very high compared to general population.

Objective / Purpose of the study:

You are being invited to participate in the study to assess the prevalence of tobacco use among auto – rickshaw drivers. The study will be carried out in Belagavi city.

Procedures:

In this study you will have to answer a few prepared questions about your socio-economic class, educational status, marital status, type of family, pattern of tobacco use, knowledge and attitude regarding tobacco.

General physical examination and oral visual examination for premalignant lesions in oral cavity will be done in the nearest health facility. The entire procedure may take 20-30 minutes. If you agree to participate, I will collect the required information during my visit.

Possible benefits and risks:

You will be benefitted by the diagnosis done during the examination, and further you will be referred to KLE Hospital, Belagavi for the treatment. You will also be benefited by health education and awareness given during this study. No risk is involved in the study.

Incentives:

You will not be eligible for any kind of monetary benefits or free services by virtue of your participation in the study.

Cost of participation:

You will not have any costs attached to your participation.

Legal rights:

By signing this consent form you are not waiving any of your legal rights.

Privacy and Confidentiality:

The results of the study may be published for scientific purposes. However your identity will not be revealed. All information collected will be coded so that no one other than investigator will know your identity.

Withdrawal from the study:

Participation in this study is voluntary .If you don't wish to participate in this study you will not lose benefits to which you are entitled. You can withdraw from the study anytime if you wish to do so.

Authorization to publish the results:

The researcher may use the information gathered from this study for presentation in scientific journals. However your identity will not be revealed.

Questions:

If you have any questions about rights as a research participant you can contact **Dr Ganga Pilli, Chairman, JNMC Institutional Ethical Committee on Human Subjects Research on 0831-2471350.**

CONSENT STATEMENT

"I have been explained all the contents of this consent form in my local language and have understood and clarified all my queries about the study to the best of my knowledge. Furthermore I recognize that I have the complete right to withdraw this consent at any point during the study. I understand that the information given by me will be confidential and will be used for research purpose only, further I am aware that the result of this research will be presented/published without disclosing any personal identification of the participants.

I hereby give my voluntary consent for participation in the study. I do sign the informed consent form in front of an eyewitness whom I recognize."

Name and Signature/left thumb impression of the Participant:

Name and Signature/left thumb impression of the Witness:

Name and Signature of the Researcher:

Date:

Place:

ANNEXURE – III – PROFORMA

TOBACCO USE AMONG AUTO - RICKSHAW DRIVERS IN BELAGAVI CITY – A CROSS SECTIONAL STUDY

Participant No: _____

A. Socio-Demographic Data: Date:

1. Name: _____
2. Age: ___ years
3. Address: _____
4. Religion: a. Hindu b. Muslim. c. Christian d. Other _____
5. Education: a) Illiterate b) Primary c) High School d) PUC
   e) Diploma f) Graduate g) Post graduate
6. Monthly Family Income: _____
7. Total no of family Members: _____
8. Socio-economic status: Modified B G Prasad Classification:

   Class I/ II/ III/IV/V
9. Marital status: a) Unmarried b) Married c) Widower
   d) Divorcee e) separated
10. Presently living with family: a) Yes b) No

11. Type of family: a) Joint b) Nuclear c) Three generation
    d) Broken e) Problem

12. Type of house: a) Kuccha b) Pucca c) Semi pucca

13. Auto stand where you regularly operate from:

14. Usual length of working hours per day: ____ hours

15. No of night shifts in an usual week: ____/ week

16. No of years in the present occupation: ____ years

    1. 1-5 years 2. 6-10 years 3. 11-15 years 4. >15 years

B. <u>Details of Tobacco consumption</u>

I would now like to ask you some questions about tobacco, including both smoke and smokeless form. [Examples: cigarettes, beedis, cigars, pipes, gutkha, khaini and etc]

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

	SMOKE FORM	SMOKELESS FORM
a. DAILY	☐	☐
b. LESS THAN DAILY	☐	☐
c. NOT AT ALL	☐	☐
d. DON'T KNOW	☐	☐
e. REFUSED	☐	☐

If option c, then ask question 2 &3 or else SKIP to question 4

2. Have you used tobacco daily in the past?

	SMOKE FORM	SMOKELESS FORM
a. YES	☐	☐
b. NO	☐	☐
c. DON'T KNOW	☐	☐
d. REFUSED	☐	☐

If option a, then ask question 3 or else SKIP to question 4

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

	SMOKE FORM	SMOKELESS FORM
a. DAILY	☐	☐
b. LESS THAN DAILY	☐	☐
c. NOT AT ALL	☐	☐
d. DON'T KNOW	☐	☐
e. REFUSED	☐	☐

4. How old were you when you first started using tobacco *daily*?

   a. Smoke form: _____ years

   b. Smokeless form: _____ years

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

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

SMOKE FORM	SMOKELESS FORM
a. Cigarettes	a. **Chewing tobacco**
_____ PER DAY	_____ PER DAY
_____ PER WEEK	_____ PER WEEK
b. Beedi's (Hand-rolled cigarettes)	b. **Betel quid with tobacco**
_____ PER DAY	_____ PER DAY
_____ PER WEEK	_____ PER WEEK
c. Others (Pipes, Water pipes, Hookah's etc.)	c. **Gutkha**
_____ PER DAY	_____ PER DAY
_____ PER WEEK	_____ PER WEEK
	d. **Lime with tobacco**
	_____ PER DAY
	_____ PER WEEK

e. Others (Khaini, Mawa and etc)

_____ PER DAY

_____ PER WEEK

6. How soon after you wake up do you usually have your first tobacco use?

	SMOKE FORM	SMOKELESS FORM
a. WITHIN 5 MINUTES	☐	☐
b. 6 TO 30 MINUTES	☐	☐
c. 31 TO 60 MINUTES	☐	☐
d. MORE THAN 60 MINUTES	☐	☐
e. REFUSED	☐	☐

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

	SMOKE FORM	SMOKELESS FORM
a. YES	☐	☐
b. NO	☐	☐
c. REFUSED	☐	☐

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

	YES	NO	REFUSED
a. Counseling, including at a tobacco cessation clinic?	☐	☐	☐
b. Nicotine replacement therapy, such as the patch or gum?	☐	☐	☐
d. Other prescription medications, for example _____	☐	☐	☐
d. Traditional medicines, for example	☐	☐	☐
e. A quit line or a tobacco telephone support line?	☐	☐	☐
f. Switching to other forms of tobacco?	☐	☐	☐
g. Anything else?	☐	☐	☐

g1. Please specify what you used to try to stop using tobacco: _____

9. How much do you spend for tobacco per month?

	SMOKE FORM	SMOKELESS FORM
1. < 100 Rs	☐	☐
2. 101-500 Rs	☐	☐

3. 501-1000 Rs ☐ ☐
4. >1000 Rs ☐ ☐

10. Do you use any form of tobacco in front of your children?

	SMOKE FORM	SMOKELESS FORM
a. YES	☐	☐
b. NO	☐	☐
c. REFUSED	☐	☐

C. <u>Cessation</u>

1. The next questions ask about any attempts to stop using tobacco that you might have made during the past 12 months.

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

	SMOKE FORM	SMOKELESS FORM
a. YES	☐	☐
b. NO	☐	☐
c. REFUSED	☐	☐

   If option b or c, then SKIP to next section.

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

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

	SMOKE FORM	SMOKELESS FORM
MONTH	☐	☐
WEEKS	☐	☐
DAYS	☐	☐
LESS THAN 1 DAY (24 HOURS)	☐	☐
DON'T KNOW	☐	☐
REFUSED	☐	☐

[ENTER NUMBER OF (MONTHS/WEEKS/DAYS)] _____

3. Which of the following best describes your thinking about quitting tobacco?

	SMOKE FORM	SMOKELESS FORM
a. QUIT WITHIN THE NEXT MONTH	☐	☐
b. THINKING WITHIN THE NEXT 12 MONTHS	☐	☐
c. QUIT SOMEDAY, BUT NOT NEXT 12 MONTHS	☐	☐

d. NOT INTERESTED IN QUITTING ☐ ☐

e. DON'T KNOW ☐ ☐

f. REFUSED ☐ ☐

D. <u>Knowledge & Attitude</u>

1. Based on what you know or believe, does using tobacco in any form cause serious illness?

   a. YES ☐

   b. NO ☐

   c. DON'T KNOW ☐

   d. REFUSED ☐

2. Based on what you know or believe does using tobacco in any form cause any of the following illness?

	YES	NO	DON'T KNOW	REFUSED
a. Cancers	☐	☐	☐	☐
b. Heart diseases	☐	☐	☐	☐
c. Impotence	☐	☐	☐	☐
d. Premature aging	☐	☐	☐	☐
e. Respiratory diseases	☐	☐	☐	☐

f. Others: _____ ☐ ☐ ☐ ☐

3. Would you support or oppose a law that would prohibit smoking in indoor work places and public places, such as restaurants and theatres?

   a. SUPPORT ☐

   b. OPPOSE ☐

   c. DON'T KNOW ☐

   d. REFUSED ☐

4. Would you favour or oppose increasing taxes on tobacco products?

   a. FAVOUR ☐

   b. OPPOSE ☐

   c. DON'T KNOW ☐

   d. REFUSED ☐

5. Would you favour or oppose a law prohibiting all advertisements for tobacco products?

   a. FAVOUR ☐

   b. OPPOSE ☐

   c. DON'T KNOW ☐

   d. REFUSED ☐

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

   a. YES ☐
   b. NO ☐
   c. DON'T KNOW ☐
   d. REFUSED ☐

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

   a. YES ☐
   b. NO ☐
   c. DON'T KNOW ☐
   d. REFUSED ☐

8. Do you feel that tobacco products should not be sold to any minors (less than 18 years)?

   a. YES ☐
   b. NO ☐
   c. DON'T KNOW ☐
   d. REFUSED ☐

9. In the past 30 days have you asked your children or anyone less than 18 years to buy any tobacco products for your use?

   a. YES ☐

   b. NO ☐

   c. REFUSED ☐

10. Where do you usually use tobacco products?

   a. Home ☐

   b. Tea stall ☐

   c. Auto stand ☐

   d. While driving ☐

   e. Others ☐

11. Who motivated you to start tobacco use?

   a. Parents ☐

   b. Other family members ☐

   c. Friends ☐

   d. Fellow auto - rickshaw drivers ☐

   e. Film stars ☐

   f. Others ☐

F. GENERAL PHYSICAL EXAMINATION

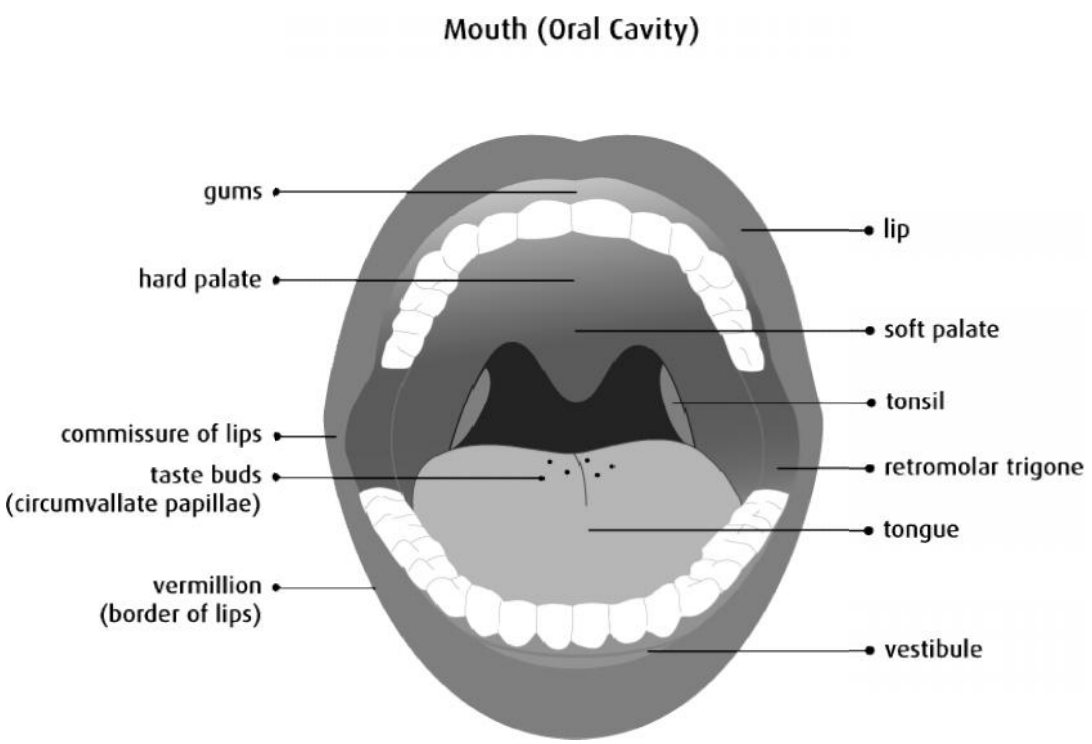
1. Height: _____ cm
2. Weight: _____ Kg
3. Pulse Rate: ____ /min
4. BP: _____ mmHg
5. Are you a known case of hypertension?

   b. Yes b. No
6. If yes, since how many months / years: _____
7. If yes, are you on regular treatment for the same? a. Yes b. No

G. ORAL VISUAL EXAMINATION

	PRESENT	ABSENT
1. Normal	☐	☐
2. Leukoplakia	☐	☐
3. Erythroplakia	☐	☐
4. Leukoerythroplakia	☐	☐
5. Oral sub mucous fibrosis	☐	☐
6. Non healing ulcers in oral cavity	☐	☐

7. Others – melanoplakia, lichen planus etc



ANNEXURE – IV – KEY TO MASTER CHART

A. Participant Code

B. Age

C. Address

1. Urban 2. Rural

D. Religion

1. Hindu 2. Muslim 3. Christian 4. Other

E. Education

1. Illiterate 2. Primary 3. High School 4. PUC
5. Diploma & Graduate 6. Post graduate

F. Socio economic status

G. Marital Status

1. Unmarried 2. Married 3. Widower 4. Divorcee 5. Separated

H. Presently living with family

1. Yes 2. No

I. Type of family

1. Joint 2. Nuclear 3. Three generation 4. Broken 5. Problem

J. Type of house

1. Kuccha 2. Pucca 3. Semi pucca

K. Usual length of working hours/ day: _____ hours/ day

L. Night shifts in an usual week: _____ / week

M. Years in present occupation: _____ years

N. Current use of tobacco – **Smoke form**

1. Daily 2. Less than daily 3. Not at all 4. Don't know
5. Refused

O. Current use of tobacco – **Smokeless form**

1. Daily 2. Less than daily 3. Not at all 4. Don't know
5. Refused

P. Tobacco use in past – **Smoke form**

1. Yes 2. No 3. Don't know 4. Refused

Q. Tobacco use in past – **Smokeless form**

1. Yes 2. No 3. Don't know 4. Refused

R. Frequency of tobacco use in past – **Smoke form**

1. Daily 2. Less than daily 3. Not at all 4. Don't know
5. Refused

S. Frequency of tobacco use in past – **Smokeless form**

1. Daily 2. Less than daily 3. Not at all 4. Don't know
5. Refused

T. Age of initiation - **Smoke form** _____ in years

U. Age of initiation - **Smokeless form** _____ in years

V. Current frequency of use – **Smoke form** _____ in years

1. Cigarettes 2. Beedis 3. Others

W. _____/ Day or _____/ Week

X. Current frequency of use – **Smokeless form**

1. Chewing tobacco 2. Betel quid with tobacco 3. Gutkha
4. Lime with tobacco 5. Mawa 6. Khimam 7. Others

Y. _____/ Day or _____/ Week

Z. First use of tobacco of the day – **Smoke form**

1. Within 5 min 2. 6 to 30 min 3. 31 to 60 min
4. More than 60 min 5. Refused

AA. First use of tobacco of the day – **Smokeless form**

1. Within 5 min 2. 6 to 30 min 3. 31 to 60 min
4. More than 60 min 5. Refused

AB. Advised to quit tobacco by Health Care Professional in last 1 year **– Smoke form**

1. Yes 2. No 3. Refused

AC. Advised to quit tobacco by Health Care Professional in last 1 year -**Smokeless form**

1. Yes 2. No 3. Refused

AD. Methods to quit tobacco in last 1 year

1. Counseling 2. Nicotine replacement therapy 3.Other prescription medicine 4. Traditional medicine 5. A quit line or telephone support 6. Switching to other form 7. Own will/Self motivation 8. None 9.Religious 10. Badesop 11. Chewing Gum

AE. Expenditure per month – **Smoke form**

1. < 100 Rs 2. 101 – 500 Rs 3. 501 – 1000 Rs 4. > 1000 Rs

AF. Expenditure per month – **Smokeless form**

1. < 100 Rs 2. 101 – 500 Rs 3. 501 – 1000 Rs 4. > 1000 Rs

AG. Tobacco use in front of children – **Smoke form**

1. Yes 2. No 3. Refused

AH. Tobacco use in front of children – **Smokeless form**

1. Yes 2. No 3. Refused

AI. Attempts to quit tobacco – **Smoke form**

1. Yes 2. No 3. Refused

AJ. Attempts to quit tobacco – **Smokeless form**

1. Yes 2. No 3. Refused

AK. How long did you stop using tobacco – **Smoke form**

1. Months 2. Weeks 3. Days 4. Less than 1 day

5. Don't know 6. Refused

AL. How long did you stop using tobacco – **Smokeless form**

1. Months 2. Weeks 3. Days 4. Less than 1 day

5. Don't know 6. Refused

AM. Plans of quitting tobacco – **Smoke form**

1. Quit within next 1 month 2. Thinking within next 12 months

3. Quit someday, but not next 12 months 4. Not interested in quitting

5. Don't know 6. Refused

AN. Plans of quitting tobacco – **Smokeless form**

1. Quit within next 1 month 2. Thinking within next 12 months

3. Quit someday, but not next 12 months 4. Not interested in quitting

5. Don't know 6. Refused

AO. Based on what you know or believe, does using tobacco in any form cause serious illness?

1. Yes 2. No 3. Don't know 4. Refused

AP. Based on what you know or believe does using tobacco in any form cause any of the following illness?

1. Cancers	2. Heart diseases	3. Impotence
4. Premature aging	5. Respiratory diseases	6. Others
7. Gastritis	8. None	9.Weakness
10. Blindness	11. Headache	12.Hypertension
13. Diabetes mellitus	14. Tuberculosis	15. Renal disease

AQ. Would you support or oppose a law that would prohibit smoking in indoor work places and public places, such as restaurants and theatres?

1. Support 2. Oppose 3. Don't know 4. Refused

AR. Would you favour or oppose increasing taxes on tobacco products?

1. Support 2. Oppose 3. Don't know 4. Refused

AS. Would you favour or oppose a law prohibiting all advertisements for tobacco products?

1. Favour 2. Oppose 3. Don't know 4. Refused

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

1. Yes 2. No 3. Don't know 4. Refused

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

1. Yes 2. No 3. Don't know 4. Refused

AV. Do you feel that tobacco products should not be sold to any minors (less than 18 years)?

1. Yes 2. No 3. Don't know 4. Refused

AW. In the past 30 days have you asked your children or anyone less than 18 years to buy any tobacco products for your use?

1. Yes 2. No 3. Don't know 4. Refused

AX. Where do you usually use tobacco products?

1.Home 2. Tea stalls 3. Auto stand 4. While driving 5. Others

AY. Who motivated you to start tobacco use?

1. Parents 2. Other family members 3. Friends
4. Fellow Auto driver 5. Film stars 6. Others

AZ. Body Mass Index: _____ Kg / m^2

BA. BP: Systolic ____ mmHg

BB. BP: Diastolic ____ mmHg

BC. Known case of hypertension?

1. Yes 2. No

BD. If yes, since how many years _____

BE. If yes, the pt is on treatment

1. Yes 2. No

BF. Oral premalignant lesion

1. Normal 2. Leukoplakia 3. Erythroplakia
4. Leukoerythroplakia 5. Oral sub mucous fibrosis 6.Non healing ulcer in oral cavity 7. Melanoplakia 8. Lichen planus 9. Others

BG. Site

1. Buccal Mucosa 2. Floor of mouth 3. Lip 4. Tongue
5. Vestibule 6. Commisure of lens 7. Soft palate 8.Hard palate
9. Retromolar trigone 10. Tonsil 11. Gums 12. others

Pt. Code	Age	Address	Religion	Education	SE status	Marital status	Living with family	Type of family	Type of house	Working hours kength	Night shifts / week	Years in occupation	Current use of tobacco		Use in past		Frequency of use in past		Age of inititation	Current frequency of use		First tobacco use of day	Advised to quit in last 1 year		Methods to quit	Expenditure / month		Use in front of children		Attempts to quit tobacco		How long did you stop using		Plans of quitting tobacco		1	2	3	4	5	6	7	8	9	10	11	BMI	SBP	DBP	K/C/O HTN	Since	On Rx	Lesion	Site
													S	SL	S	SL	S	SL	S	SL	S	SL	S	SL		S	SL	S	SL	S	SL	S	SL	S	SL																					
Socio Demographic Details													Details of Tobacco Consumption																	Cessation						Knowledge and Attitude																		Oral	
1	30	1	2	3	4	2	1	1	2	8	0	7	1	3		2		3	26		1	8 / D			3		2		7	4		2		1		3		1		2	8	1	1	1	1	1	1	1	2, 3	3, 4	20.9	127	75	2			1	
2	38	1	2	3	3	2	1	2	1	12	2	3	1	1					18	17	1	5 / D	4	1 P / D	4	1	2	2	8	4	4	2	1	2	2	NA	NA	2	2	1	1, 5, 9	1	1	1	1	1	1	2	5 (outside house and not in public places)	3	22.2	128	78	2			7	1, 5
3	26	1	2	3	3	2	1	1	2	7	0	8	1	3		2		3	20		1	7 / D			1		2		8	4		2		2		NA		5		1	1	1	1	1	1	1	2	2	3	23.5	127	85	2			1	
4	32	1	2	3	3	1	1	1	2	8	0	3	3	1	2		3			14				3 P / D		4		2	7		3		2		1		3		5	1	1, 5, 10, 11	1	1	1	1	1	1	2	2, 3	3	15.1	125	77	2			1	
5	27	1	2	3	2	2	1	1	1	8	0	13	3	1	2		3		24				1	2 P / D		4		2	8		2		2		2		NA		1	2	8	1	1	1	1	1	1	2	2, 3	3	24	130	86	2			1	
6	55	1	1	3	2	2	1	2	1	8	0	20	3	1	2		3		53				1	4 P / D		4		1	7		2		2		1		1		2	1	1	1	1	1	1	1	2	2	3	18.8	152	89	2			2, 5	1
7	38	1	2	3	3	2	1	2	1	8	0	12	1	3		1		2	18		1	3 - 4 / D			1		1		7	4		1		1		1		2		1	DN	1	1	1	1	1	1	2	4	3	29	140	90	1	6 M	1	2, 5	1
8	27	1	2	3	2	2	1	1	2	6	0	9	1	3		2		3	22		1	1 - 2 / D			4		2		8	2		2		2		NA		2		1	1, 2	1	2	1	1	1	1	2	5 (not in public place)	3, 4	21.5	138	82	2			1	
9	30	1	2	4	3	2	1	1	2	12	0	12	1	3		2		3	20		1	2 - 3/ D			4		1		7	3		2		1		1		2		1	1, 3, 5	1	2	1	1	1	1	2	5 (smoking zone)	3, 4	20.6	135	84	2			1	
10	29	1	2	3	4	2	1	1	2	8	0	2	3	1	2		3			29				0.5 P / W		4		2	7		2		2		1		5		1	2	8	1	1	1	1	1	1	2	3	4	34.9	123	78	2			1	
11	20	1	2	3	1	2	1	1	1	6	0	1	3	1	2		3			16				20 P / D		2		1	8		3		2		2		6		3	1	1	1	1	1	1	1	2	1, 3, 5	6 (self)	16.6	136	73	2			1	
12	37	1	1	3	2	2	1	1	2	14	0	19	3	1	2		3		27				1	2 P / D		4		1	7		2		2		1		1		5	1	1, 7	1	1	1	1	1	1	2	3	3, 4	25	123	90	2			2, 5	1
13	40	1	2	4	3	2	1	4	2	8	0	2	3	1	2		3			16				6 P / D		4		1	7		2		2		1		1		3	1	DN	1	1	1	1	1	1	2	1	3	16.8	119	82	2			1	
14	38	1	2	3	3	2	1	1	1	12	0	16	3	1	2		3			30				3 P / D		4		1	7		3		2		1		1		2	1	1, 2, 3	1	1	1	1	1	1	2	3, 4	3, 4	34.4	168	100	1	2 Y	1	2	1
15	21	1	1	3	3	1	1	1	1	10	0	3	3	3	2	2	3	3																						1	1, 5, 6	1	1	1	1	1	NA	1	NA	NA	NA	19.7	130	75	2			1	
16	32	1	1	3	4	2	1	1	1	7	0	5	3	3	2	1	3	1	26																					1	1, 7	1	1	1	1	NA	1	NA	NA	NA	26.6	130	83	2			1	
17	47	1	1	3	3	2	1	2	1	10	0	20	1	3		1		1	40	18	1	6 - 7 / D			4		1		8	3		2		2		NA		3		1	1, 2	1	1	1	1	1	1	2	3	3, 4	25.5	140	90	2			5, 7	1
18	32	1	2	3	4	2	1	2	2	9	0	7	3	1	2		3			20				3 - 4 P / D		4		1	7		3		2		1		3		2	1	1	1	1	1	1	1	2	2, 3	3, 4	26.4	13	88	2			1	
19	30	1	2	3	2	2	1	2	2	8	0	4	1	3		2		3	15		1	20 / D			4		2		7	4		2		1		1		3		1	1, 3	1	1	1	1	1	1	2	1, 2	3	20.8	134	87	2			1	
20	40	1	1	3	4	2	1	1	1	8	0	18	3	3	2	1	3	1		30																				1	1, 5	1	2	1	1	NA	1	NA	NA	NA	27.5	170	110	1	3 Y	1	2, 5	1
21	54	1	1	5	3	2	1	2	2	10	0	25	3	3	2	2	3	3																						1	1	1	1	1	1	NA	1	NA	NA	NA	25.1	127	81	2			1	
22	31	1	1	4	3	2	1	2	1	8	0	11	3	3	1	2	1	3	25																					1	2, 5	1	1	1	1	NA	1	NA	NA	NA	25.2	151	101	2			1	
23	40	1	1	3	3	2	1	1	2	6	0	25	3	3	2	1	3	2		20																				1	1, 2, 5	1	1	1	1	NA	1	NA	NA	NA	21.2	110	74	2			1	
24	58	1	1	4	1	2	1	2	1	8	0	15	3	1	2		3			30				2 P / W		1		1	7		2		2		1		3		2	1	1	1	1	1	1	1	2	2, 3	3, 4	18	140	100	1	3 M	1	1	
25	54	1	2	3	4	2	1	2	1	8	0	35	3	1	2		3			12				3 P / W		3		1	8		1		2		2		NA		5	1	1, 7	1	1	1	1	1	1	2	2, 3	3, 4	21.6	137	90	2			1	
26	28	1	2	3	4	1	1	1	1	10	0	8	3	3	2	2	3	3																						3	DN	1	1	1	1	NA	1	NA	NA	NA	21.4	122	80	2			1	
27	50	1	2	3	4	2	1	2	1	8	0	20	3	1	2		3			25				5 P / D		4		2	7		3		1		1		3		5	1	1	1	1	1	1	1	2	2, 3	3	21.5	182	121	2			2	1
28	38	1	2	3	3	2	1	2	1	10	0	20	3	1	2		3			22				10 P / D		4		1	8		3		2		2		NA		5	3	DN	1	2	1	2	1	1	2	2, 3	3, 4	25	124	84	2			2, 5	1
29	48	1	2	3	3	2	1	2	2	8	0	20	3	1	2		3			32				2 P / W		1		1	7		1		1		1		1		1	1	1, 12, 13	1	1	1	1	1	1	2	1, 3	3, 4	36.1	130	80	2			2, 5	1, 5
30	45	1	2	2	4	2	1	2	1	7	0	20	3	3	2	2	3	3																						3	DN	1	1	1	1	NA	1	NA	NA	NA	23.4	132	73	2			1	
31	48	1	2	3	3	2	1	2	1	8	0	25	3	1	2		3			25				3 P / W		1		1	7		1		1		1		3		3	3	DN	1	1	1	1	1	1	2	1	1	25	140	93	2			2, 5	5
32	56	1	2	2	3	2	1	2	1	10	0	36	3	3	1	2	1	3	20																					1	5	1	1	1	1	NA	1	NA	NA	NA	27	126	75	2			1	
33	38	1	2	3	3	2	1	2	1	8	0	8	3	3	2	2	3	3																						3	DN	1	1	1	1	NA	1	NA	NA	NA	19.8	116	82	2			1	
34	58	1	2	3	3	2	1	2	2	10	0	30	3	3	2	2	3	3																						1	1, 9	1	1	1	1	NA	1	NA	NA	NA	21.7	147	98	2			1	
35	45	1	2	1	4	2	1	2	2	10	0	14	3	3	2	2	3	3																						1	7, 9	1	1	1	1	NA	1	NA	NA	NA	29.4	169	119	2			1	
36	47	1	1	3	4	2	1	2	1	8	0	25	3	1	2		3			25				1 P / D		2		1	8		3		1		2		NA		5	1	DN	1	1	1	1	1	1	1	2, 3	3	30.9	140	95	2			8	5
37	45	1	2	2	4	2	1	2	1	10	0	25	3	3	2	2	3	3																						1	1, 5	1	1	1	1	NA	1	NA	NA	NA	22.3	117	79	2			1	
38	56	1	2	4	3	2	1	3	1	8	0	16	3	3	1	2	1	3	12																					1	1, 2	1	1	1	1	NA	1	NA	NA	NA	35.2	120	87	1	7 Y	1	1	
39	48	1	2	1	4	2	1	2	1	8	0	30	3	1	2		3			20				1 P / W		4		1	8		1		2		2		NA		5	3	DN	1	1	1	1	1	1	3	2, 3	3, 4	33.1	146	108	2			1	
40	48	1	2	3	3	2	1	2	2	12	0	20	3	1	2		3			35				5 P / D		4		2	8		3		2		2		NA		3	1	1, 9	1	1	1	1	1	2	1	3	4	28.3	144	89	2			1	
41	35	1	2	3	4	2	1	2	2	7	0	12	3	1	2		3			20				7 P / D		3		1	7		4		1		1		1		3	1	1, 9	1	1	1	1	1	1	2	2, 3, 4	4	19.1	113	77	2			3, 5	1
42	40	1	2	2	3	2	1	2	1	8	0	16	3	1	2		3			20				8 P / D		4		1	7		4		1		1		1		3	1	2, 9	1	1	1	1	1	1	2	2, 3, 4	4	23.4	139	90	2			1	
43	43	1	1	4	4	2	1	1	1	6	0	10	3	1	2		3			30				2 P / W		4		1	7		1		2		1		3		5	1	5	1	1	1	1	1	1	2	1	4	29.4	110	69	2			5	
44	23	1	2	3	3	1	1	2	1	10	0	5	1	3		2		3	22		1	3 / D			4		1		7	3		2		1		1		2		1	1	1	1	1	1	1	1	2	2	3	22	118	77	2			1	
45	43	1	2	2	4	2	1	3	1	12	0	18	3	2	2		3			41				1 P / W		4		1	8		1		2		2		NA		2	1	1, 14, 15	1	1	1	1	2	1	2	3	4	30.4	140	87	2			1	
46	47	1	2	3	4	2	1	2	1	10	0	20	3	3	2	2	3	3																						1	1	1	1	1	1	NA	1	NA	NA	NA	21.5	143	93	2			1	
47	70	1	2	3	3	2	1	2	1	8	0	30	3	3	2	1	3	1		30																				1	6	1	1	1	1	NA	1	NA	NA	NA	26.8	140	84	1	4 M	1	7	1
48	52	1	2	3	3	2	1	2	2	10	0	25	3	3	1	1	1	1	25	25							1	1												1	1, 5	1	1	1	1	NA	1	NA	NA	NA	19.8	124	78	2			8	5
49	35	1	1	3	4	2	1	1	2	10	0	5	3	1	2		3			25			2, 3	0.5 P / D, 1 P / W		1		1	8		1		1		2		NA		4	1	5, 7	1	2	1	1	1	1	1	1, 2, 3, 4	3	23.3	125	85	2			2	1
50	26	1	1	1	4	2	1	2	2	10	0	8	1	3		2		3	20		1	5 / D			4		1		7	4		2		1		3		1		1	1, 9	1	1	1	1	1	1	2	1, 2, 3	4	28.9	165	116	2			1	
51	42	1	1	3	4	2	1	2	1	10	0	7	3	1	2		3			30				1 P / D		2		1	9		3		1		1		1		3	1	1	1	1	1	1	1	2	2, 3	2	22.8	126	86	2			2	1
52	29	1	1	4	4	2	1	2	2	12	0	4	3	3	2	1	3	2		25																				1	1	1	1	1	1	NA	1	NA	NA	NA	18.1	120	84	2			1	
53	21	1	1	2	4	1	1	2	1	12	0	4	3	1	1		1		12	10			3	20 P / D		3		1	7		4		2		1		3		3	1	1, 6	1	1	1	1	1	1	2	3	3	16.9	116	79	2			5	
54	36	1	1	2	4	2	1	2	2	12	0	16	3	3	2	2	3	3																						1	DN	1	1	1	1	NA	1	NA	NA	NA	27.9	121	87	2			1	
55	21	1	1	5	4	1	1	2	1	10	0	1	3	3	2	2	3	3																						1	1	1	1	1	1	NA	1	NA	NA	NA	18.9	118	72	2			1	
56	39	1	1	2	3	2	1	2	2	6	0	17	3	1	2		3			14			2, 3	1 P / D, 8 P / D		1		2	8		4		2		2		NA		4	1	1, 6	1	1	1	1	1	1	2	1, 2, 3	2	19.1	115	73	2			1	
57	29	1	1	3	4	2	1	2	2	12	0	7	3	3	2	1	3	1		14																				1	1, 6	1	1	1	1	NA	1	NA	NA	NA	35.4	169	100	2			1	
58	65	1	1	1	4	2	1	2	2	10	0	25	3	1	2		3			30				6 P / D		4		1	8		3		2		2		NA		2	1	1, 5	1	1	1	1	1	1	2	1, 2, 3	3	17.1	115	71	2			1	
59	28	1	1	2	4	2	1	2	1	10	0	4	3	3	2	2	3	3																						1	1, 5	1	1	1	1	NA	1	NA	NA	NA	26.4	136	94	2			1	
60	28	1	1	2	5	2	1	1	2	12	0	9	3	3	1	2	1	3	16																					1	1, 5	1	1	1	1	NA	1	NA	NA	NA	22.9	143	91	2			1	
61	40	1	2	3	4	2	1	2	2	10	0	7	3	1	2		3			25			3	2 P / D		4		1	7		2		2		1		3		3	1	1, 4, 5, 9	1	2	2	1	1	1	2	3	4	31.3	139	78	2			5	
62	21	1	1	2	5	1	2	2	2	10	0	7	1	1					15	12	1	6 / D	3	9 P / D	2	2	2	2	7	4	4	1	1	1	1	1	3	3		1	1, 6	1	1	1	1	2	1	1	1, 2, 3	3	20.9	118	70	2			1	
63	36	1	2	4	3	2	1	2	2	10	0	14	3	3	2	2	3	3																						1	1	1	1	1	1	NA	1	NA	NA	NA	28.7	160	100	1	6 Y	1	1	
64	29	1	2	1	4	2	1	1	1	12	0	13	3	3	1	2	2	3	27																					1	1, 15	1	1	3	1	1	1	2	5	3, 4	28.2	112	71	2			1	
65	30	1	2	2	2	1	2	1	2	6	0	8	3	3	2	2	3	3																						2	DN	1	1	2	1	NA	1	NA	NA	NA	19.9	135	80	2			1	
66	34	1	2	1	4	2	1	3	2	12	0	15	3	1	2		3			10			3	6 P / D		4		2	7		3		2		2		1		2	1	1, 6	1	1	1	1	1	2	2	4	5 (self)	25.8	166	110	2			1	

| Pt. Code | Age | Address | Religion | Education | SE status | Marital status | Living with family | Type of family | Type of house | Working hours length | Night shifts / week | Years in occupation | Current use of tobacco | | Use in past | | Frequency of use in past | | Age of initiation | | Current frequency of use | | First tobacco use of day | | Advised to quit in last 1 year | | Methods to quit | Expenditure / month | | Use in front of children | | Attempts to quit tobacco | | How long did you stop using | | Plans of quitting tobacco | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | BMI | SBP | DBP | K/C/O HTN | Since | On Rx | Lesion | Site |
|---|---|---

Pt. Code	Age	Address	Religion	Education	SE status	Marital status	Living with family	Type of family	Type of house	Working hours length	Night shifts / week	Years in occupation	Current use of tobacco		Use in past		Frequency of use in past		Age of inititation		Current frequency of use		First tobacco use of day		Advised to quit in last 1 year		Methods to quit	Expenditure / month		Use in front of children		Attempts to quit tobacco		How long did you stop using		Plans of quitting tobacco		1	2	3	4	5	6	7	8	9	10	11	BMI	SBP	DBP	K/C/O HTN	Since	On Rx	Lesion	Site
													S	SL	S	SL	S	SL	S	SL	S	SL	S	SL	S	SL		S	SL	S	SL	S	SL	S	SL																											
	Socio Demographic Details												Details of Tobacco Consumption																			Cessation						Knowledge and Attitude																			Oral	
134	51	1	2	2	4	2	1	2	2	10	0	30	3	3	1	1	1	1	35	45																	1	1, 5	1	1	1	1	NA	1	NA	NA	NA	22.5	138	92	2			1	
135	49	1	2	2	3	2	1	1	2	8	0	20	3	1	2		3			15			3	6 P / D		1		1	7		3		2		1		2		3	1	1, 7	1	1	1	1	1	1	2	3, 4	3, 6	24.1	155	102	1	8 Y	1	2	1
136	31	1	1	2	3	2	1	1	2	12	0	9	3	1	2		3			30			3	2 P / D		4		2	8		2		2		2		NA		2	1	DN	1	1	1	1	1	1	2	3	5 (self)	27.1	150	100	2			1	
137	43	1	1	4	3	2	1	1	2	10	0	22	3	3	2	1	3	1		20						2						1		1		NA	1	1	1	1	3	NA	1	NA	NA	NA	24.2	135	90	2			1	
138	51	1	1	5	5	2	1	2	2	10	0	19	3	3	2	2	3	3																			1	1, 5, 6	1	1	1	1	NA	1	NA	NA	NA	19	104	74	2			1	
139	41	1	2	3	4	2	1	2	2	12	0	15	1	3		1		1	30	30	1	12 / D				2		2		7	4		2		1		1		1	1	5, 9	1	1	1	1	1	1	1	1, 2, 3	3	29.6	160	100	2			1	
140	55	1	2	3	5	2	1	1	2	10	0	32	3	3	2	2	3	3																			1	1, 5, 6	1	1	1	1	NA	1	NA	NA	NA	21	129	73	2			1	
141	40	1	2	3	4	2	1	2	2	10	0	6	3	3	2	2	3	3																			1	1, 5	1	1	1	1	NA	1	NA	NA	NA	22.4	130	90	2			1	
142	30	1	2	3	5	2	1	2	2	10	0	2	3	3	2	1	3	1		24																	1	6, 7, 11	1	1	1	1	NA	1	NA	NA	NA	18.7	122	75	2			1	
143	39	1	2	3	4	2	1	2	2	10	0	20	1	3		1		1	24	20	1	10 / D				3		1		7	4		2		1		1		1	1	5	1	1	1	1	1	1	2	2, 3	3	26.2	150	96	2			6	1
144	60	1	2	2	5	2	1	1	2	8	0	30	1	3		2		3	40		1	10 / D				4		2		8	4		2		2		NA		2	1	1, 5	1	1	1	1	1	1	2	3	5	28.2	180	116	2			6	1
145	50	1	1	5	2	2	1	2	2	8	0	23	3	3	2	1	3	2		16																	1	1	1	1	1	1	NA	1	NA	NA	NA	21.6	100	50	2			1	
146	45	1	1	2	4	2	1	2	2	12	0	30	3	2	2		3			20			4	0.5 P / W			4		2	7		1		1		1		3		2	1	1, 5	1	1	1	1	1	1	2	1	6	30.1	140	88	2			1	
147	38	1	2	3	3	2	1	2	2	8	0	20	2	3		2		3	30		1	2 / W				4		1		8	1		2		2		NA		1	1	1, 7	1	1	1	1	1	1	2	2	3	27.4	140	90	2			1	
148	40	1	1	3	4	2	1	2	2	8	0	25	3	1	2		3			20			4	4 P / W			2		2	7		2		2		1		1		3	1	1	1	1	2	1	1	2	1, 2, 3	3	27.7	150	100	2			7	5
149	38	1	2	3	4	2	1	1	2	8	0	19	1	3		1		1	34	35	1	1 / D				4		2		7	2		2		1		1		2		1, 6	1	1	1	1	1	1	2	3	3, 4	24.2	125	81	2			2, 5	1
150	51	1	2	2	4	2	1	2	2	10	0	30	3	3	1	1	1	1	35	45																	1	1, 5	1	1	1	1	NA	1	NA	NA	NA	22.5	138	92	2			1	
151	49	1	2	2	3	2	1	1	2	8	0	20	3	1	2		3			15			3	6 P / D			1		1	7		3		2		1		2		3	1	1, 7	1	1	1	1	1	1	2	3, 4	3, 6	24.1	155	102	1	8 Y	1	2	1
152	31	1	1	2	3	2	1	1	2	12	0	9	3	1	2		3			30			3	2 P / D			4		2	8		2		2		1		2		3	1	DN	1	1	1	1	1	1	2	3	5 (self)	27.1	150	100	2			1	
153	46	1	2	1	4	2	1	2	2	12	0	25	3	1	2		3			31			3	6 P / D			3		1	7		3		1		1		3		3	2	DN	1	1	1	2	1	1	2	1, 3	3, 4	21	130	85	2			2, 5	1
154	42	1	2	2	5	2	1	2	2	10	0	22	1	3		2		3	10		2	1 P / D				1		1		8	3		2		2		NA		1	1	1, 5	1	1	1	2	1	1	2	3	1	22	130	86	2			1	
155	26	1	2	3	2	2	1	1	1	8	0	10	2	1					22	15	1	1 / W	3	10 P / D		4	1	2	2	7	1	4	2	2	1	1	1	1	1	1	1	1	1, 3	5 (self)	19.1	107	63	2			1	
156	41	1	2	3	4	2	1	2	2	10	0	22	3	3	2	2	3	3																			1	1	1	1	1	NA	1	NA	NA	NA	20.7	125	80	2			1	
157	30	1	1	3	2	2	1	2	2	12	0	4	3	1	2		3			15			1, 3	2 P / W, 5 P / D			2		1	7		3		1		2		1		2	1	1, 3, 4	1	1	1	2	1	1	2	1, 3, 4	3, 4	22.4	109	68	2			2, 5	1
158	25	1	2	3	3	1	1	3	1	12	0	7	2	1					20	20	1	1 / D	3	20 P / D		4	1	1	1	7	2	4	2	2	1	1	3	3	1	1	1	1, 6	1	1	1	1	2	3	2	1, 2, 3, 5	3	24.8	126	87	2			5	
159	40	1	2	3	4	2	1	2	1	8	0	3	3	1	2				3	15			1	6 P / D			3		2	8		4		2		2		NA		1	1	1	1	2	1	1	2	3	5 (self)	23.7	121	80	2			1	
160	42	1	2	3	5	2	1	2	1	12	2	2	1	1					17	17	1	3 / D	1, 4	1 P / D, 10 P / D		4	1	2	2	6	3	3	2	1	2	1	NA	3	5	1	1	1	1, 3	2	31.6	154	93	2			1	
161	40	1	2	3	4	2	1	2	1	12	0	16	3	3	2	1	3	1		36																	1	1, 2	1	1	1	1	1	1	2	5	3	24.9	135	86	2			1	
162	34	1	2	3	1	2	1	2	2	8	0	15	3	3	2	2	3	3																			1	1, 3	1	1	1	1	NA	1	NA	NA	NA	24.4	150	97	2			1	
163	28	1	2	4	4	2	2	2	1	8	0	6	1	3		2		3	24		1	5 / D				4		2		7	3		2		1		2		1	1	1, 5	1	1	1	1	1	1	2	2, 5	3	25.7	120	80	2			1	
164	68	1	2	3	4	2	1	2	2	12	0	50	3	3	1		1		22																			1	1	1	1	2	NA	1	NA	NA	NA	27.7	140	80	1	5 Y	1	1	
165	51	1	2	3	4	2	1	2	1	10	0	30	3	1	2		3			21			4	1 P / D			2		1	1, 10, 11		2		1		1		1		5	1	1	1	1	1	1	1	1	3	3	25.7	140	90	2			1	
166	49	1	2	2	3	2	1	2	1	12	0	24	3	3	2	2	3	3																			1	1, 2	1	1	1	1	NA	1	NA	NA	NA	25.7	157	107	2			1	
167	50	1	2	3	4	2	1	2	2	10	0	28	3	3	1	2	2	3	25																		1	5, 6	1	1	1	1	NA	1	NA	NA	NA	20.9	130	80	2			1	
168	36	1	1	3	3	2	1	1	2	12	0	17	3	1	2		3			15			3	2 P / D			4		2	8		2		2		2		1		2	1	1	1	1	1	1	2	4	3	25.4	158	115	2			2, 4	1
169	30	1	2	3	4	2	1	1	2	8	0	3	3	1	2		3			23			1	2 P / D			4		2	8		1		2		2		NA		1	2	DN	1	1	1	2	2	1	2	2	3	30	139	94	2			2, 5	5
170	39	1	2	1	2	2	1	1	2	1	10	0	1	3	1	2		3		27			1	1 P / D			1		1	7		3		1		1		4		1	1	1	1	1	1	1	2	1, 3, 5	2, 3	24.8	138	94	2			2	1
171	50	1	1	3	1	2	1	2	1	8	0	32	3	1	2		3			35			1	10 P / W			4		2	7		2		1		1		1		1	1	1	1	1	2	1	1	2	5	3	28.1	190	124	1	4 Y	1	1	
172	37	1	2	4	4	2	1	1	1	8	7	14	3	1	2		3			17			3	10 P / D			1		1	2, 7		4		1		1		3		3	1	1, 6	1	1	2	1	1	2	2	1, 2, 3, 4	3, 4	26.4	107	73	2			1	
173	26	1	2	3	3	2	1	1	2	10	0	4	3	1	2		3			25			6	1 P / W			4		2	8		2		2		2		NA		2	1	1	1	1	1	1	2	2, 3	5 (self)	30.9	130	79	2			1	
174	28	1	2	3	2	2	1	2	1	10	0	4	3	1	2		3			15			3	15 P / D			1		1	7		3		2		1		1		3	1	1, 2	1	2	1	1	1	2	2	1, 2, 3	3, 4	20.7	120	80	2			1	
175	24	1	2	3	3	2	1	1	1	8	0	6	2	1					12	12	2	2 P / W	1	10 P / W		4	1	1	1	8	2	2	2	2	2	2	6	6	4	4	1	DN	1	1	2	1	1	1	2	2, 3	3, 4	23	137	85	2			1	
176	21	1	2	2	2	2	1	2	2	8	2	2	1	1					19	19	1	10 / D	3	5 P / D		3	1	1	1	7	2	2	2	2	1	1	4	4	4	4	1	DN	1	1	2	1	1	2	2	1, 2, 3	3, 4	20.3	130	74	2			1	
177	32	1	2	2	3	2	1	2	2	8	0	13	1	1					30	24	1	1 / D	3	20 P / D		3	3	2	2	7	2	3	2	2	1	1	3	3	2	2	1	1, 2, 6	1	1	2	1	1	1	2	1, 2, 3	3, 4	24.2	136	84	2			2	1
178	32	1	2	2	4	2	1	1	1	12	0	9	1	3		1		1	17	20	1	5 / D				1		1		8	4		2		2		5		2	1	1, 5	1	1	2	1	1	2	2	1, 2, 3	3, 4	20.9	120	70	2			2	1
179	30	1	2	3	4	2	1	1	2	8	0	7	1	3		2		3	26		1	8 / D				3		2		7	4		2		1		3		1	2	8	1	1	1	1	1	1	1	2, 3	3, 4	20.9	127	75	2			1	
180	38	1	2	3	3	2	1	2	1	12	2	3	1	1					18	17	1	5 / D	4	1 P / D		4	1	2	2	8	4	4	2	1	2	2	NA	NA	2	2	1	1, 5, 9	1	1	1	1	1	1	2	5 (outside house and not in public places)	3	22.2	128	78	2			7	1, 5
181	26	1	2	3	3	2	1	1	2	7	0	8	1	3		2		3	20		1	7 / D				1		2		8	4		2		2		NA		5		1	1	1	1	1	1	1	2	2	3	23.5	127	85	2			1	
182	32	1	2	3	3	1	1	1	2	8	0	3	3	1	2		3			14			3	3 P / D			4		2	7		3		2		1		3		5	1	1, 5, 10, 11	1	1	1	1	1	1	2	2, 3	3	15.1	125	77	2			1	
183	27	1	2	3	2	2	1	1	1	8	0	13	3	1	2		3			24			1	2 P / D			4		2	8		2		2		2		NA		1	2	8	1	1	1	1	1	1	2	2, 3	3	24	130	86	2			1	
184	55	1	1	3	2	2	1	1	2	1	8	0	20	3	1	2		3		53			1	4 P / D			4		1	7		2		2		1		1		2	1	1	1	1	1	1	1	2	2	3	18.8	152	89	2			2, 5	1
185	38	1	2	3	3	2	1	2	1	8	0	12	1	3		1		2	18		1	3 - 4 / D				1		1		7	4		1		1		1		2		1	DN	1	1	1	1	1	1	2	4	3	29	140	90	1	6 M	1	2, 5	1
186	27	1	2	3	2	2	1	1	2	6	0	9	1	3		2		3	22		1	1 - 2 / D				4		2		8	2		2		2		NA		2		1	1, 2	1	2	1	1	1	2	5 (not in public place)	3, 4	21.5	138	82	2			1	
187	30	1	2	4	3	2	1	1	2	12	0	12	1	3		2		3	20		1	2 - 3/ D				4		1		7	3		2		1		1		2		1	1, 3, 5	1	2	1	1	1	2	5 (smoking zone)	3, 4	20.6	135	84	2			1	
188	29	1	2	3	4	2	1	1	2	8	0	2	3	1	2		3			29			1	0.5 P / W			4		2	7		2		2		1		5		1	2	8	1	1	1	1	1	1	2	3	4	34.9	123	78	2			1	
189	20	1	2	3	1	2	1	1	1	6	0	1	3	1	2		3			16			1	20 P / D			2		1	8		3		2		2		6		3	1	1	1	1	1	1	1	2	1, 3, 5	6 (self)	16.6	136	73	2			1	
190	37	1	1	3	2	2	1	1	2	14	0	19	3	1	2		3			27			1	2 P / D			4		1	7		2		2		1		1		5	1	1, 7	1	1	1	1	1	1	2	3	3, 4	25	123	90	2			2, 5	1
191	40	1	2	4	3	2	1	4	2	8	0	2	3	1	2		3			16			2	6 P / D			4		1	7		2		2		1		1		3	1	DN	1	1	1	1	1	1	2	1	3	16.8	119	82	2			1	
192	38	1	2	3	3	2	1	1	1	12	0	16	3	1	2		3			30			3	3 P / D			4		1	7		3		2		1		1		2	1	1, 2, 3	1	1	1	1	1	1	2	3, 4	3, 4	34.4	168	100	1	2 Y	1	2	1
193	21	1	1	3	3	1	1	1	1	10	0	3	3	3	2	2	3	3																			1	1, 5, 6	1	1	1	1	NA	1	NA	NA	NA	19.7	130	75	2			1	
194	32	1	1	3	4	2	1	1	1	7	0	5	3	3	2	1	3	1		26																	1	1, 7	1	1	1	1	NA	1	NA	NA	NA	26.6	130	83	2			1	
195	47	1	1	3	3	2	1	2	1	10	0	20	1	3		1		1	40	18	1	6 - 7 / D				4		1		8	3		2		2		NA		3		1	1, 2	1	1	1	1	1	2	3	3, 4	25.5	140	90	2			5, 7	1
196	32	1	2	3	4	2	1	2	2	9	0	7	3	1	2		3			20			3	3 - 4 P / D			4		1	7		3		2		1		3		2	1	1	1	1	1	1	1	2	2, 3	3, 4	26.4	13	88	2			1	
197	30	1	2	3	2	2	1	2	2	8	0	4	1	3		2		3	15		1	20 / D				4		2		7	4		2		1		1		1	1	1, 3	1	1	1	1	1	1	2	1, 2	3	20.8	134	87	2			1	
198	40	1	1	3	4	2	1	1	1	8	0	18	3	3	2	1	3	1		30																	1	1, 5	1	2	1	1	NA	1	NA	NA	NA	27.5	170	110	1	3 Y	1	2, 5	1
199	54	1	1	5	3	2	1	2	2	10	0	25	3	3	2	2	3	3																			1	1	1	1	1	NA	1	NA	NA	NA	25.1	127	81	2			1	
200	31	1	1	4	3	2	1	2	1	8	0	11	3	3	1	2	1	3	25																		1	2, 5	1	1	1	1	NA	1	NA	NA	NA	25.2	151	101	2			1	

Pt. Code	Age	Address	Religion	Education	SE status	Marital status	Living with family	Type of family	Type of house	Working hours length	Night shifts / week	Years in occupation	Current use of tobacco		Use in past		Frequency of use in past		Age of inititation	Current frequency of use		First tobacco use of day		Advised to quit in last 1 year		Methods to quit	Expenditure / month		Use in front of children		Attempts to quit tobacco		How long did you stop using		Plans of quitting tobacco		1	2	3	4	5	6	7	8	9	10	11	BMI	SBP	DBP	K/C/O HTN	Since	On Rx	Lesion	Site
													S	SL	S	SL	S	SL	S	SL	S	SL		S	SL	S	SL	S	SL	S	SL	S	SL	S	SL																				
Socio Demographic Details													Details of Tobacco Consumption																			Cessation							Knowledge and Attitude															Oral	
201	40	1	1	3	3	2	1	1	2	6	0	25	3	3	2	1	3	2	20																1	1, 2, 5	1	1	1	1	NA	1	NA	NA	NA	21.2	110	74	2			1	
202	58	1	1	4	1	2	1	2	1	8	0	15	3	1	2		3		30			1	2 P / W		1		1	7		2		2		1		3		2	1	1	1	1	2	2, 3	3, 4	18	140	100	1	3 M	1	1	
203	54	1	2	3	4	2	1	2	1	8	0	35	3	1	2		3		12			1	3 P / W		3		1	8		1		2		2		NA		5	1	1, 7	1	1	1	1	1	1	2	2, 3	3, 4	21.6	137	90	2			1	
204	28	1	2	3	4	1	1	1	1	10	0	8	3	3	2	2	3	3																	3	DN	1	1	1	1	NA	1	NA	NA	NA	21.4	122	80	2			1	
205	50	1	2	3	4	2	1	2	1	8	0	20	3	1	2		3		25			5	5 P / D		4		2	7		3		1		3		5	1	1	1	1	1	1	1	2	2, 3	3	21.5	182	121	2			2	1
206	38	1	2	3	3	2	1	2	1	10	0	20	3	1	2		3		22			3	10 P / D		4		1	8		3		2		2		NA		5	3	DN	1	2	1	2	1	1	2	2, 3	3, 4	25	124	84	2			2, 5	1
207	48	1	2	3	3	2	1	2	2	8	0	20	3	1	2		3		32			3	2 P / W		1		1	7		1		1		1		1		1	1	1, 12, 13	1	1	1	1	1	1	2	1, 3	3, 4	36.1	130	80	2			2, 5	1, 5
208	45	1	2	2	4	2	1	2	1	7	0	20	3	3	2	2	3	3																	3	DN	1	1	1	1	NA	1	NA	NA	NA	23.4	132	73	2			1	
209	48	1	2	3	3	2	1	2	1	8	0	25	3	1	2		3		25			1	3 P / W		1		1	7		1		1		1		3	3	DN	1	1	1	1	1	1	2	1	1	25	140	93	2			2, 5	5
210	56	1	2	2	3	2	1	2	1	10	0	36	3	3	1	2	1	3	20																1	5	1	1	1	1	NA	1	NA	NA	NA	27	126	75	2			1	
211	38	1	2	3	3	2	1	2	1	8	0	8	3	3	2	2	3	3																	3	DN	1	1	1	1	NA	1	NA	NA	NA	19.8	116	82	2			1	
212	58	1	2	3	3	2	1	2	2	10	0	30	3	3	2	2	3	3																	1	1, 9	1	1	1	1	NA	1	NA	NA	NA	21.7	147	98	2			1	
213	45	1	2	1	4	2	1	2	2	10	0	14	3	3	2	2	3	3																	1	7, 9	1	1	1	1	NA	1	NA	NA	NA	29.4	169	119	2			1	
214	47	1	1	3	4	2	1	2	1	8	0	25	3	1	2		3		25			1	1 P / D		2		1	8		3		1		2		NA		5	1	DN	1	1	1	1	1	1	1	2, 3	3	30.9	140	95	2			8	5
215	45	1	2	2	4	2	1	2	1	10	0	25	3	3	2	2	3	3																	1	1, 5	1	1	1	1	NA	1	NA	NA	NA	22.3	117	79	2			1	
216	56	1	2	4	3	2	1	3	1	8	0	16	3	3	1	2	1	3	12																1	1, 2	1	1	1	1	NA	1	NA	NA	NA	35.2	120	87	1	7 Y	1	1	
217	48	1	2	1	4	2	1	2	1	8	0	30	3	1	2		3		20			1	1 P / W		4		1	8		1		2		2		NA		5	3	DN	1	1	1	1	1	1	3	2, 3	3, 4	33.1	146	108	2			1	
218	40	1	2	3	4	2	1	2	2	10	0	7	3	1	2		3		25			3	2 P / D		4		1	7		2		2		1		3		3	1	1, 4, 5, 9	1	2	2	1	1	1	2	3	4	31.3	139	78	2			5	
219	21	1	1	2	5	1	2	2	2	10	0	7	1	1					15	12	1	6 / D	3	9 P / D	2	2	2	2	7	4	4	1	1	1	1	1	1	3	3	1	1, 6	1	1	1	1	2	1	1	1, 2, 3	3	20.9	118	70	2			1	
220	36	1	2	4	3	2	1	2	2	10	0	14	3	3	2	2	3	3																	1	1	1	1	1	1	NA	1	NA	NA	NA	28.7	160	100	1	6 Y	1	1	
221	29	1	2	1	4	2	1	1	1	12	0	13	3	3	1	2	2	3	27																1	1, 15	1	1	3	1	1	1	2	5	3, 4	28.2	112	71	2			1	
222	30	1	2	2	2	1	2	1	2	6	0	8	3	3	2	2	3	3																	2	DN	1	1	2	1	NA	1	NA	NA	NA	19.9	135	80	2			1	
223	34	1	2	1	4	2	1	3	2	12	0	15	3	1	2		3		10			3	6 P / D		4		2	7		3		2		2		1		2	1, 6	1	1	1	1	1	2	2	4	5 (self)	25.8	166	110	2			1	
224	51	1	2	2	4	2	1	2	1	6	0	10	3	3	2	2	3	3																	1	DN	3	3	3	1	NA	1	NA	NA	NA	16.6	107	78	2			1	
225	28	2	2	3	4	2	1	1	1	8	0	9	2	1					26	24	1	5 / W	4	4 P / W	4	4	2	2	7	1	3	2	2	1	1	1	3	3	1	1	1	1	1	1	1	2	2, 3, 4	3, 4	20	130	87	2			2, 5	1
226	33	1	2	2	3	2	1	1	2	8	0	6	3	1	2		3		26			3	4 P / D		4		2	8		3		2		2		NA		4	2	DN	1	1	1	1	2	2	2	2, 3, 4	3, 4	19.8	120	70	2			1	
227	18	1	2	3	3	1	1	1	2	10	0	1	3	3	2	2	3	3																	1	1, 5, 6	1	1	2	1	NA	1	NA	NA	NA	16.1	130	80	2			1	
228	19	1	2	4	2	1	1	1	1	6	0	2	3	3	2	2	3	3																	1	1	1	1	3	1	NA	1	NA	NA	NA	18.7	130	70	2			1	
229	58	1	2	2	3	2	1	1	2	12	0	25	1	1	1	1			16	16	1	10 / D	1	1 P / D	3	4	1	1	7	4	2	2	2	1	1	1	1	3	3	1	1, 2, 5	1	1	2	1	1	1	2	1, 2, 3	3, 4	23	135	87	2			1	
230	26	1	2	1	3	2	1	1	2	8	0	9	2	3		2		3	25		1	2 / M			4		2	2	7	1		2		1		1		1		1	1, 6	1	1	1	1	1	1	2	3, 5	3, 4	19.6	115	82	2			1	
231	43	1	2	3	4	2	1	1	1	8	0	18	3	3	2	2	3	3																	1	1, 5	1	1	2	1	NA	2	NA	NA	NA	28.6	157	98	2			2	1
232	42	1	2	3	4	2	1	2	1	10	0	20	3	3	2	2	3	3																	1	1	1	1	1	1	NA	1	NA	NA	NA	23.9	160	108	2			1	
233	49	1	1	5	3	1	1	2	2	8	0	20	3	1	2		3		44			1	2 P / W		2		2	7		1		2		1		2		1	1	1	1	1	1	1	2	1, 3	5	30.4	140	90	2			1	
234	48	1	2	3	3	2	1	2	1	12	0	7	3	3	2	2	3	3																	1	1	1	1	1	1	NA	1	NA	NA	NA	27.5	125	76	2			1	
235	46	1	2	3	4	2	1	2	2	8	0	30	3	1	2		3		26			3	3 P / D		1		2	8		1		2		2		NA		5	1	1	1	1	1	1	1	2	1	5	19.5	160	110	2			1	
236	40	1	2	4	4	2	1	2	1	10	0	8	3	1	2		3		20			3	8 P / D		3		1	1		4		2		1		3		5	1	1	1	1	1	1	1	2	3	3	24.7	112	81	2			2	1
237	58	1	2	3	5	2	1	2	2	8	0	40	1	3		2		3	38		2	1 P / D			2		1		8	2		1		2		NA		4	1	5	1	1	1	2	1	1	3	3	16.8	125	80	2			2	1
238	54	1	2	2	5	2	1	1	1	8	0	20	3	3	1	1	1	1	30	30															1	1	1	1	1	1	NA	1	NA	NA	NA	30.4	180	90	1	6 Y	1	2	1
239	39	1	2	3	4	2	1	2	2	12	0	27	3	1	2		3		35			3	3 P / D		3		2	8		4		2		2		NA		4	1	1	1	1	2	2	1	2	3	4	30.1	123	82	1	5 Y	1	1	
240	36	1	2	3	4	2	1	2	1	10	0	18	3	1	2		3		20			3	6 P / D		2		1	8		4		2		2		NA		4	1	1	1	1	1	1	1	2	1, 3	2, 3	23.3	145	98	2			6	9
241	46	1	2	2	4	2	1	2	2	12	0	25	3	3	2	1	3	2	20																1	1, 2	1	1	1	1	NA	1	NA	NA	NA	26.3	166	119	2			1	
242	25	1	2	3	3	2	1	1	2	12	0	8	3	1	2		3		15			3	4 P / D		4		1	8		4		2		2		NA		1	1	1	1	1	2	1	1	2	3	5	24.7	140	86	2			1	
243	21	1	1	3	2	1	1	4	2	10	0	2	1	1					19	19	1	1 / D	3	10 P / D	4	2	2	2	8	2	4	2	2	2	2	NA	NA	5	4	2	DN	1	1	1	2	1	1	2	3	3, 5	19	118	72	2			1	
244	46	1	2	1	4	2	1	2	2	12	0	25	3	1	2		3		31			3	6 P / D		3		1	7		3		1		1		3		3	2	DN	1	1	1	2	1	1	2	1, 3	3, 4	21	130	85	2			2, 5	1
245	42	1	2	2	5	2	1	2	2	10	0	22	1	3		2		3	10		2	1 P / D			1		1		8	3		2		2		NA		1	1	1, 5	1	1	1	2	1	1	2	3	1	22	130	86	2			1	
246	51	1	2	3	4	2	1	2	1	10	0	30	3	1	2		3		21			4	1 P / D		2		1	1, 10, 11		2		1		1		1		5	1	1	1	1	1	1	1	1	3	3	25.7	140	90	2			1	
247	49	1	2	2	3	2	1	2	1	12	0	24	3	3	2	2	3	3																	1	1, 2	1	1	1	1	NA	1	NA	NA	NA	25.7	157	107	2			1	
248	50	1	2	3	4	2	1	2	2	10	0	28	3	3	1	2	2	3	25																1	5, 6	1	1	1	1	NA	1	NA	NA	NA	20.9	130	80	2			1	
249	36	1	1	3	3	2	1	1	2	12	0	17	3	1	2		3		15			3	2 P / D		4		2	8		2		2		2		1		1	1	1	1	1	2	4	3	25.4	158	115	2			2, 4	1
250	30	1	2	3	4	2	1	1	2	8	0	3	3	1	2		3		23			1	2 P / D		4		2	8		1		2		2		NA		1	2	DN	1	1	1	2	2	1	2	2	3	30	139	94	2			2, 5	5
251	39	1	2	1	2	2	1	2	1	10	0	1	3	1	2		3		27			1	1 P / D		1		1	7		3		1		1		4		1	1	1	1	1	1	1	2	1, 3, 5	2, 3	24.8	138	94	2			2	1
252	50	1	1	3	1	2	1	2	1	8	0	32	3	1	2		3		35			1	10 P / W		4		2	7		2		1		1		1		1	1	1	1	1	1	1	2	5	3	28.1	190	124	1	4 Y	1	1	
253	37	1	2	4	4	2	1	1	1	8	7	14	3	1	2		3		17			3	10 P / D		1		1	2, 7		4		1		1		3		3	1	1, 6	1	2, 3, 4									3, 4	26.4	107	73	2			1	
254	26	1	2	3	3	2	1	1	2	10	0	4	3	1	2		3		25			6	1 P / W		4		2	8		2		2		2		NA		2	1	1	1	1	1	1	2	2, 3	5 (self)	30.9	130	79	2			1	
255	28	1	2	3	2	2	1	2	1	10	0	4	3	1	2		3		15			3	15 P / D		1		1	7		3		2		1		1		3	1	1, 2	1	2	1	1	1	1	2	1, 2, 3	3, 4	20.7	120	80	2			1	
256	24	1	2	3	3	2	1	1	1	8	0	6	2	1					12	12	2	2 P / W	1	10 P / W	4	1	1	1	8	2	2	2	2	2	2	6	6	4	4	1	DN	1	1	2	1	1	1	2	2, 3	3, 4	23	137	85	2			1	
257	21	1	2	2	2	2	1	2	2	8	2	2	1	1					19	19	1	10 / D	3	5 P / D	3	1	1	1	7	2	2	2	2	1	1	4	4	4	4	1	DN	1	1	2	1	1	2	2	1, 2, 3	3, 4	20.3	130	74	2			1	
258	32	1	2	2	3	2	1	2	2	8	0	13	1	1					30	24	1	1 / D	3	20 P / D	3	3	2	2	7	2	3	2	2	1	1	3	3	2	2	1	1, 2, 6	1	1	2	1	1	1	2	1, 2, 3	3, 4	24.2	136	84	2			2	1
259	32	1	2	2	4	2	1	1	1	12	0	9	1	3		1		1	17	20	1	5 / D			1		1	8	4		2		2		5		2		1	1, 5	1	1	2	1	1	2	2	1, 2, 3	3, 4	20.9	120	70	2			2	1
260	30	1	2	3	4	2	1	1	2	8	0	7	1	3		2		3	26		1	8 / D			3		2	7	4		2		1		3		1		2	8	1	1	1	1	1	1	1	2, 3	3, 4	20.9	127	75	2			1	
261	38	1	2	3	3	2	1	2	1	12	2	3	1	1					18	17	1	5 / D	4	1 P / D	4	1	2	2	8	4	4	2	1	2	2	NA	NA	2	2	1	1, 5, 9	1	1	1	1	1	1	2	5 (outside house and not in public places)	3	22.2	128	78	2			7	1, 5
262	26	1	2	3	3	2	1	1	2	7	0	8	1	3		2		3	20		1	7 / D			1		2	8	4		2		2		NA		5		1	1	1	1	1	1	1	2	2	3	23.5	127	85	2			1	
263	32	1	2	3	3	1	1	1	2	8	0	3	3	1	2		3		14			3	3 P / D		4		2	7		3		2		1		3		5	1	1, 5, 10, 11	1	1	1	1	1	1	2	2, 3	3	15.1	125	77	2			1	
264	27	1	2	2	2	2	1	1	1	8	0	3	1	3		1		3	24		1	2 P / D			4		2	2		2		2		1		2		1	2	8	1	1	1	1	1	1	2	2, 3	3	24	130	86	2			1	
265	55	1	1	3	2	2	1	2	1	8	0	20	3	1	2		3		53			1	4 P / D		4		1	7		2		2		1		1		2	1	1	1	1	1	1	1	2	2	3	18.8	152	89	2			2, 5	1
266	38	1	2	3	3	2	1	2	1	8	0	12	1	3		1		2	18		1	3 - 4 / D			1		1	7	4		1		1		NA		1		1	1	DN	1	1	1	1	1	1	2	4	3	29	140	90	1	6 M	1	2, 5	1
267	27	1	2	3	2	2	1	1	2	6	0	9	1	3		2		3	22		1	1 - 2 / D			4		2	8	2		2		2		NA		2		1	1, 2	1	2	1	1	1	1	2	5 (not in public place)	3, 4	21.5	138	82	2			1	

Pt. Code	Age	Address	Religion	Education	SE status	Marital status	Living with family	Type of family	Type of house	Working hours length	Night shifts / week	Years in occupation	Current use of tobacco		Use in past		Frequency of use in past		Age of intitation	Current frequency of use		First tobacco use of day		Advised to quit in last 1 year		Methods to quit	Expenditure / month		Use in front of children		Attempts to quit tobacco		How long did you stop using		Plans of quitting tobacco		1	2	3	4	5	6	7	8	9	10	11	BMI	SBP	DBP	K/C/O HTN	Since	On Rx	Lesion	Site
													S	SL	S	SL	S	SL	S	SL	S	SL		S	SL	S	SL		S	SL	S	SL	S	SL																							
Socio Demographic Details													Details of Tobacco Consumption																	Cessation						Knowledge and Attitude																		Oral		
268	30	1	2	4	3	2	1	1	2	12	0	12	1	3		2		3	20		1	2 - 3/ D			4		1		7	3		2		1		1		2		1	1, 3, 5	1	2	1	1	1	1	2	5 (smoking zone)	3, 4	20.6	135	84	2			1	
269	29	1	2	3	4	2	1	1	2	8	0	2	3	1	2		3			29			1	0.5 P / W		4		2	7		2		2		1		5		1	2	8	1	1	1	1	1	1	2	3	4	34.9	123	78	2			1	
270	20	1	2	3	1	2	1	1	1	6	0	1	3	1	2		3			16			1	20 P / D		2		1	8		3		2		2		6		3	1	1	1	1	1	1	1	2	1, 3, 5	6 (self)	16.6	136	73	2			1	
271	37	1	1	3	2	2	1	1	2	14	0	19	3	1	2		3			27			1	2 P / D		4		1	7		2		2		1		1		5	1	1, 7	1	1	1	1	1	1	2	3	3, 4	25	123	90	2			2, 5	1
272	40	1	2	4	3	2	1	4	2	8	0	2	3	1	2		3			16			2	6 P / D		4		1	7		2		2		1		1		3	1	DN	1	1	1	1	1	1	2	1	3	16.8	119	82	2			1	
273	38	1	2	3	3	2	1	1	1	12	0	16	3	1	2		3			30			3	3 P / D		4		1	7		3		2		1		1		2	1	1, 2, 3	1	1	1	1	1	1	2	3, 4	3, 4	34.4	168	100	1	2 Y	1	2	1
274	45	1	2	1	4	2	1	2	2	10	0	14	3	3	2	2	3	3																							1	7, 9	1	1	1	1	NA	1	NA	NA	NA	29.4	169	119	2			1	
275	47	1	1	3	4	2	1	2	1	8	0	25	3	1	2		3			25			1	1 P / D		2		1	8		3		1		2		NA		5	1	DN	1	1	1	1	1	1	1	2, 3	3	30.9	140	95	2			8	5
276	45	1	2	2	4	2	1	2	1	10	0	25	3	3	2	2	3	3																							1	1, 5	1	1	1	1	NA	1	NA	NA	NA	22.3	117	79	2			1	
277	56	1	2	4	3	2	1	3	1	8	0	16	3	3	1	2	1	3	12																						1	1, 2	1	1	1	1	NA	1	NA	NA	NA	35.2	120	87	1	7 Y	1	1	
278	48	1	2	1	4	2	1	2	1	8	0	30	3	1	2		3			20			1	1 P / W		4		1	8		1		2		2		NA		5	3	DN	1	1	1	1	1	1	3	2, 3	3, 4	33.1	146	108	2			1	
279	48	1	2	3	3	2	1	2	2	12	0	20	3	1	2		3			35			3	5 P / D		4		2	8		3		2		2		NA		3	1	1, 9	1	1	1	1	1	2	1	3	4	28.3	144	89	2			1	
280	35	1	2	3	4	2	1	2	2	7	0	12	3	1	2		3			20			3	7 P / D		3		1	7		4		1		1		1		3	1	1, 9	1	1	1	1	1	1	2	2, 3, 4	4	19.1	113	77	2			3, 5	1
281	40	1	2	2	3	2	1	2	1	8	0	16	3	1	2		3			20			3	8 P / D		4		1	7		4		1		1		1		3	1	2, 9	1	1	1	1	1	1	2	2, 3, 4	4	23.4	139	90	2			1	
282	43	1	1	4	4	2	1	1	1	6	0	10	3	1	2		3			30			1	2 P / W		4		1	7		1		2		1		3		5	1	5	1	1	1	1	1	1	2	1	4	29.4	110	69	2			5	
283	23	1	2	3	3	1	1	2	1	10	0	5	1	3		2		3	22		1	3 / D			4		1		7	3		2		1		1		2		1	1	1	1	1	1	1	2	2	3	22	118	77	2			1	
284	43	1	2	2	4	2	1	3	1	12	0	18	3	2	2		3			41			5	1 P / W		4		1	8		1		2		2		NA		2	1	1, 14, 15	1	1	1	1	2	1	2	3	4	30.4	140	87	2			1	
285	47	1	2	3	4	2	1	2	1	10	0	20	3	3	2	2	3	3																							1	1	1	1	1	1	NA	1	NA	NA	NA	21.5	143	93	2			1	
286	70	1	2	3	3	2	1	2	1	8	0	30	3	3	2	1	3	1		30																					1	6	1	1	1	1	NA	1	NA	NA	NA	26.8	140	84	1	4 M	1	7	1
287	52	1	2	3	3	2	1	2	2	10	0	25	3	3	1	1	1	1	25	25							1	1											1	1, 5	1	1	1	1	NA	1	NA	NA	NA	19.8	124	78	2			8	5
288	35	1	1	3	4	2	1	1	2	10	0	5	3	1	2		3			25			2, 3	0.5 P / D, 1 P / W		1		1	8		1		1		2		NA		4	1	5, 7	1	2	1	1	1	1	1	1, 2, 3, 4	3	23.3	125	85	2			2	1
289	26	1	1	1	4	2	1	2	2	10	0	8	1	3		2		3	20		1	5 / D			4		1		7	4		2		1		3		1		1	1, 9	1	1	1	1	1	1	2	1, 2, 3	4	28.9	165	116	2			1	
290	42	1	1	3	4	2	1	2	1	10	0	7	3	1	2		3			30			3	1 P / D		2		1	9		3		1		1		1		3	1	1	1	1	1	1	1	2	2, 3	2	22.8	126	86	2			2	1
291	29	1	1	4	4	2	1	2	2	12	0	4	3	3	2	1	3	2		25																					1	1	1	1	1	1	NA	1	NA	NA	NA	18.1	120	84	2			1	
292	21	1	1	2	4	1	1	2	1	12	0	4	3	1	1		1		12	10			3	20 P / D		3		1	7		4		2		1		3		3	1	1, 6	1	1	1	1	1	1	2	3	3	16.9	116	79	2			5	
293	36	1	1	2	4	2	1	2	2	12	0	16	3	3	2	2	3	3																							1	DN	1	1	1	1	NA	1	NA	NA	NA	27.9	121	87	2			1	
294	21	1	1	5	4	1	1	2	1	10	0	1	3	3	2	2	3	3																							1	1	1	1	1	1	NA	1	NA	NA	NA	18.9	118	72	2			1	
295	39	1	1	2	3	2	1	2	2	6	0	17	3	1	2		3			14			2, 3	1 P / D, 8 P / D		1		2	8		4		2		2		NA		4	1	1, 6	1	1	1	1	1	1	2	1, 2, 3	2	19.1	115	73	2			1	
296	29	1	1	3	4	2	1	2	2	12	0	7	3	3	2	1	3	1		14																					1	1, 6	1	1	1	1	NA	1	NA	NA	NA	35.4	169	100	2			1	
297	65	1	1	1	4	2	1	2	2	10	0	25	3	1	2		3			30			3	6 P / D		4		1	8		3		2		2		NA		2	1	1, 5	1	1	1	1	1	1	2	1, 2, 3	3	17.1	115	71	2			1	
298	28	1	1	2	4	2	1	2	1	10	0	4	3	3	2	2	3	3																							1	1, 5	1	1	1	1	NA	1	NA	NA	NA	26.4	136	94	2			1	
299	28	1	1	2	5	2	1	1	2	12	0	9	3	3	1	2	1	3	16																						1	1, 5	1	1	1	1	NA	1	NA	NA	NA	22.9	143	91	2			1	
300	40	1	2	3	4	2	1	2	2	10	0	7	3	1	2		3			25			3	2 P / D		4		1	7		2		2		1		3		3	1	1, 4, 5, 9	1	2	2	1	1	1	2	3	4	31.3	139	78	2			5	
301	21	1	1	2	5	1	2	2	2	10	0	7	1	1					15	12	1	6 / D	3	9 P / D	2	2	2	2	7	4	4	1	1	1	1	1	3	3	1	1, 6	1	1	1	1	2	1	1	1, 2, 3	3	20.9	118	70	2			1	
302	36	1	2	4	3	2	1	2	2	10	0	14	3	3	2	2	3	3																							1	1	1	1	1	1	NA	1	NA	NA	NA	28.7	160	100	1	6 Y	1	1	
303	29	1	2	1	4	2	1	1	1	12	0	13	3	3	1	2	2	3	27																						1	1, 15	1	1	3	1	1	1	2	5	3, 4	28.2	112	71	2			1	
304	30	1	2	2	2	1	2	1	2	6	0	8	3	3	2	2	3	3																							2	DN	1	1	2	1	NA	1	NA	NA	NA	19.9	135	80	2			1	
305	34	1	2	1	4	2	1	3	2	12	0	15	3	1	2		3			10			3	6 P / D		4		2	7		3		2		2		1		2	1	1, 6	1	1	1	1	1	2	2	4	5 (self)	25.8	166	110	2			1	
306	51	1	2	2	4	2	1	2	1	6	0	10	3	3	2	2	3	3																							1	DN	3	3	3	1	NA	1	NA	NA	NA	16.6	107	78	2			1	
307	28	2	2	3	4	2	1	1	1	8	0	9	2	1					26	24	1	5 / W	4	4 P / W	4	4	2	2	7	1	3	2	2	1	1	1	3	3	1	1	1	1	1	1	1	1	2	2, 3, 4	3, 4	20	130	87	2			2, 5	1
308	33	1	2	2	3	2	1	1	2	8	0	6	3	1	2		3			26			3	4 P / D		4		2	8		3		2		2		NA		4	2	DN	1	1	1	1	2	2	2	2, 3, 4	3, 4	19.8	120	70	2			1	
309	18	1	2	3	3	1	1	1	2	10	0	1	3	3	2	2	3	3																							1	1, 5, 6	1	1	2	1	NA	1	NA	NA	NA	16.1	130	80	2			1	
310	19	1	2	4	2	1	1	1	1	6	0	2	3	3	2	2	3	3																							1	1	1	1	3	1	NA	1	NA	NA	NA	18.7	130	70	2			1	
311	58	1	2	2	3	2	1	1	2	12	0	25	1	1	1	1			16	16	1	10 / D	1	1 P / D	3	4	1	1	7	4	2	2	2	1	1	1	3	3	1	1, 2, 5	1	1	2	1	1	1	2	1, 2, 3	3, 4	23	135	87	2			1	
312	26	1	2	1	3	2	1	1	2	8	0	9	2	3		2		3	25		1	2 / M			4		2	2	7	1		2		1		1		1		1	1, 6	1	1	1	1	1	1	2	3, 5	3, 4	19.6	115	82	2			1	
313	43	1	2	3	4	2	1	1	1	8	0	18	3	3	2	2	3	3																							1	1, 5	1	1	2	1	NA	2	NA	NA	NA	28.6	157	98	2			2	1
314	42	1	2	3	4	2	1	2	1	10	0	20	3	3	2	2	3	3																							1	1	1	1	1	1	NA	1	NA	NA	NA	23.9	160	108	2			1	
315	49	1	1	5	3	1	1	2	2	8	0	20	3	1	2		3			44			1	2 P / W		2		2	7		1		2		1		2		1	1	1	1	1	1	1	1	2	1, 3	5	30.4	140	90	2			1	
316	48	1	2	3	3	2	1	2	1	12	0	7	3	3	2	2	3	3																							1	1	1	1	1	1	NA	NA	NA	NA	NA	27.5	125	76	2			1	
317	46	1	2	3	4	2	1	2	2	8	0	30	3	1	2		3			26			3	3 P / D		1		2	8		1		2		2		NA		5	1	1	1	1	1	1	1	2	1	5	19.5	160	110	2			1	
318	40	1	2	4	4	2	1	2	1	10	0	8	3	1	2		3			20			3	8 P / D		3		1	1		4		2		1		3		5	1	1	1	1	1	1	1	2	3	3	24.7	112	81	2			2	1
319	58	1	2	3	5	2	1	2	2	8	0	40	1	3		2		3	38		2	1 P / D			2		1		8	2		1		2		NA		4	1	5	1	1	1	2	1	1	2	1, 3	3	16.8	125	80	2			2	1
320	54	1	2	2	5	2	1	1	1	8	0	20	3	3	1	1	1	1	30	30																					1	1	1	1	1	1	NA	1	NA	NA	NA	30.4	180	90	1	6 Y	1	2	1
321	39	1	2	3	4	2	1	2	2	12	0	27	3	1	2		3			35			3	3 P / D		3		2	8		4		2		2		NA		4	1	1	1	1	1	2	2	1	3	4	30.1	123	82	1	5 Y	1	1	
322	36	1	2	3	4	2	1	2	1	10	0	18	3	1	2		3			20			3	6 P / D		2		1	8		4		2		2		NA		4	1	1	1	1	1	1	1	2	1, 3	2, 3	23.3	145	98	2			6	9
323	46	1	2	2	4	2	1	2	2	12	0	25	3	3	2	1	3	2		20																					1	1, 2	1	1	1	1	1	NA	1	NA	NA	NA	26.3	166	119	2			1	
324	25	1	2	3	3	2	1	1	2	12	0	8	3	1	2		3			15			3	4 P / D		4		1	8		4		2		2		NA		1	1	1	1	1	2	1	1	2	3	5	24.7	140	86	2			1	
325	21	1	1	3	2	1	1	4	2	10	0	2	1	1					19	19	1	1 / D	3	10 P / D	4	2	2	2	8	2	4	2	2	2	2	NA	NA	5	4	2	DN	1	1	1	2	1	1	2	3	3, 5	19	118	72	2			1	
326	40	1	1	3	3	2	1	1	2	6	0	25	3	3	2	1	3	2		20																					1	1, 2, 5	1	1	1	1	NA	1	NA	NA	NA	21.2	110	74	2			1	
327	58	1	1	4	1	2	1	2	1	8	0	15	3	1	2		3			30			1	2 P / W		1		1	7		2		2		1		3		2	1	1	1	1	1	1	1	2	2, 3	3, 4	18	140	100	1	3 M	1	1	
328	54	1	2	3	4	2	1	2	1	8	0	35	3	1	2		3			12			1	3 P / W		3		1	8		1		2		2		NA		5	1	1, 7	1	1	1	1	1	1	2	2, 3	3, 4	21.6	137	90	2			1	
329	28	1	2	3	4	1	1	1	1	10	0	8	3	3	2	2	3	3																							3	DN	1	1	1	1	NA	1	NA	NA	NA	21.4	122	80	2			1	
330	50	1	2	3	4	2	1	2	1	8	0	20	3	1	2		3			25			5	5 P / D		4		2	7		3		1		1		1		2	1	1	1	1	1	1	1	2	2, 3	3	21.5	182	121	2			2	1
331	38	1	2	3	3	2	1	2	1	10	0	20	3	1	2		3			22			3	10 P / D		4		1	8		3		2		2		NA		5	3	DN	1	2	1	2	1	1	2	2, 3	3, 4	25	124	84	2			2, 5	1
332	48	1	2	3	3	2	1	2	2	8	0	20	3	1	2		3			32			3	2 P / W		1		1	7		1		1		1		1		1	1	1, 12, 13	1	1	1	1	1	1	2	1, 3	3, 4	36.1	130	80	2			2, 5	1, 5
333	45	1	2	2	4	2	1	2	1	7	0	20	3	3	2	2	3	3																							3	DN	1	1	1	1	NA	1	NA	NA	NA	23.4	132	73	2			1	

Pt. Code	Age	Address	Religion	Education	SE status	Marital status	Living with family	Type of family	Type of house	Working hours length	Night shifts / week	Years in occupation	Current use of tobacco		Use in past		Frequency of use in past		Age of initiation		Current frequency of use		First tobacco use of day		Advised to quit in last 1 year		Methods to quit	Expenditure / month		Use in front of children		Attempts to quit tobacco		How long did you stop using		Plans of quitting tobacco		1	2	3	4	5	6	7	8	9	10	11	BMI	SBP	DBP	K/C/O HTN	Since	On Rx	Lesion	Site
													S	SL	S	SL	S	SL	S	SL	S	SL	S	SL	S	SL		S	SL	S	SL	S	SL	S	SL																											
Socio Demographic Details													Details of Tobacco Consumption																		Cessation						Knowledge and Attitude																			Oral		
334	48	1	2	3	3	2	1	2	1	8	0	25	3	1	2		3			25			1	3 P / W		1		1	7		1		1			1		3	3	DN	1	1	1	1	1	1	2	NA	NA	27	126	75	2			2, 5	5
335	56	1	2	2	3	2	1	2	1	10	0	36	3	3	1	2	1	3	20																				1	5	1	1	1	1	NA	1	NA	NA	NA	27	126	75	2			1	
336	38	1	2	3	3	2	1	2	1	8	0	8	3	3	2	2	3	3																					3	DN	1	1	1	1	NA	1	NA	NA	NA	19.8	116	82	2			1	
337	58	1	2	3	3	2	1	2	2	10	0	30	3	3	2	2	3	3																					1	1, 9	1	1	1	1	NA	1	NA	NA	NA	21.7	147	98	2			1	
338	45	1	2	1	4	2	1	2	2	10	0	14	3	3	2	2	3	3																					1	7, 9	1	1	1	1	NA	1	NA	NA	NA	29.4	169	119	2			1	
339	47	1	1	3	4	2	1	2	1	8	0	25	3	1	2		3			25			1	1 P / D		2		1	8		3		1		2		NA		5	1	DN	1	1	1	1	1	1	1	2, 3	3	30.9	140	95	2			8	5
340	45	1	2	2	4	2	1	2	1	10	0	25	3	3	2	2	3	3																					1	1, 5	1	1	1	1	NA	1	NA	NA	NA	22.3	117	79	2			1	
341	56	1	2	4	3	2	1	3	1	8	0	16	3	3	1	2	1	3	12																				1	1, 2	1	1	1	1	NA	1	NA	NA	NA	35.2	120	87	1	7 Y	1	1	
342	48	1	2	1	4	2	1	2	1	8	0	30	3	1	2		3			20			1	1 P / W		4		1	8		1		2		2		NA		5	3	DN	1	1	1	1	1	1	3	2, 3	3, 4	33.1	146	108	2			1	
343	40	1	2	3	4	2	1	2	2	10	0	7	3	1	2		3			25			3	2 P / D		4		1	7		2		2		1		3		3	1	1, 4, 5, 9	1	2	2	1	1	1	2	3	4	31.3	139	78	2			5	
344	21	1	1	2	5	1	2	2	2	10	0	7	1	1					15	12	1	6 / D	3	9 P / D	2	2	2	2	7	4	4	1	1	1	1	1	1	3	3	1	1, 6	1	1	1	1	2	1	1	1, 2, 3	3	20.9	118	70	2			1	
345	36	1	2	4	3	2	1	2	2	10	0	14	3	3	2	2	3	3																					1	1	1	1	1	1	NA	1	NA	NA	NA	28.7	160	100	1	6 Y	1	1	
346	29	1	2	1	4	2	1	1	1	12	0	13	3	3	1	2	2	3	27																				1	1, 15	1	1	3	1	1	1	2	5	3, 4	28.2	112	71	2			1	
347	30	1	2	2	2	1	2	1	2	6	0	8	3	3	2	2	3	3																					2	DN	1	1	2	1	NA	1	NA	NA	NA	19.9	135	80	2			1	
348	34	1	2	1	4	2	1	3	2	12	0	15	3	1	2		3			10			3	6 P / D		4		2	7		3		2		2		1		2	1	1, 6	1	1	1	1	1	2	2	4	5 (self)	25.8	166	110	2			1	
349	51	1	2	2	4	2	1	2	1	6	0	10	3	3	2	2	3	3																					1	DN	3	3	3	1	NA	1	NA	NA	NA	16.6	107	78	2			1	
350	28	2	2	3	4	2	1	1	1	8	0	9	2	1					26	24	1	5 / W	4	4 P / W	4	4	2	2	7	1	3	2	2	1	1	1	1	3	3	1	1	1	1	1	1	1	2	2, 3, 4	3, 4	20	130	87	2			2, 5	1
351	33	1	2	2	3	2	1	1	2	8	0	6	3	1	2		3			26			3	4 P / D		4		2	8		3		2		2		NA		4	2	DN	1	1	1	1	2	2	2	2, 3, 4	3, 4	19.8	120	70	2			1	
352	18	1	2	3	3	1	1	1	2	10	0	1	3	3	2	2	3	3																					1	1, 5, 6	1	1	2	1	NA	1	NA	NA	NA	16.1	130	80	2			1	
353	19	1	2	4	2	1	1	1	1	6	0	2	3	3	2	2	3	3																					1	1	1	1	3	1	NA	1	NA	NA	NA	18.7	130	70	2			1	
354	58	1	2	2	3	2	1	1	2	12	0	25	1	1	1	1			16	16	1	10 / D	1	1 P / D	3	4	1	1	7	4	2	2	2	1	1	1	1	3	3	1	1, 2, 5	1	1	2	1	1	1	2	1, 2, 3	3, 4	23	135	87	2			1	
355	26	1	2	1	3	2	1	1	2	8	0	9	2	3		2		3	25		1	2 / M			4		2	2	7	1		2		1		1		1		1	1, 6	1	1	1	1	1	1	2	3, 5	3, 4	19.6	115	82	2			1	
356	43	1	2	3	4	2	1	1	1	8	0	18	3	3	2	2	3	3																					1	1, 5	1	1	2	1	NA	2	NA	NA	NA	28.6	157	98	2			2	1
357	42	1	2	3	4	2	1	2	1	10	0	20	3	3	2	2	3	3																					1	1	1	1	1	1	NA	1	NA	NA	NA	23.9	160	108	2			1	
358	49	1	1	5	3	1	1	2	2	8	0	20	3	1	2		3			44			1	2 P / W		2		2	7		1		2		1		2		1	1	1	1	1	1	1	2	1, 3	5	30.4	140	90	2			1	
359	48	1	2	3	3	2	1	2	1	12	0	7	3	3	2	2	3	3																					1	1	1	1	1	1	NA	1	NA	NA	NA	27.5	125	76	2			1	
360	46	1	2	3	4	2	1	2	2	8	0	30	3	1	2		3			26			3	3 P / D		1		2	8		1		2		2		NA		5	1	1	1	1	1	1	1	2	1	5	19.5	160	110	2			1	
361	40	1	2	4	4	2	1	2	1	10	0	8	3	1	2		3			20			3	8 P / D		3		1	1		4		2		1		3		5	1	1	1	1	1	1	1	2	3	3	24.7	112	81	2			2	1
362	58	1	2	3	5	2	1	2	2	8	0	40	1	3		2		3	38		2	1 P / D			2		1		8	2		1		2		NA		4	1	5	1	1	1	1	2	1	2	1, 3	3	16.8	125	80	2			2	1
363	54	1	2	2	5	2	1	1	1	8	0	20	3	3	1	1	1	1	30	30																			1	1	1	1	1	1	NA	1	NA	NA	NA	30.4	180	90	1	6 Y	1	2	1
364	39	1	2	3	4	2	1	2	2	12	0	27	3	1	2		3			35			3	3 P / D		3		2	8		4		2		2		NA		4	1	1	1	1	2	2	1	2	3	4	30.1	123	82	1	5 Y	1	1	
365	36	1	2	3	4	2	1	2	1	10	0	18	3	1	2		3			20			3	6 P / D		2		1	8		4		2		2		NA		4	1	1	1	1	1	1	1	2	1, 3	2, 3	23.3	145	98	2			6	9
366	46	1	2	2	4	2	1	2	2	12	0	25	3	3	2	1	3	2		20																			1	1, 2	1	1	1	1	NA	1	NA	NA	NA	26.3	166	119	2			1	
367	25	1	2	3	3	2	1	1	2	12	0	8	3	1	2		3			15			3	4 P / D		4		1	8		4		2		2		NA		1	1	1	1	1	2	1	1	2	3	5	24.7	140	86	2			1	
368	21	1	1	3	2	1	1	4	2	10	0	2	1	1					19	19	1	1 / D	3	10 P / D	4	2	2	2	8	2	4	2	2	2	2	NA	NA	5	4	2	DN	1	1	1	2	1	1	2	3	3, 5	19	118	72	2			1	
369	46	1	2	1	4	2	1	2	2	12	0	25	3	1	2		3			31			3	6 P / D		3		1	7		3		1		1		2		3	2	DN	1	1	1	2	1	1	2	1, 3	3, 4	21	130	85	2			2, 5	1
370	42	1	2	2	5	2	1	2	2	10	0	22	1	3		2		3	10		2	1 P / D			1		1		8	3		2		2		NA		1		1, 5	1	1	1	2	1	1	2	3	1	22	130	86	2			1	
371	51	1	2	3	4	2	1	2	1	10	0	30	3	1	2		3			21			4	1 P / D		2		1	1, 10, 11		2		1		1		1		5	1	1	1	1	1	1	1	1	3	3	25.7	140	90	2			1	
372	49	1	2	2	3	2	1	2	1	12	0	24	3	3	2	2	3	3																					1	1, 2	1	1	1	1	NA	1	NA	NA	NA	25.7	157	107	2			1	
373	50	1	2	3	4	2	1	2	2	10	0	28	3	3	1	2	2	3	25																				1	5, 6	1	1	1	1	NA	1	NA	NA	NA	20.9	130	80	2			1	
374	36	1	1	3	3	2	1	1	2	12	0	17	3	1	2		3			15			3	2 P / D		4		2	8		2		2		2		1		1	1	1	1	1	1	1	2	4	3	25.4	158	115	2			2, 4	1
375	30	1	2	3	4	2	1	1	2	8	0	3	3	1	2		3			23			1	2 P / D		4		2	8		1		2		2		NA		1	2	DN	1	1	1	2	2	1	2	2	3	30	139	94	2			2, 5	5
376	43	1	1	4	3	2	1	1	2	10	0	22	3	3	2	1	3	1		20							2												1	1	1	1	1	3	NA	1	NA	NA	NA	24.2	135	90	2			1	
377	51	1	1	5	5	2	1	2	2	10	0	19	3	3	2	2	3	3																					1	1, 5, 6	1	1	1	1	NA	1	NA	NA	NA	19	104	74	2			1	
378	41	1	2	3	4	2	1	2	2	12	0	15	1	3		1		1	30	30	1	12 / D			2		2		7	4		2		1		1		1		1	1	5, 9	1	1	1	1	1	1	1	1, 2, 3	3	29.6	160	100	2			1	
379	55	1	2	3	5	2	1	1	2	10	0	32	3	3	2	2	3	3																					1	1, 5, 6	1	1	1	1	NA	1	NA	NA	NA	21	129	73	2			1	
380	40	1	2	3	4	2	1	2	2	10	0	6	3	3	2	2	3	3																					1	1, 5	1	1	1	1	NA	1	NA	NA	NA	22.4	130	90	2			1	
381	30	1	2	3	5	2	1	2	2	10	0	2	3	3	2	1	3	1		24																			1	6, 7, 11	1	1	1	1	NA	1	NA	NA	NA	18.7	122	75	2			1	
382	39	1	2	3	4	2	1	2	2	10	0	20	1	3		1		1	24	20	1	10 / D			3		1		7	4		2		1		1		1		1	1	5	1	1	1	1	1	1	2	2, 3	3	26.2	150	96	2			6	1
383	60	1	2	2	5	2	1	1	2	8	0	30	1	3		2		3	40		1	10 / D			4		2		8	4		2		2		NA		2		1	1, 5	1	1	1	1	1	1	2	3	5	28.2	180	116	2			6	1
384	50	1	1	5	2	2	1	2	2	8	0	23	3	3	2	1	3	2		16																			1	1	1	1	1	1	NA	1	NA	NA	NA	21.6	100	50	2			1	
385	45	1	1	2	4	2	1	2	2	12	0	30	3	2	2		3			20			4	0.5 P / W		4		2	7		1		1		1		3		2	1	1, 5	1	1	1	1	1	1	2	1	6	30.1	140	88	2			1	
386	38	1	2	3	3	2	1	2	2	8	0	20	2	3		2		3	30		1	2 / W			4		1		8	1		2		2		NA		1		1, 7	1	1	1	1	1	1	2	2	3	27.4	140	90	2			1	
387	40	1	1	3	4	2	1	2	2	8	0	25	3	1	2		3			20			4	4 P / W		2		2	7		2		2		1		1		3	1	1	1	1	2	1	1	2	1, 2, 3	3	27.7	150	100	2			7	5
388	38	1	2	3	4	2	1	1	2	8	0	19	1	3		1		1	34	35	1	1 / D			4		2		7	2		2		1		1		2		1	1, 6	1	1	1	1	1	1	2	3	3, 4	24.2	125	81	2			2, 5	1
389	51	1	2	2	4	2	1	2	2	10	0	30	3	3	1	1	1	1	35	45																			1	1, 5	1	1	1	1	NA	1	NA	NA	NA	22.5	138	92	2			1	
390	49	1	2	2	3	2	1	1	2	8	0	20	3	1	2		3			15			3	6 P / D		1		1	7		3		2		1		2		3	1	1, 7	1	1	1	1	1	2	2	3, 4	3, 6	24.1	155	102	1	8 Y	1	2	1
391	31	1	1	2	3	2	1	1	2	12	0	9	3	1	2		3			30			3	2 P / D		4		2	8		2		2		2		NA		2		1	DN	1	1	1	1	1	1	2	3	5 (self)	27.1	150	100	2			1	
392	43	1	1	4	3	2	1	1	2	10	0	22	3	3	2	1	3	1		20							2												1	1	1	1	1	3	NA	1	NA	NA	NA	24.2	135	90	2			1	
393	51	1	1	5	5	2	1	2	2	10	0	19	3	3	2	2	3	3																					1	1, 5, 6	1	1	1	1	NA	1	NA	NA	NA	19	104	74	2			1	
394	41	1	2	3	4	2	1	2	2	12	0	15	1	3		1		1	30	30	1	12 / D			2		2		7	4		2		1		1		1		1	1	5, 9	1	1	1	1	1	1	1	1, 2, 3	3	29.6	160	100	2			1	
395	55	1	2	3	5	2	1	1	2	10	0	32	3	3	2	2	3	3																					1	1, 5, 6	1	1	1	1	NA	1	NA	NA	NA	21	129	73	2			1	
396	40	1	2	3	4	2	1	2	2	10	0	6	3	3	2	2	3	3																					1	1, 5	1	1	1	1	NA	1	NA	NA	NA	22.4	130	90	2			1	
397	30	1	2	3	5	2	1	2	2	10	0	2	3	3	2	1	3	1		24																			1	6, 7, 11	1	1	1	1	NA	1	NA	NA	NA	18.7	122	75	2			1	
398	39	1	2	3	4	2	1	2	2	10	0	20	1	3		1		1	24	20	1	10 / D			3		1		7	4		2		1		1		1		1	1	5	1	1	1	1	1	1	2	2, 3	3	26.2	150	96	2			6	1
399	60	1	2	2	5	2	1	1	2	8	0	30	1	3		2		3	40		1	10 / D			4		2		8	4		2		2		NA		2		1	1, 5	1	1	1	1	1	1	2	3	5	28.2	180	116	2			6	1
400	50	1	1	5	2	2	1	2	2	8	0	23	3	3	2	1	3	2		16																			1	1	1	1	1	1	NA	1	NA	NA	NA	21.6	100	50	2			1	

Pt. Code	Age	Address	Religion	Education	SE status	Marital status	Living with family	Type of family	Type of house	Working hours length	Night shifts / week	Years in occupation	Current use of tobacco		Use in past		Frequency of use in past		Age of inititation	Current frequency of use		First tobacco use of day	Advised to quit in last 1 year		Methods to quit	Expenditure / month		Use in front of children		Attempts to quit tobacco		How long did you stop using		Plans of quitting tobacco		1	2	3	4	5	6	7	8	9	10	11	BMI	SBP	DBP	K/C/O HTN	Since	On Rx	Lesion	Site
													S	SL	S	SL	S	SL	S	SL	S	SL	S	SL		S	SL	S	SL	S	SL	S	SL	S	SL																				
Socio Demographic Details													Details of Tobacco Consumption																	Cessation						Knowledge and Attitude																		Oral	
401	45	1	1	2	4	2	1	2	2	12	0	30	3	2	2		3			20			4	0.5 P / W		4		2	7		1		1			1		3		2	1	1, 5	1	1	1	1	1	1	2	1	6	30.1	140	88	2			1	
402	38	1	2	3	3	2	1	2	2	8	0	20	2	3		2		3	30		1	2 / W			4		1		8	1		2		2		NA		1		1	1, 7	1	1	1	1	1	1	2	2	3	27.4	140	90	2			1	
403	40	1	1	3	4	2	1	2	2	8	0	25	3	1	2		3			20			4	4 P / W		2		2	7		2		2		1		1		3	1	1	1, 2, 3	3	27.7	150	100	2			7	5
404	38	1	2	3	4	2	1	1	2	8	0	19	1	3		1		1	34	35	1	1 / D			4		2		7	2		2			1		1		2		1	1, 6	3	3, 4	24.2	125	81	2			2, 5	1
405	51	1	2	2	4	2	1	2	2	10	0	30	3	3	1	1	1	1	35	45																					1	1, 5	1	1	1	1	NA	1	NA	NA	NA	22.5	138	92	2			1	
406	49	1	2	2	3	2	1	1	2	8	0	20	3	1	2		3			15			3	6 P / D		1		1	7		3		2		1		2		3	1	1	1, 7	1	1	1	1	1	1	2	3, 4	3, 6	24.1	155	102	1	8 Y	1	2	1
407	31	1	1	2	3	2	1	1	2	12	0	9	3	1	2		3			30			3	2 P / D		4		2	8		2		2		2		NA		2	1	DN	1	1	1	1	1	1	2	3	5 (self)	27.1	150	100	2			1	
408	46	1	2	1	4	2	1	2	2	12	0	25	3	1	2		3			31			3	6 P / D		3		1	7		3		1		1		3		3	2	DN	1	1	1	2	1	1	2	1, 3	3, 4	21	130	85	2			2, 5	1
409	42	1	2	2	5	2	1	2	2	10	0	22	1	3		2		3	10		2	1 P / D			1		1		8	3		2		2		NA		1		1	1, 5	1	1	1	2	1	1	2	3	1	22	130	86	2			1	
410	26	1	2	3	2	2	1	1	1	8	0	10	2	1					22	15	1	1 / W	3	10 P / D	4	1	2	2	7	1	4	2	2	1	1	1	1	1	1	1	1	1	1, 3	5 (self)	19.1	107	63	2			1	
411	41	1	2	3	4	2	1	2	2	10	0	22	3	3	2	2	3	3																							1	1	1	1	1	1	NA	1	NA	NA	NA	20.7	125	80	2			1	
412	30	1	1	3	2	2	1	2	2	12	0	4	3	1	2		3			15			1, 3	2 P / W, 5 P / D		2		1	7		3		1		2		1		2		1	1	1, 3, 4	3, 4	22.4	109	68	2			2, 5	1
413	25	1	2	3	3	1	1	3	1	12	0	7	2	1					20	20	1	1 / D	3	20 P / D	4	1	1	1	7	2	4	2	2	1	1	3	3	1	1	1	1	1, 6	1	1	1	1	2	3	2	1, 2, 3, 5	3	24.8	126	87	2			5	
414	40	1	2	3	4	2	1	2	1	8	0	3	3	1	2				3	15			1	6 P / D		3		2	8		4		2		2		NA		1	1	1	1	1	1	2	1	1	2	3	5 (self)	23.7	121	80	2			1	
415	42	1	2	3	5	2	1	2	1	12	2	2	1	1					17	17	1	3 / D	1, 4	1 P / D, 10 P / D	4	1	2	2	6	3	3	2	1	2	1	NA	3	5	1	1	1	1, 3	2	1	1	1	1	1	2	1, 3	2	31.6	154	93	2			1	
416	40	1	2	3	4	2	1	2	1	12	0	16	3	3	2	1	3	1		36																					1	1, 2	1	1	1	1	1	1	2	5	3	24.9	135	86	2			1	
417	34	1	2	3	1	2	1	2	2	8	0	15	3	3	2	2	3	3																							1	1, 3	1	1	1	1	NA	1	NA	NA	NA	24.4	150	97	2			1	
418	28	1	2	4	4	2	2	2	1	8	0	6	1	3		2		3	24		1	5 / D			4		2		7	3		2		1		2		1		1	1	1, 5	1	1	1	1	1	1	2	2, 5	3	25.7	120	80	2			1	
419	68	1	2	3	4	2	1	2	2	12	0	50	3	3	1		1		22																						1	1	1	1	2	NA	1	NA	NA	NA	27.7	140	80	1	5 Y	1	1	
420	51	1	2	3	4	2	1	2	1	10	0	30	3	1	2		3			21			4	1 P / D		2		1	1, 10, 11		2		1		1		1		5	1	1	1	1	1	1	1	1	3	3	25.7	140	90	2			1	
421	49	1	2	2	3	2	1	2	1	12	0	24	3	3	2	2	3	3																							1	1, 2	1	1	1	1	NA	1	NA	NA	NA	25.7	157	107	2			1	
422	50	1	2	3	4	2	1	2	2	10	0	28	3	3	1	2	2	3	25																						1	5, 6	1	1	1	1	NA	1	NA	NA	NA	20.9	130	80	2			1	
423	36	1	1	3	3	2	1	1	2	12	0	17	3	1	2		3			15			3	2 P / D		4		2	8		2		2		2		1		1	1	1	1	1	1	2	1	1	2	4	3	25.4	158	115	2			2, 4	1
424	30	1	2	3	4	2	1	1	2	8	0	3	3	1	2		3			23			1	2 P / D		4		2	8		1		2		2		NA		1	2	DN	1	1	1	2	2	1	2	2	3	30	139	94	2			2, 5	5
425	40	1	2	4	3	2	1	4	2	8	0	2	3	1	2		3			16			2	6 P / D		4		1	7		2		2		1		1		3	1	DN	1	1	1	1	1	1	2	1	3	16.8	119	82	2			1	
426	38	1	2	3	3	2	1	1	1	12	0	16	3	1	2		3			30			3	3 P / D		4		1	7		3		2		1		1		2	1	1, 2, 3	3, 4	3, 4	34.4	168	100	1	2 Y	1	2	1
427	21	1	1	3	3	1	1	1	1	10	0	3	3	3	2	2	3	3																							1	1, 5, 6	1	1	1	1	NA	1	NA	NA	NA	19.7	130	75	2			1	
428	32	1	1	3	4	2	1	1	1	7	0	5	3	3	2	1	3	1		26																					1	1, 7	1	1	1	1	NA	1	NA	NA	NA	26.6	130	83	2			1	
429	47	1	1	3	3	2	1	2	1	10	0	20	1	3		1		1	40	18	1	6 - 7 / D			4		1		8	3		2		2		NA		3		1	1, 2	1	1	1	1	1	1	2	3	3, 4	25.5	140	90	2			5, 7	1
430	32	1	2	3	4	2	1	2	2	9	0	7	3	1	2		3			20			3	3 - 4 P / D		4		1	7		3		2		1		3		2	1	1	1	1	1	1	1	2	2, 3	3, 4	26.4	13	88	2			1	
431	30	1	2	3	2	2	1	2	2	8	0	4	1	3		2		3	15		1	20 / D			4		2		7	4		2		1		1		3		1	1, 3	1	1	1	1	1	1	2	1, 2	3	20.8	134	87	2			1	
432	40	1	1	3	4	2	1	1	1	8	0	18	3	3	2	1	3	1		30																					1	1, 5	1	2	1	1	NA	1	NA	NA	NA	27.5	170	110	1	3 Y	1	2, 5	1
433	54	1	1	5	3	2	1	2	2	10	0	25	3	3	2	2	3	3																							1	1	1	1	1	1	NA	1	NA	NA	NA	25.1	127	81	2			1	
434	31	1	1	4	3	2	1	2	1	8	0	11	3	3	1	2	1	3	25																						1	2, 5	1	1	1	1	NA	1	NA	NA	NA	25.2	151	101	2			1	
435	40	1	1	3	3	2	1	1	2	6	0	25	3	3	2	1	3	2		20																					1	1, 2, 5	1	1	1	1	NA	1	NA	NA	NA	21.2	110	74	2			1	
436	58	1	1	4	1	2	1	2	1	8	0	15	3	1	2		3			30			1	2 P / W		1		1	7		2		2		1		3		2	1	1	1	1	1	1	1	2	2, 3	3, 4	18	140	100	1	3 M	1	1	
437	54	1	2	3	4	2	1	2	1	8	0	35	3	1	2		3			12			1	3 P / W		3		1	8		1		2		2		NA		5	1	1, 7	1	1	1	1	1	1	2	2, 3	3, 4	21.6	137	90	2			1	
438	28	1	2	3	4	1	1	1	1	10	0	8	3	3	2	2	3	3																							3	DN	1	1	1	1	NA	1	NA	NA	NA	21.4	122	80	2			1	
439	50	1	2	3	4	2	1	2	1	8	0	20	3	1	2		3			25			5	5 P / D		4		2	7		3		1		1		3		5	1	1	1	1	1	1	1	2	2, 3	3	21.5	182	121	2			2	1
440	38	1	2	3	3	2	1	2	1	10	0	20	3	1	2		3			22			3	10 P / D		4		1	8		3		2		2		NA		5	3	DN	1	2	1	2	1	1	2	2, 3	3, 4	25	124	84	2			2, 5	1
441	48	1	2	3	3	2	1	2	2	8	0	20	3	1	2		3			32			3	2 P / W		1		1	7		1		1		1		1		1	1	1, 12, 13	1	1	1	1	1	1	2	1, 3	3, 4	36.1	130	80	2			2, 5	1, 5
442	45	1	2	2	4	2	1	2	1	7	0	20	3	3	2	2	3	3																							3	DN	1	1	1	1	NA	1	NA	NA	NA	23.4	132	73	2			1	
443	48	1	2	3	3	2	1	2	1	8	0	25	3	1	2		3			25			1	3 P / W		1		1	7		1		1		1		1		3	3	DN	1	1	1	1	1	1	2	1	1	25	140	93	2			2, 5	5
444	56	1	2	2	3	2	1	2	1	10	0	36	3	3	1	2	1	3	20																						1	5	1	1	1	1	NA	1	NA	NA	NA	27	126	75	2			1	
445	38	1	2	3	3	2	1	2	1	8	0	8	3	3	2	2	3	3																							3	DN	1	1	1	1	NA	1	NA	NA	NA	19.8	116	82	2			1	
446	58	1	2	3	3	2	1	2	2	10	0	30	3	3	2	2	3	3																							1	1, 9	1	1	1	1	NA	1	NA	NA	NA	21.7	147	98	2			1	
447	45	1	2	1	4	2	1	2	2	10	0	14	3	3	2	2	3	3																							1	7, 9	1	1	1	1	NA	1	NA	NA	NA	29.4	169	119	2			1	
448	47	1	1	3	4	2	1	2	1	8	0	25	3	1	2		3			25			1	1 P / D		2		1	8		3		1		2		NA		5	1	DN	1	1	1	1	1	1	1	2, 3	3	30.9	140	95	2			8	5
449	45	1	2	2	4	2	1	2	1	10	0	25	3	3	2	2	3	3																							1	1, 5	1	1	1	1	NA	1	NA	NA	NA	22.3	117	79	2			1	
450	56	1	2	4	3	2	1	3	1	8	0	16	3	3	1	2	1	3	12																						1	1, 2	1	1	1	1	NA	1	NA	NA	NA	35.2	120	87	1	7 Y	1	1	
451	48	1	2	1	4	2	1	2	1	8	0	30	3	1	2		3			20			1	1 P / W		4		1	8		1		2		2		NA		5	3	DN	1	1	1	1	1	1	3	2, 3	3, 4	33.1	146	108	2			1	
452	48	1	2	3	3	2	1	2	2	12	0	20	3	1	2		3			35			3	5 P / D		4		2	8		3		2		2		NA		3	1	1, 9	1	1	1	1	1	2	1	3	4	28.3	144	89	2			1	
453	35	1	2	3	4	2	1	2	2	7	0	12	3	1	2		3			20			3	7 P / D		3		1	7		4		1		1		3		1	1	1, 9	1	1	1	1	1	1	2	2, 3, 4	4	19.1	113	77	2			3, 5	1
454	40	1	2	2	3	2	1	2	1	8	0	16	3	1	2		3			20			3	8 P / D		4		1	7		4		1		1		3		1	1	2, 9	1	1	1	1	1	1	2	2, 3, 4	4	23.4	139	90	2			1	
455	43	1	1	4	4	2	1	1	1	6	0	10	3	1	2		3			30			1	2 P / W		4		1	7		1		2		1		3		5	1	1	1	1	1	1	1	2	5	4	29.4	110	69	2			5	
456	34	1	2	3	1	2	1	2	2	8	0	15	3	3	2	2	3	3																							1	1, 3	1	1	1	1	NA	1	NA	NA	NA	24.4	150	97	2			1	
457	28	1	2	4	4	2	2	2	1	8	0	6	1	3		2		3	24		1	5 / D			4		2		7	3		2		1		2		1		1	1	1, 5	1	1	1	1	1	1	2	2, 5	3	25.7	120	80	2			1	
458	68	1	2	3	4	2	1	2	2	12	0	50	3	3	1		1		22																						1	1	1	1	2	NA	1	NA	NA	NA	27.7	140	80	1	5 Y	1	1	
459	51	1	2	3	4	2	1	2	1	10	0	30	3	1	2		3			21			4	1 P / D		2		1	1, 10, 11		2		1		1		1		5	1	1	1	1	1	1	1	1	3	3	25.7	140	90	2			1	
460	49	1	2	2	3	2	1	2	1	12	0	24	3	3	2	2	3	3																							1	1, 2	1	1	1	1	NA	1	NA	NA	NA	25.7	157	107	2			1	
461	50	1	2	3	4	2	1	2	2	10	0	28	3	3	1	2	2	3	25																						1	5, 6	1	1	1	1	NA	1	NA	NA	NA	20.9	130	80	2			1	
462	36	1	1	3	3	2	1	1	2	12	0	17	3	1	2		3			15			3	2 P / D		4		2	8		2		2		2		1		1	1	1	1	1	1	2	1	1	2	4	3	25.4	158	115	2			2, 4	1
463	30	1	2	3	4	2	1	1	2	8	0	3	3	1	2		3			23			1	2 P / D		4		2	8		1		2		2		NA		1	2	DN	1	1	1	2	2	1	2	2	3	30	139	94	2			2, 5	5
464	39	1	2	1	2	2	1	2	1	10	0	1	3	1	2		3			27			1	1 P / D		1		1	7		3		1		1		1		1	1	1, 3, 5	2, 3	24.8	138	94	2			2	1
465	50	1	1	3	1	2	1	2	1	8	0	32	3	1	2		3			35			1	10 P / W		4		2	7		2		1		1		1		1	1	1	1	1	1	2	1	5	3	28.1	190	124	1	4 Y	1	1	
466	37	1	2	4	4	2	1	1	1	8	7	14	3	1	2		3			10			3	10 P / D		1		1	2, 7		4		1		3		3		1	1, 2, 3, 4	3, 4	26.4	107	73	2			1	
467	26	1	2	3	3	2	1	1	2	10	0	4	3	1	2		3			25			6	1 P / W		4		2	8		2		2		2		NA		2	1	1	1	1	1	1	2	2, 3	5 (self)	30.9	130	79	2			1	

Pt. Code	Age	Address	Religion	Education	SE status	Marital status	Living with family	Type of family	Type of house	Working hours length	Night shifts / week	Years in occupation	Current use of tobacco		Use in past		Frequency of use in past		Age of inititation	Current frequency of use		First tobacco use of day		Advised to quit in last 1 year		Methods to quit	Expenditure / month		Use in front of children		Attempts to quit tobacco		How long did you stop using		Plans of quitting tobacco		1	2	3	4	5	6	7	8	9	10	11	BMI	SBP	DBP	K/C/O HTN	Since	On Rx	Lesion	Site
													S	SL	S	SL	S	SL	SL	S	SL	S	SL	S	SL		S	SL	S	SL	S	SL	S	SL																				
Socio Demographic Details													Details of Tobacco Consumption																	Cessation						Knowledge and Attitude																		Oral	
468	28	1	2	3	2	2	1	2	1	10	0	4	3	1	2		3			15		3	15 P / D		1		1	7		3		2		1		1		3	1	1, 2	1	2	1	1	1	1	2	1, 2, 3	3, 4	20.7	120	80	2			1	
469	24	1	2	3	3	2	1	1	1	8	0	6	2	1					12	12	2	2 P / W	1	10 P / W	4	1	1	1	8	2	2	2	2	2	2	6	6	4	4	1	DN	1	1	2	1	1	1	2	2, 3	3, 4	23	137	85	2			1	
470	21	1	2	2	2	2	1	2	2	8	2	2	1	1					19	19	1	10 / D	3	5 P / D	3	1	1	1	7	2	2	2	2	1	1	4	4	4	4	1	DN	1	1	2	1	1	2	2	1, 2, 3	3, 4	20.3	130	74	2			1	
471	32	1	2	2	3	2	1	2	2	8	0	13	1	1					30	24	1	1 / D	3	20 P / D	3	3	2	2	7	2	3	2	2	1	1	3	3	2	2	1	1, 2, 6	1	1	2	1	1	1	2	1, 2, 3	3, 4	24.2	136	84	2			2	1
472	32	1	2	2	4	2	1	1	1	12	0	9	1	3		1		1	17	20	1	5 / D			1		1		8	4		2		2		5		2		1	1, 5	1	1	2	1	1	2	2	1, 2, 3	3, 4	20.9	120	70	2			2	1
473	30	1	2	3	5	1	1	1	1	12	0	5	1	3		1		1	28	10	1	1 P / W			4		1		6	2		2		1		4		3		1	1, 5	1	1	2	1	1	1	2	2	3, 4	21.1	150	100	2			2	1
474	52	1	2	2	3	2	1	2	1	6	0	24	1	3		2		3	18		1	10 / D			3		1		8	4		2		2		NA		2		1	1, 5, 6	1	2	2	1	1	2	1	1, 2, 3, 4	3, 4	21.5	116	73	2			1	
475	34	1	2	1	4	2	1	1	1	8	1	9	3	1	2		3			10			3	5 P / D		3		1	7		4		2		1		4		5	1	1, 5	1	1	2	1	2	1	2	1, 3, 4	3, 4	26.4	140	90	2			1	
476	25	1	2	2	3	2	1	2	1	8	0	3	3	1	2		3			20			3	5 P / D		4		2	7		3		2		1		3		3	1	1, 5	1	1	1	1	1	2	2	1, 3, 4	3, 4	30.1	137	80	2			1	
477	56	1	2	2	2	2	1	1	2	6	0	30	1	3		2		3	14		2	25 / D			1		1		7	2		1		1		1		2		2	1	5	1	1	1	1	2	2	2	3	3	20	150	90	2			2	7
478	19	2	2	3	2	1	1	1	2	8	0	1	3	3	2	2	3	3																							1	DN	1	1	1	1	NA	1	NA	NA	NA	29.4	130	80	2			1	
479	61	1	2	2	3	2	1	1	2	12	0	30	3	3	2	1	3	1		55							1								1				NA	1	1, 6, 7	1	1	1	1	NA	1	NA	NA	NA	19.5	150	100	2			6	5
480	46	1	2	2	2	2	1	2	2	10	0	14	3	1	2		3			14			3, 4	6 P / D, 2 P / W		3		1	7		3		1		1		4		2	1	1	1	1	1	1	1	1	1, 2, 3, 4	3	30.8	140	90	2			2	1
481	43	1	1	4	3	2	1	1	2	10	0	22	3	3	2	1	3	1		20							2								1				NA	1	1	1	1	1	3	NA	1	NA	NA	24.2	135	90	2			1	
482	51	1	1	5	5	2	1	2	2	10	0	19	3	3	2	2	3	3																							1	1, 5, 6	1	1	1	1	NA	1	NA	NA	NA	19	104	74	2			1	
483	41	1	2	3	4	2	1	2	2	12	0	15	1	3		1		1	30	30	1	12 / D			2		2		7	4		2		1		1		1		1	5, 9	1	1	1	1	1	1	1	1, 2, 3	3	29.6	160	100	2			1	
484	55	1	2	3	5	2	1	1	2	10	0	32	3	3	2	2	3	3																							1	1, 5, 6	1	1	1	1	NA	1	NA	NA	NA	21	129	73	2			1	
485	40	1	2	3	4	2	1	2	2	10	0	6	3	3	2	2	3	3																							1	1, 5	1	1	1	1	NA	1	NA	NA	NA	22.4	130	90	2			1	
486	30	1	2	3	5	2	1	2	2	10	0	2	3	3	2	1	3	1		24																					1	6, 7, 11	1	1	1	1	NA	1	NA	NA	NA	18.7	122	75	2			1	
487	39	1	2	3	4	2	1	2	2	10	0	20	1	3		1		1	24	20	1	10 / D			3		1		7	4		2		1		1		1		1	5	1	1	1	1	1	1	2	2, 3	3	26.2	150	96	2			6	1
488	30	1	2	3	5	2	1	2	2	10	0	2	3	3	2	1	3	1		24																					1	6, 7, 11	1	1	1	1	NA	1	NA	NA	NA	18.7	122	75	2			1	
489	39	1	2	3	4	2	1	2	2	10	0	20	1	3		1		1	24	20	1	10 / D			3		1		7	4		2		1		1		1		1	5	1	1	1	1	1	1	2	2, 3	3	26.2	150	96	2			6	1
490	60	1	2	2	5	2	1	1	2	8	0	30	1	3		2		3	40		1	10 / D			4		2		8	4		2		2		NA		2		1	1, 5	1	1	1	1	1	1	2	3	5	28.2	180	116	2			6	1
491	50	1	1	5	2	2	1	2	2	8	0	23	3	3	2	1	3	2		16																					1	1	1	1	1	1	NA	1	NA	NA	NA	21.6	100	50	2			1	
492	45	1	1	2	4	2	1	2	2	12	0	30	3	2	2		3			20			4	0.5 P / W		4		2	7		1		1		1		3		2	1	1, 5	1	1	1	1	1	1	2	1	6	30.1	140	88	2			1	
493	38	1	2	3	3	2	1	2	2	8	0	20	2	3		2		3	30		1	2 / W			4		1		8	1		2		2		NA		1		2	1, 7	1	1	1	1	1	1	2	2	3	27.4	140	90	2			1	
494	40	1	1	3	4	2	1	2	2	8	0	25	3	1	2		3			20			4	4 P / W		2		2	7		2		2		1		1		3	1	1	1	1	2	1	1	2	1, 2, 3	3	27.7	150	100	2			7	5
495	38	1	2	3	4	2	1	1	2	8	0	19	1	3		1		1	34	35	1	1 / D			4		2		7	2		2		1		1		2		1	1, 6	1	1	1	1	1	1	2	3	3, 4	24.2	125	81	2			2, 5	1
496	51	1	2	2	4	2	1	2	2	10	0	30	3	3	1	1	1	1	35	45																					1	1, 5	1	1	1	1	NA	1	NA	NA	NA	22.5	138	92	2			1	
497	49	1	2	2	3	2	1	1	2	8	0	20	3	1	2		3			15			3	6 P / D		1		1	7		3		2		1		2		3	1	1, 7	1	1	1	1	1	1	2	3, 4	3, 6	24.1	155	102	1	8 Y	1	2	1
498	31	1	1	2	3	2	1	1	2	12	0	9	3	1	2		3			30			3	2 P / D		4		2	8		2		2		2		NA		2	1	DN	1	1	1	1	1	1	2	3	5 (self)	27.1	150	100	2			1	
499	43	1	1	4	3	2	1	1	2	10	0	22	3	3	2	1	3	1		20							2								1		1		NA	1	1	1	1	3	NA	1	NA	NA	NA	24.2	135	90	2			1	
500	51	1	1	5	5	2	1	2	2	10	0	19	3	3	2	2	3	3																							1	1, 5, 6	1	1	1	1	NA	1	NA	NA	NA	19	104	74	2			1	
501	41	1	2	3	4	2	1	2	2	12	0	15	1	3		1		1	30	30	1	12 / D			2		2		7	4		2		1		1		1		1	5, 9	1	1	1	1	1	1	1	1, 2, 3	3	29.6	160	100	2			1	
502	55	1	2	3	5	2	1	1	2	10	0	32	3	3	2	2	3	3																							1	1, 5, 6	1	1	1	1	NA	1	NA	NA	NA	21	129	73	2			1	
503	40	1	2	3	4	2	1	2	2	10	0	6	3	3	2	2	3	3																							1	1, 5	1	1	1	1	NA	1	NA	NA	NA	22.4	130	90	2			1	
504	30	1	2	3	5	2	1	2	2	10	0	2	3	3	2	1	3	1		24																					1	6, 7, 11	1	1	1	1	NA	1	NA	NA	NA	18.7	122	75	2			1	
505	39	1	2	3	4	2	1	2	2	10	0	20	1	3		1		1	24	20	1	10 / D			3		1		7	4		2		1		1		1		1	5	1	1	1	1	1	1	2	2, 3	3	26.2	150	96	2			6	1
506	60	1	2	2	5	2	1	1	2	8	0	30	1	3		2		3	40		1	10 / D			4		2		8	4		2		2		NA		2		1	1, 5	1	1	1	1	1	1	2	3	5	28.2	180	116	2			6	1
507	50	1	1	5	2	2	1	2	2	8	0	23	3	3	2	1	3	2		16																					1	1	1	1	1	1	NA	1	NA	NA	NA	21.6	100	50	2			1	
508	45	1	1	2	4	2	1	2	2	12	0	30	3	2	2		3			20			4	0.5 P / W		4		2	7		1		1		1		3		2	1	1, 5	1	1	1	1	1	1	2	1	6	30.1	140	88	2			1	
509	38	1	2	3	3	2	1	2	2	8	0	20	2	3		2		3	30		1	2 / W			4		1		8	1		2		2		NA		1		2	1, 7	1	1	1	1	1	1	2	2	3	27.4	140	90	2			1	
510	40	1	1	3	4	2	1	2	2	8	0	25	3	1	2		3			20			4	4 P / W		2		2	7		2		2		1		1		3	1	1	1	1	2	1	1	2	1, 2, 3	3	27.7	150	100	2			7	5
511	38	1	2	3	4	2	1	1	2	8	0	19	1	3		1		1	34	35	1	1 / D			4		2		7	2		2		1		1		2		1	1, 6	1	1	1	1	1	1	2	3	3, 4	24.2	125	81	2			2, 5	1
512	51	1	2	2	4	2	1	2	2	10	0	30	3	3	1	1	1	1	35	45																					1	1, 5	1	1	1	1	NA	1	NA	NA	NA	22.5	138	92	2			1	
513	49	1	2	2	3	2	1	1	2	8	0	20	3	1	2		3			15			3	6 P / D		1		1	7		3		2		1		2		3	1	1, 7	1	1	1	1	1	1	2	3, 4	3, 6	24.1	155	102	1	8 Y	1	2	1
514	31	1	1	2	3	2	1	1	2	12	0	9	3	1	2		3			30			3	2 P / D		4		2	8		2		2		2		NA		2	1	DN	1	1	1	1	1	1	2	3	5 (self)	27.1	150	100	2			1	
515	46	1	2	1	4	2	1	2	2	12	0	25	3	1	2		3			31			3	6 P / D		3		1	7		3		1		1		3		3	2	DN	1	1	1	2	1	1	2	1, 3	3, 4	21	130	85	2			2, 5	1
516	42	1	2	2	5	2	1	2	2	10	0	22	1	3		2		3	10		2	1 P / D			1		1		8	3		2		2		NA		1		2	1, 5	1	1	1	2	1	1	2	3	1	22	130	86	2			1	
517	26	1	2	3	2	2	1	1	1	8	0	10	2	1					22	15	1	1 / W	3	10 P / D	4	1	2	2	7	1	4	2	2	1	1	1	1	1	1	1	1	1	1	1	2	1	1	2	1, 3	5 (self)	19.1	107	63	2			1	
518	41	1	2	3	4	2	1	2	2	10	0	22	3	3	2	2	3	3																							1	1	1	1	1	1	NA	1	NA	NA	NA	20.7	125	80	2			1	
519	30	1	1	3	2	2	1	2	2	12	0	4	3	1	2		3			15			1, 3	2 P / W, 5 P / D		2		1	7		3		1		2		1		1		1	1	1	1	2	1	1	2	1, 3, 4	3, 4	22.4	109	68	2			2, 5	1
520	25	1	2	3	3	1	1	3	1	12	0	7	2	1					20	20	1	1 / D	3	20 P / D	4	1	1	1	7	2	4	2	2	1	1	3	3	1	1	1	1, 6	1	1	1	1	1	2	3	1, 2, 3, 5	3	24.8	126	87	2			5	
521	40	1	2	3	4	2	1	2	1	8	0	3	3	1	2					15			1	6 P / D		3		2	8		4		2		2		NA		1	1	1	1	1	2	1	1	2	3	5 (self)	23.7	121	80	2			1	
522	42	1	2	3	5	2	1	2	1	12	2	2	1	1					17	17	1	3 / D	1, 4	1 P / D, 10 P / D	4	1	2	2	6	3	3	2	1	2	1	NA	3	5	1	1	1, 3	1	1	1	1	1	1	2	1, 3	2	31.6	154	93	2			1	
523	40	1	2	3	4	2	1	2	1	12	0	16	3	3	2	1	3	1		36																					1	1, 2	1	1	1	1	1	1	2	5	3	24.9	135	86	2			1	
524	34	1	2	3	1	2	1	2	2	8	0	15	3	3	2	2	3	3																							1	1, 3	1	1	1	1	NA	1	NA	NA	NA	24.4	150	97	2			1	
525	28	1	2	4	4	2	2	2	1	8	0	6	1	3		2		3	24		1	5 / D			4		2		7	3		2		1		2		1		1	1, 5	1	1	1	1	1	1	2	2, 5	3	25.7	120	80	2			1	
526	68	1	2	3	4	2	1	2	2	12	0	50	3	3	1		1		22																						1	1	1	1	1	2	NA	1	NA	NA	NA	27.7	140	80	1	5 Y	1	1	
527	51	1	2	3	4	2	1	2	1	10	0	30	3	1	2		3			21			4	1 P / D		2		1	1, 10, 11		2		1		1		1		5	1	1	1	1	1	1	1	1	3	3	25.7	140	90	2			1	
528	48	1	2	3	3	2	1	2	1	8	0	25	3	1	2		3			25			1	3 P / W		1		1	7		1		1		1		3		3	3	DN	1	1	1	1	1	2	1	1	25	140	93	2			2, 5	5
529	56	1	2	2	3	2	1	2	1	10	0	36	3	3	1	2	1	3	20																						1	5	1	1	1	1	NA	1	NA	NA	NA	27	126	75	2			1	
530	38	1	2	3	3	2	1	2	1	8	0	8	3	3	2	2	3	3																							3	DN	1	1	1	1	NA	1	NA	NA	NA	19.8	116	82	2			1	
531	58	1	2	3	3	2	1	2	2	10	0	30	3	3	2	2	3	3																							1	1, 9	1	1	1	1	NA	1	NA	NA	NA	21.7	147	98	2			1	
532	45	1	2	1	4	2	1	2	2	10	0	14	3	3	2	2	3	3																							1	7, 9	1	1	1	1	NA	1	NA	NA	NA	29.4	169	119	2			1	
533	47	1	1	3	4	2	1	2	1	8	0	25	3	1	2		3			25			1	1 P / D		2		1	8		3		1		2		NA		5	1	DN	1	1	1	1	1	1	1	2, 3	3	30.9	140	95	2			8	5
534	45	1	2	2	4	2	1	2	1	10	0	25	3	3	2	2	3	3																							1	1, 5	1	1	1	1	NA	1	NA	NA	NA	22.3	117	79	2			1	

Pt. Code	Age	Address	Religion	Education	SE status	Marital status	Living with family	Type of family	Type of house	Working hours length	Night shifts / week	Years in occupation	Current use of tobacco		Use in past		Frequency of use in past		Age of inititation	Current frequency of use		First tobacco use of day		Advised to quit in last 1 year		Methods to quit	Expenditure / month		Use in front of children		Attempts to quit tobacco		How long did you stop using		Plans of quitting tobacco		1	2	3	4	5	6	7	8	9	10	11	BMI	SBP	DBP	K/C/O HTN	Since	On Rx	Lesion	Site
													S	SL	S	SL	S	SL	S	SL	S	SL	S	SL	S	SL		S	SL	S	SL	S	SL	S	SL																				
	Socio Demographic Details												Details of Tobacco Consumption																	Cessation							Knowledge and Attitude																Oral	
535	56	1	2	4	3	2	1	3	1	8	0	16	3	3	1	2	1	3	12																	1	1, 2	1	1	1	1	NA	1	NA	NA	NA	35.2	120	87	1	7 Y	1	1	
536	48	1	2	1	4	2	1	2	1	8	0	30	3	1	2		3			20			1	1 P / W		4		1	8		1		2		2		NA		5	3	DN	1	1	1	1	1	1	3	2, 3	3, 4	33.1	146	108	2			1	
537	40	1	2	3	4	2	1	2	2	10	0	7	3	1	2		3			25			3	2 P / D		4		1	7		2		2		1		3		3	1	1, 4, 5, 9	1	2	2	1	1	1	2	3	4	31.3	139	78	2			5	
538	21	1	1	2	5	1	2	2	2	10	0	7	1	1					15	12	1	6 / D	3	9 P / D	2	2	2	2	7	4	4	1	1	1	1	1	3	3	1	1, 6	1	1	1	1	2	1	1	1, 2, 3	3	20.9	118	70	2			1	
539	36	1	2	4	3	2	1	2	2	10	0	14	3	3	2	2	3	3																		1	1	1	1	1	1	NA	1	NA	NA	NA	28.7	160	100	1	6 Y	1	1	
540	29	1	2	1	4	2	1	1	1	12	0	13	3	3	1	2	2	3	27																	1	1, 15	1	1	3	1	1	1	2	5	3, 4	28.2	112	71	2			1	
541	30	1	2	2	2	1	2	1	2	6	0	8	3	3	2	2	3	3																		2	DN	1	1	2	1	NA	1	NA	NA	NA	19.9	135	80	2			1	
542	34	1	2	1	4	2	1	3	2	12	0	15	3	1	2		3			10			3	6 P / D		4		2	7		3		2		2		1		2	1	1, 6	1	1	1	1	1	2	2	4	5 (self)	25.8	166	110	2			1	
543	51	1	2	2	4	2	1	2	1	6	0	10	3	3	2	2	3	3																		1	DN	3	3	3	1	NA	1	NA	NA	NA	16.6	107	78	2			1	
544	28	2	2	3	4	2	1	1	1	8	0	9	2	1					26	24	1	5 / W	4	4 P / W	4	4	2	2	7	1	3	2	2	1	1	1	1	3	3	1	1	1	1	1	1	1	2	2, 3, 4	3, 4	20	130	87	2			2, 5	1
545	33	1	2	2	3	2	1	1	2	8	0	6	3	1	2		3			26			3	4 P / D		4		2	8		3		2		2		NA		4	2	DN	1	1	1	1	2	2	2	2, 3, 4	3, 4	19.8	120	70	2			1	
546	18	1	2	3	3	1	1	1	2	10	0	1	3	3	2	2	3	3																		1	1, 5, 6	1	1	2	1	NA	1	NA	NA	NA	16.1	130	80	2			1	
547	19	1	2	4	2	1	1	1	1	6	0	2	3	3	2	2	3	3																		1	1	1	1	3	1	NA	1	NA	NA	NA	18.7	130	70	2			1	
548	58	1	2	2	3	2	1	1	2	12	0	25	1	1	1	1			16	16	1	10 / D	1	1 P / D	3	4	1	1	7	4	2	2	2	1	1	1	1	3	3	1	1, 2, 5	1	1	2	1	1	1	2	1, 2, 3	3, 4	23	135	87	2			1	
549	26	1	2	1	3	2	1	1	2	8	0	9	2	3		2		3	25		1	2 / M			4		2	2	7	1		2		1		1		1		2	1	1, 6	1	1	1	1	1	2		3, 5	3, 4	19.6	115	82	2			1	
550	43	1	2	3	4	2	1	1	1	8	0	18	3	3	2	2	3	3																		1	1, 5	1	1	2	1	NA	2	NA	NA	NA	28.6	157	98	2			2	1
551	42	1	2	3	4	2	1	2	1	10	0	20	3	3	2	2	3	3																		1	1	1	1	1	1	NA	1	NA	NA	NA	23.9	160	108	2			1	
552	49	1	1	5	3	1	1	2	2	8	0	20	3	1	2		3			44			1	2 P / W		2		2	7		1		2		1		2		1	1	1	1	1	1	1	2	1, 3	5	30.4	140	90	2			1	
553	48	1	2	3	3	2	1	2	1	12	0	7	3	3	2	2	3	3																		1	1	1	1	1	1	NA	1	NA	NA	NA	27.5	125	76	2			1	
554	46	1	2	3	4	2	1	2	2	8	0	30	3	1	2		3			26			3	3 P / D		1		2	8		1		2		2		NA		5	1	1	1	1	1	1	1	2	1	5	19.5	160	110	2			1	
555	40	1	2	4	4	2	1	2	1	10	0	8	3	1	2		3			20			3	8 P / D		3		1	1		4		2		1		3		5	1	1	1	1	1	1	1	2	3	3	24.7	112	81	2			2	1
556	58	1	2	3	5	2	1	2	2	8	0	40	1	3		2		3	38		2	1 P / D			2		1		8	2		1		2		NA		4	1	5	1	1	1	2	1	1	2	1, 3	3	16.8	125	80	2			2	1
557	54	1	2	2	5	2	1	1	1	8	0	20	3	3	1	1	1	1	30	30																1	1	1	1	1	1	NA	1	NA	NA	NA	30.4	180	90	1	6 Y	1	2	1
558	39	1	2	3	4	2	1	2	2	12	0	27	3	1	2		3			35			3	3 P / D		3		2	8		4		2		2		NA		4	1	1	1	1	1	2	2	1	3	4	30.1	123	82	1	5 Y	1	1	
559	36	1	2	3	4	2	1	2	1	10	0	18	3	1	2		3			20			3	6 P / D		2		1	8		4		2		2		NA		4	1	1	1	1	1	1	1	2	1, 3	2, 3	23.3	145	98	2			6	9
560	46	1	2	2	4	2	1	2	2	12	0	25	3	3	2	1	3	2		20																1	1, 2	1	1	1	1	NA	1	NA	NA	NA	26.3	166	119	2			1	
561	25	1	2	3	3	2	1	1	2	12	0	8	3	1	2		3			15			3	4 P / D		4		1	8		4		2		2		NA		1	1	1	1	1	2	1	1	2	3	5	24.7	140	86	2			1	
562	21	1	1	3	2	1	1	4	2	10	0	2	1	1					19	19	1	1 / D	3	10 P / D	4	2	2	2	8	2	4	2	2	2	2	NA	NA	5	4	2	DN	1	1	1	2	1	1	2	3	3, 5	19	118	72	2			1	
563	46	1	2	1	4	2	1	2	2	12	0	25	3	1	2		3			31			3	6 P / D		3		1	7		3		1		1		3		3	2	DN	1	1	1	2	1	1	2	1, 3	3, 4	21	130	85	2			2, 5	1
564	42	1	2	2	5	2	1	2	2	10	0	22	1	3		2		3	10		2	1 P / D			1		1		8	3		2		2		NA		1	1	1, 5	1	1	1	2	1	1	2	3	1	22	130	86	2			1	
565	51	1	2	3	4	2	1	2	1	10	0	30	3	1	2		3			21			4	1 P / D		2		1	1, 10, 11		2		1		1		1		5	1	1	1	1	1	1	1	1	3	3	25.7	140	90	2			1	
566	49	1	2	2	3	2	1	2	1	12	0	24	3	3	2	2	3	3																		1	1, 2	1	1	1	1	NA	1	NA	NA	NA	25.7	157	107	2			1	
567	50	1	2	3	4	2	1	2	2	10	0	28	3	3	1	2	2	3	25																	1	5, 6	1	1	1	1	NA	1	NA	NA	NA	20.9	130	80	2			1	
568	36	1	1	3	3	2	1	1	2	12	0	17	3	1	2		3			15			3	2 P / D		4		2	8		2		2		2		1		1	1	1	1	1	1	1	2	4	3	25.4	158	115	2			2, 4	1
569	30	1	2	3	4	2	1	1	2	8	0	3	3	1	2		3			23			1	2 P / D		4		2	8		1		2		2		NA		1	2	DN	1	1	1	2	2	1	2	2	3	30	139	94	2			2, 5	5
570	39	1	2	1	2	2	1	2	1	10	0	1	3	1	2		3			27			1	1 P / D		1		1	7		3		1		1		4		1	1	1	1	1	1	1	2	1, 3, 5	2, 3	24.8	138	94	2			2	1
571	50	1	1	3	1	2	1	2	1	8	0	32	3	1	2		3			35			1	10 P / W		4		2	7		2		1		1		1		1	1	1	1	1	1	1	2	5	3	28.1	190	124	1	4 Y	1	1	
572	37	1	2	4	4	2	1	1	1	8	7	14	3	1	2		3			17			3	10 P / D		1		1	2, 7		4		1		1		3		3	1	1, 6	1	1	2	1	1	2	2	1, 2, 3, 4	3, 4	26.4	107	73	2			1	
573	26	1	2	3	3	2	1	1	2	10	0	4	3	1	2		3			25			6	1 P / W		4		2	8		2		2		2		NA		2	1	1	1	1	1	1	2	2, 3	5 (self)	30.9	130	79	2			1	
574	29	1	1	4	4	2	1	2	2	12	0	4	3	3	2	1	3	2		25																1	1	1	1	1	1	NA	1	NA	NA	NA	18.1	120	84	2			1	
575	21	1	1	2	4	1	1	2	1	12	0	4	3	1	1		1		12	10			3	20 P / D		3		1	7		4		2		1		3		3	1	1, 6	1	1	1	1	1	1	2	3	3	16.9	116	79	2			5	
576	36	1	1	2	4	2	1	2	2	12	0	16	3	3	2	2	3	3																		1	DN	1	1	1	1	NA	1	NA	NA	NA	27.9	121	87	2			1	
577	21	1	1	5	4	1	1	2	1	10	0	1	3	3	2	2	3	3																		1	1	1	1	1	1	NA	1	NA	NA	NA	18.9	118	72	2			1	
578	39	1	1	2	3	2	1	2	2	6	0	17	3	1	2		3			14			2, 3	1 P / D, 8 P / D		1		2	8		4		2		2		NA		4	1	1, 6	1	1	1	1	1	1	2	1, 2, 3	2	19.1	115	73	2			1	
579	29	1	1	3	4	2	1	2	2	12	0	7	3	3	2	1	3	1		14																1	1, 6	1	1	1	1	NA	1	NA	NA	NA	35.4	169	100	2			1	
580	65	1	1	1	4	2	1	2	2	10	0	25	3	1	2		3			30			3	6 P / D		4		1	8		3		2		2		NA		2	1	1, 5	1	1	1	1	1	1	2	1, 2, 3	3	17.1	115	71	2			1	
581	28	1	1	2	4	2	1	2	1	10	0	4	3	3	2	2	3	3																		1	1, 5	1	1	1	1	NA	1	NA	NA	NA	26.4	136	94	2			1	
582	28	1	1	2	5	2	1	1	2	12	0	9	3	3	1	2	1	3	16																	1	1, 5	1	1	1	1	NA	1	NA	NA	NA	22.9	143	91	2			1	
583	40	1	2	3	4	2	1	2	2	10	0	7	3	1	2		3			25			3	2 P / D		4		1	7		2		2		1		3		3	1	1, 4, 5, 9	1	2	2	1	1	1	2	3	4	31.3	139	78	2			5	
584	21	1	1	2	5	1	2	2	2	10	0	7	1	1					15	12	1	6 / D	3	9 P / D	2	2	2	2	7	4	4	1	1	1	1	1	3	3	1	1, 6	1	1	1	1	2	1	1	1, 2, 3	3	20.9	118	70	2			1	
585	36	1	2	4	3	2	1	2	2	10	0	14	3	3	2	2	3	3																		1	1	1	1	1	1	NA	1	NA	NA	NA	28.7	160	100	1	6 Y	1	1	
586	29	1	2	1	4	2	1	1	1	12	0	13	3	3	1	2	2	3	27																	1	1, 15	1	1	3	1	1	1	2	5	3, 4	28.2	112	71	2			1	
587	30	1	2	2	2	1	2	1	2	6	0	8	3	3	2	2	3	3																		2	DN	1	1	2	1	NA	1	NA	NA	NA	19.9	135	80	2			1	
588	34	1	2	1	4	2	1	3	2	12	0	15	3	1	2		3			10			3	6 P / D		4		2	7		3		2		2		1		2	1	1, 6	1	1	1	1	1	2	2	4	5 (self)	25.8	166	110	2			1	
589	51	1	2	2	4	2	1	2	1	6	0	10	3	3	2	2	3	3																		1	DN	3	3	3	1	NA	1	NA	NA	NA	16.6	107	78	2			1	
590	28	2	2	3	4	2	1	1	1	8	0	9	2	1					26	24	1	5 / W	4	4 P / W	4	4	2	2	7	1	3	2	2	1	1	1	1	3	3	1	1	1	1	1	1	1	2	2, 3, 4	3, 4	20	130	87	2			2, 5	1
591	33	1	2	2	3	2	1	1	2	8	0	6	3	1	2		3			26			3	4 P / D		4		2	8		3		2		2		NA		4	2	DN	1	1	1	1	2	2	2	2, 3, 4	3, 4	19.8	120	70	2			1	
592	18	1	2	3	3	1	1	1	2	10	0	1	3	3	2	2	3	3																		1	1, 5, 6	1	1	2	1	NA	1	NA	NA	NA	16.1	130	80	2			1	
593	19	1	2	4	2	1	1	1	1	6	0	2	3	3	2	2	3	3																		1	1	1	1	3	1	NA	1	NA	NA	NA	18.7	130	70	2			1	
594	58	1	2	2	3	2	1	1	2	12	0	25	1	1	1	1			16	16	1	10 / D	1	1 P / D	3	4	1	1	7	4	2	2	2	1	1	1	1	3	3	1	1, 2, 5	1	1	2	1	1	1	2	1, 2, 3	3, 4	23	135	87	2			1	
595	26	1	2	1	3	2	1	1	2	8	0	9	2	3		2		3	25		1	2 / M			4		2	2	7	1		2		1		1		1		2	1	1, 6	1	1	1	1	1	2		3, 5	3, 4	19.6	115	82	2			1	
596	43	1	2	3	4	2	1	1	1	8	0	18	3	3	2	2	3	3																		1	1, 5	1	1	2	1	NA	2	NA	NA	NA	28.6	157	98	2			2	1
597	42	1	2	3	4	2	1	2	1	10	0	20	3	3	2	2	3	3																		1	1	1	1	1	1	NA	1	NA	NA	NA	23.9	160	108	2			1	
598	49	1	1	5	3	1	1	2	2	8	0	20	3	1	2		3			44			1	2 P / W		2		2	7		1		2		1		2		1	1	1	1	1	1	1	2	1, 3	5	30.4	140	90	2			1	
599	48	1	2	3	3	2	1	2	1	12	0	7	3	3	2	2	3	3																		1	1	1	1	1	1	NA	1	NA	NA	NA	27.5	125	76	2			1	
600	46	1	2	3	4	2	1	2	2	8	0	30	3	1	2		3			26			3	3 P / D		1		2	8		1		2		2		NA		5	1	1	1	1	1	1	2	1	5	19.5	160	110	2			1	

Socio Demographic Details			Pt. Code
			Age
			Address
			Religion
			Education
			SE status
			Marital status
			Living with family
			Type of family
			Type of house
			Working hours length
			Night shifts / week
			Years in occupation
Details of Tobacco Consumption		S	Current use of tobacco
		SL	
		S	Use in past
		SL	
		S	Frequency of use in past
		SL	
		S	Age of inititation
		SL	
		S	Current frequency of use
		SL	
		S	First tobacco use of day
		SL	
		S	Advised to quit in last 1 year
		SL	
			Methods to quit
		S	Expenditure / month
		SL	
		S	Use in front of children
		SL	
Cessation		S	Attempts to quit tobacco
		SL	
		S	How long did you stop using
		SL	
		S	Plans of quitting tobacco
		SL	
Knowledge and Attitude			1
			2
			3
			4
			5
			6
			7
			8
			9
			10
			11
			BMI
			SBP
			DBP
			K/C/O HTN
			Since
			On Rx
Oral			Lesion
			Site