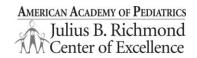
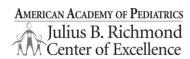
Note: Items highlighted in grey are optional.



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.

1.	Today's Date (mm/dd/yyyy):						
2.	What is your/your child's birthdate? (mm/dd/yyyy)						
	a.	Age:	years/months				
3.	What i	s your/y	our child's gender?				
		Male					
		Female					
1.	Are yo	u/Is your	child Hispanic or Latino?d				
		Yes					
		No					
		Don't k	now				
		Prefer	not to answer				
	a.	If yes, o	of what origin? ^b				
			Puerto Rican				
			Cuban/Cuban American				
			Dominican (Republic)				
			Mexican				
			Mexican American				
			Central or South American				
			Other Latin American (specify):				
			Other Hispanic/Latino/Spanish (specify):				
			Don't know				
			Prefer not to answer				



5.	s your/your child's race? Would you say: ^d							
		White						
		Black or African-American						
		Asian or Pacific Islander						
		American Indian or Alaska Native						
		Multiracial (specify):						
		Other (specify):						
		Don't know						
		Prefer not to answer						
6.	Are you	ı: ^d						
		Married						
		A member of an unmarried couple						
		Single						
		Divorced						
		Widowed						
		Separated						
		Prefer not to answer						
7.	Do you	own or rent your home?						
		Own home						
		Rent home						
		Don't know						
		Prefer not to answer						
8.	Which	of the following best describes where you live?a						
		A mobile home, trailer, or manufactured home						
		A house detached from any other house (a standalone home)						
		A house attached to one or more houses (duplex, triplex, townhouse, or rowhouse)						
		An apartment building						
		A dormitory or similar boarding house						
		Don't know						
		Prefer not to answer						

	a.	Which	of the following best describes your apartment or attached housing policies?d				
Smoking is allowed on the property, in shared areas, and inside the apartmen units							
			Smoking is only allowed inside apartments or units				
			Smoking is not allowed at all - not even inside individual apartments or units				
			There is no policy - smoking is permitted anywhere				
			Don't know				
			Prefer not to answer				
	b.	Do you	ever smell smoke in your apartment, dormitory or similar boarding house, or				
		attach	ed home?				
			Yes				
			No				
			Don't know				
			Prefer not to answer				
_							
9.	Includ	ing yours	self, how many people live in your household?d				
10	Who I	ives in th	e same home as your child?				
10.	VV110 1	ives iii tii	e same nome as your child:				

10.	Who	lives ir	ı the	same	home	as	your	child?
-----	-----	----------	-------	------	------	----	------	--------

Check Respondent	Person's first name	Relationship to Child	Age (years)	Gender (male/female)	Smokes (Yes/No)	Smokes inside? (Yes/No)
		Child				

11. How many adults live in the home?_____

12.	How m	any children live in the home? ^d			
13.	What a	re the ages of the children?d			
14.	What is	the highest grade or year of school you have completed?			
		Never attended high school			
		Grades 9 through 11 (Some high school)			
		Grade 12 or GED (High school graduate)			
		College 1 year to 3 years (Some college or technical school)			
		College 4 years or more (College graduate)			
		Don't know			
		Prefer not to answer			
15.	What is	s your zip code?			
		Don't know			
		Prefer not to answer			
16.	Do you	receive any government assistance to pay for your rent or housing?d			
		Yes			
	_	No			
		Don't know			
		Prefer not to answer			
17.	Do you	qualify for any of the following types of financial support?			
	a. WIC				
		□ Yes			
		□ No			
		□ Don't know			
		☐ Prefer not to answer			
	b.	Food stamps			
		□ Yes			
		□ No			
		☐ Don't know			
		☐ Prefer not to answer			

	C.	Но	using
			Yes
			No
			Don't know
			Prefer not to answer
	٦	Day	4.5379
	u.		y care Yes
			No Don't know
			Prefer not to answer
	e.	Me	dicaid
			Yes
			No
			Don't know
			Prefer not to answer
10	14d : 1	C . I	
18.			e following categories best describe your household income from all sources BEFORE
	taxes la		
			s than \$10,000
			0,000 to \$15,000
			5,000 to \$20,000
			0,000 to \$25,000
			5,000 to \$35,000
			5,000 to \$50,000
			0,000 to \$75,000
			5,000 or more
			n't know
		Pre	fer 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) National Social Climate Survey of Tobacco Control. The Social Climate of Tobacco Control Web site. http://www.socialclimate.org/. Accessed June 2013.

Page: 6 of 6 Updated: 06-11-2013