

SECONDHAND TOBACCO SMOKE EXPOSURE (SHS) AND USE ITEMS

These survey measures are presented here to assist tobacco control researchers in identifying standard questions to utilize in their research. This information is available for any researcher to use, and the original source is listed as a footnote, where applicable. When source is not listed, the item was created by the AAP Richmond Center Measurement Core team.

Note: Items highlighted in grey are optional.

1. Does anyone who lives in your home or who cares for your child smoke tobacco?

- Yes
- No
- Don't know
- Prefer not to answer

2. Has your child been exposed to secondhand tobacco smoke within the past 24 hours?^c

- Yes
- No
- Don't know
- Prefer not to answer

a. If yes, estimated total # of cigarettes: _____

3. In thinking about locations away from your child's home, do you and your child ever smell tobacco smoke in any of the following locations?

Do you smell smoke...	Please check:				If yes...	
	N/A	Yes	No	Not Sure	Frequency (Daily, Weekly, Monthly, Less than Monthly)	In the last 24 hours? (Yes/No)
In a car or other vehicle						
Inside a friend's house						
Inside other parent's house (e.g., shared custody)						
Inside a relative's house						
In an outdoor public place						
Some other location (please specify):						

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4. During the last 7 days, in which of the following places has your child been exposed to secondhand smoke?^e

- At home
- At another parent's house (e.g., shared custody)
- In my car
- In someone else's car or another vehicle
- In an outdoor public place
- At a relative's house
- At a friend's house
- At daycare
- Other (please specify): _____
- My child has not been exposed to secondhand smoke in the last 7 days

5. How many people living in this child's home smoke cigarettes, cigars, cigarillo, pipes?^d

- _____
- Don't know
- Prefer not to answer

6. NOT including yourself, which of the following people living in your household currently smoke cigarettes?^e

- Your spouse or significant other
- Your child under age 18
- Your adult child living in house
- Other adults in the home
- Don't know
- Prefer not to answer

7. How many of your close friends smoke? Would you say:^e

- None
- Some
- Most
- All
- Don't know
- Prefer not to answer

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8. Over the past 3 months, has anyone smoked anywhere inside your home?^e
- Yes
 - No
 - Don't know
 - Prefer not to answer
9. How often does anyone smoke inside your home? Would you say:^h
- Daily
 - Weekly
 - Monthly
 - Less than monthly
 - Never
 - Don't know
 - Prefer not to answer
10. Please tell me which best describes how cigarette smoking is handled at your home (home includes porches and balconies).^e
- No one is allowed to smoke anywhere
 - Smoking is permitted in some places or at some times
 - Smoking is permitted anywhere
 - Don't know
 - Prefer not to answer
11. If smoking is allowed INSIDE your home, where does smoking most often occur? (check all that apply)
- Kitchen/Dining Area
 - Bedroom/Bathroom
 - Basement
 - Living/Family Area
 - I move around inside the house while smoking in order to complete tasks such as cooking, cleaning, etc.
 - Depends on the season; sometimes I smoke inside, sometimes I smoke outside
 - Prefer not to answer

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12. If smoking is allowed OUTSIDE your home on a porch, balcony, or inside a garage where does smoking most often occur? (check all that apply)

- On a porch or balcony attached to the home
- In a garage attached to the home
- In a garage detached from the home
- Sidewalk or alley within 10ft of an open door or window
- No smoking is allowed closer to my home than the street sidewalk
- Prefer not to answer

13. In general, what usually happens when you, friends, or other family want to smoke when children are at home?

- I/we never smoke when the children are home
- I/we smoke in another room or floor of my home away from the children
- I/we step outside when the children are home
- I/we smoke anywhere that it is convenient inside my home
- I/we smoke in a location where I/we can keep an eye on the children
- Prefer not to answer

14. Please tell me which best describes how cigarette smoking is handled in your car.^e

- No one is allowed to smoke in my car
- Special guests are allowed to smoke in my car
- People are allowed to smoke in my car only if the windows are open
- People are allowed to smoke in my car at any time
- I have no car
- Don't know
- Prefer not to answer

15. Have you ever tried smoking a little cigar, even one time (a little cigar has a filter and looks just like a cigarette, but the paper is brown instead of white)?

- Yes
- No
- Don't know
- Prefer not to answer

a. If yes, have you ever tried smoking a flavored little cigar?

- Yes
- No
- Don't know
- Prefer not to answer

16. Have you ever tried smoking a cigarillo or cigar, even one time?

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- Yes
- No
- Don't know
- Prefer not to answer

a. If yes, have you ever tried smoking a flavored cigarillo or cigar, even one time?

- Yes
- No
- Don't know
- Prefer not to answer

17. Have you smoked at least 100 cigarettes or the equivalent in your lifetime?ⁱ

- Yes
- No → skip items 18-27
- Don't know
- Prefer not to answer

18. Do you currently smoke cigarettes?

- Yes → skip item 18a – 18d
- No → ask item 18a – 18d and skip items 19-27
- Don't know
- Prefer not to answer

If no,

a. How long has it been since you quit?

- _____
- Don't know
- Prefer not to answer

b. How many times did you attempt to quit before you quit?

- _____
- Don't know
- Prefer not to answer

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- c. How often did you smoke before you quit, did you smoke every day, some days or not at all?
- Every day
 - Some days
 - Not at all
 - Prefer not to answer
- d. On an average day, about how many cigarettes a day did you smoke? (by cigarette, we would like you to include cigarettes, cigars, or cigarillos like black and tans)?
- _____
 - Don't know
 - Prefer not to answer
19. Where do you smoke when you are at home?
- Inside only
 - Inside and outside
 - Outside only
 - Prefer not to answer
 - I do not smoke
20. Do you currently smoke cigarettes every day, some days or not at all? (by cigarette, we would like you to include cigarettes, cigars, or cigarillos like black and tans)^f
- Every day
 - Some days
 - Not at all
 - Prefer not to answer
21. In the last 30 days, did you smoke every day, some days or not at all?ⁱ
- Every day
 - Some days
 - Not at all
 - Prefer not to answer
22. On an average day, about how many cigarettes a day do you currently smoke? (by cigarette, we would like you include cigarettes, cigars, or cigarillos like black and tans)^f
- _____
 - Don't know
 - Prefer not to answer

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23. Do you currently use:^h

a. Smokeless tobacco products?

- Yes → How many times per day or week, on average? _____ day/week
 No

b. Snus, such as Camel or Marlboro Snus?

- Yes → How many times per day or week, on average? _____ day/week
 No

c. Roll-your-own cigarettes?

- Yes → How many times per day or week, on average? _____ day/week
 No

d. Flavored cigarettes, such as Camel Crush Clove cigars?

- Yes → How many times per day or week, on average? _____ day/week
 No

e. Flavored little cigars?

- Yes → How many times per day or week, on average? _____ day/week
 No

f. A hookah or a waterpipe to smoke tobacco?

- Yes → How many times per day or week, on average? _____ day/week
 No

g. Dissolvable tobacco products, such as Ariva, Stonewall, Camel orbs, Camel sticks, or Camel strips?

- Yes → How many times per day or week, on average? _____ day/week
 No

h. Electronic cigarettes or E-cigarettes, such as Ruyan or NJOY?

- Yes → How many times per day or week, on average? _____ day/week
 No

i. Some other tobacco products not listed here?

- Yes → How many times per day or week, on average? _____ day/week
 No

24. The last time you bought cigarettes for yourself, how many cigarettes did you buy?^h

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a. Number: _____

b. Unit:

- Cigarettes
- Packs
- Carton
- Other: _____
- Never bought cigarettes
- Don't know
- Prefer not to answer

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

25. Where do you buy cigarettes? _____

26. During the past 12 months, have you tried to stop smoking?^h

- Yes
- No

27. Have you visited a doctor or other health care provider in the past 12 months?^h

- Yes
- No

a. If yes, during any visit to a doctor or health care provider in the past 12 months, were you advised to quit smoking tobacco?

- Yes
- No
- Don't know/Don't remember
- Prefer not to answer

Sources

- a) 2005-2006 National Health and Nutrition Examination Survey. Centers for Disease Control and Prevent Web site. http://www.cdc.gov/nchs/nhanes/nhanes2005-2006/nhanes05_06.htm. Accessed June 2013.
- b) 2010 National Health Interview Survey. Centers for Disease Control and Prevention Web site. http://www.cdc.gov/nchs/nhis/quest_data_related_1997_forward.htm. Accessed June 2013.
- c) Groner JA, Huang H, Nicholson L, Kuck J, Boettner B, Bauer JA. Secondhand smoke exposure and hair nicotine in children: age dependent differences, *Nicotine & Tobacco Research* (2011); doi: 10.1093/ntr/ntr269
- d) Halterman JS, Borrelli B, Tremblay P, et al. Screening for environmental tobacco smoke exposure among inner-city children with asthma. *Pediatrics*. 2008;122(6):1277-1283.
- e) National Social Climate Survey of Tobacco Control. The Social Climate of Tobacco Control Web site. <http://www.socialclimate.org/>. Accessed June 2013.
- f) Tanski, S. "Kick Butts Kit" Enrollment Questionnaire.
- g) Tanski, S. Messages Study.
- h) Tobacco Questions for Surveys: A Subset of Key Questions from the Global Adult Tobacco Survey (GATS). World Health Organization Web site. <http://www.who.int/tobacco/surveillance/tqs/en/index.html>. Accessed June 2013.
- i) Wipfli H, Avila-Tang E, Navas-Acien A, et al. Secondhand Smoke Exposure Among Women and Children: Evidence From 31 Countries. *American Journal of Public Health*. 2008/04/01 2008;98(4):672-679.