Study ID	Instrument	Participants	Development	Validation	Additional information
Chaaya 2004 [9]	<ul> <li>Questionnaire on practices of waterpipe and cigarette use among pregnant women (also measures knowledge and attitudes)</li> <li>Language: Arabic</li> <li>Availability: not published</li> </ul>	Not reported	<ul> <li>Item generation:         <ul> <li>literature review</li> <li>discussions with field workers for relevance to the population surveyed</li> <li>revised by the Ministry of Public Health</li> </ul> </li> <li>Pilot tested on 30 women</li> <li>120 questions including questions on actual cigarette and arguileh practices: current and previous use, smoking patterns (regular, occasional), age at initiation, place of smoking, smoking frequency, quitting attempts, and smoking status of husband and other household members.</li> </ul>	<ul> <li>Internal consistency:         Cronbach's alpha:         <ul> <li>knowledge scale</li> <li>(α=0.91)</li> <li>attitude scale (α=0.85)</li> </ul> </li> <li>Content validity:         <ul> <li>inspection of previous</li> <li>similar questionnaires</li> </ul> </li> </ul>	Smokers are subdivided into:  • persistent smokers (women who continued smoking all through their pregnancy)  • spontaneous quitters (women who successfully quit smoking due to their pregnancy)  • failed quitters (women who stopped smoking for a while, but then relapsed)
Maziak 2005 [4]	<ul> <li>Questionnaire for the assessment of waterpipe use.</li> <li>Language: English.</li> </ul>	• N/A	<ul> <li>Item generation:         <ul> <li>literature review</li> <li>discussions among teams working in tobacco research in East</li> </ul> </li> </ul>	Face validity	No pilot study done

	Availability:     Appendix A of the paper [4]		Mediterranean region  10 items: ever smoking (1), current smoking (1), former smoking (1), pattern of use (5), quitting (2)		
Hanna 2006 [10]	<ul> <li>Questionnaires on use of different forms of tobacco</li> <li>Languages:         <ul> <li>Punjabi, Urdu,</li> <li>Sylheti Cantonese</li> </ul> </li> <li>Availability:         <ul> <li>http://www.ashscotland.org.uk/ash/as</li> <li>h display.jsp?pContentID=4385&amp;papplic=CCC&amp;pservice=Content.show&amp;</li> </ul> </li> </ul>	<ul> <li>Four bilingual coworkers: a Pakistani, a Bangladeshi, a Chinese and an Indian Sikh.</li> <li>Panel of 10 lay people, preferably monolingual for each of the languages of interest</li> </ul>	<ul> <li>Item generation:         <ul> <li>Questions derived from 6 UK questionnaires, mainly the Health Survey for England 1999</li> <li>Questions from selected questionnaires already translated to the languages of interest.</li> <li>Translation of remaining questions by bilingual coworkers</li> </ul> </li> <li>Refinement for linguistic, content, and social acceptability with monolingual lay people:         <ul> <li>One to one consultation</li> <li>Panel discussions</li> </ul> </li> </ul>	<ul> <li>Face validity: field testing for acceptability and understanding with 20 subjects per language recruited by coworker (except Sylheti)</li> <li>Cross-cultural comparability: literal back translation into English by coworkers; each question checked for equivalence and comparability to every other language and to English; where necessary, changes were made for comparability</li> </ul>	<ul> <li>Key areas covered         (vary by culture):         cigarette, cigar, bidi,         pipe, waterpipe,         smokeless tobacco</li> <li>Extremely difficult to         recruit a Sylheti –         English speaking         coworker. Thus some         phases of the research         had to be omitted</li> </ul>
Global adult tobacco survey (GATS)	<ul> <li>Questionnaire for the assessment of waterpipe use.</li> <li>Language: English, Arabic,</li> </ul>	Samples from     Egypt,     Turkey, Ukraine,     and Vietnam	6 core questions:     frequency of use, age at     first use, number of years     of use, duration of     smoking session, sharing	<ul> <li>Consultation with 3         experts</li> <li>Each country-specific         questionnaire was         translated into the local</li> </ul>	Detailed instructions on conducting the survey are available [11].

[11]	Turkish, Ukrainian, and Vietnamese  Availability: <a href="http://www.cdc.go">http://www.cdc.go</a> <a href="http://www.cdc.go">v/tobacco/global/g</a> <a href="http://www.cdc.go">ats/</a> [11]		of waterpipe device  4 optional questions: number of "rocks" smoked, location of use, use of flavored tobacco, use of other substances	language(s), back translated into English, and then reviewed for appropriateness.  • Pretested an fielded in the 4 aforementioned countries; reliability and validity data pending	
Salameh 2008 [12]	<ul> <li>Lebanon         Waterpipe         Dependence Scale         (LWDS-11)</li> <li>Concept measured:         waterpipe         dependence</li> <li>Language: Arabic</li> <li>Availability: Table         2 of the paper [12]</li> </ul>	<ul> <li>Sample 1</li> <li>convenience sample of 103 regular waterpipe smokers</li> <li>Face to face interview</li> <li>Semiquantitative measurement of nicotine metabolites</li> <li>Sample 2:</li> <li>convenience sample of 15 regular waterpipe smokers</li> <li>Face to face interview</li> <li>Semiquantitative measurement of nicotine metabolites</li> </ul>	<ul> <li>Item generation: 21 items; 15 adapted from FTND &amp; DSM-IV; 6 added by authors</li> <li>Pretesting of preliminary version in 8 waterpipe smokers</li> <li>Item reduction:         <ul> <li>face to face interview (sample 1)</li> <li>principal component analysis leading to 11 items questionnaire (sample 1)</li> </ul> </li> <li>Final version: 11 items in 4 subscales:         <ul> <li>Nicotine dependence (4)</li> <li>Negative reinforcement (2)</li> <li>Psychological craving (3)</li> <li>Positive reinforcement</li> </ul> </li> </ul>	<ul> <li>Reproducibility: test retest 2 weeks apart (sample 1) (r=0.92)</li> <li>Internal consistency: Cronbach's alpha (α=0.83)</li> <li>Construct validity: cross validation by principal components analysis (sample 3)</li> <li>Discriminant validity: intersubscale correlation and component correlation matrix (sample 1,2 and 3) ((r&lt;0.38)</li> <li>Convergent construct validity: correlation between LWDS-11 scale and subscales with salivary cotinine, exhaled-air CO and the</li> </ul>	<ul> <li>Scale: 4-point (0-3)         Likert-type</li> <li>Scoring: sum of         subscales scores</li> <li>Threshold for         dependence: 10</li> <li>Semiquantitative         measurement of         nicotine metabolites:         <ul> <li>Exhaled CO</li> <li>measurement prior to                 the beginning of the                 smoking (samples 1,</li></ul></li></ul>

• Sample 3:	(2)	number of waterpipes	
o random sample of		per week (samples 1 and	
188 regular		2) ((0.71 <r<0.90)< th=""><th></th></r<0.90)<>	
waterpipe		• Group differentiation:	
smokers		between heavy,	
<ul> <li>Telephone</li> </ul>		moderate, and mild	
interview using		smoker by LWDS-11	
random digital		scoring, (samples 1 and	
dialing		3) (p<0.0001)	

FTND = Fagerstrom Test for Nicotine Dependence

DSM-IV = Diagnostic and Statistical Manual of Mental Disorders of dependence

CO = Carbon monoxide

HPLC = high performance liquid chromatography