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. Today's Date (mm/dd/yyyy): __________________________________________

2. What is your/your child’s birthdate? (mm/dd/yyyy) ______________________
   a. Age: ____________________ years/months

3. What is your/your child’s gender?
   - Male
   - Female

4. Are you/Is your child Hispanic or Latino? 
   - Yes
   - No
   - Don't know
   - Prefer not to answer
   a. If yes, of what origin?
      - 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. What is your/your child’s race? Would you say:

- 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:

- 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 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
demographic items

a. Which of the following best describes your apartment or attached housing policies?
   - Smoking is allowed on the property, in shared areas, and inside the apartments or 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 attached home?
   - Yes
   - No
   - Don’t know
   - Prefer not to answer

9. Including yourself, how many people live in your household? ______________

10. Who lives in the same home as your child?

<table>
<thead>
<tr>
<th>Check Respondent</th>
<th>Person’s first name</th>
<th>Relationship to Child</th>
<th>Age (years)</th>
<th>Gender (male/female)</th>
<th>Smokes (Yes/No)</th>
<th>Smokes inside? (Yes/No)</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

11. How many adults live in the home? ______________
12. How many children live in the home? 

13. What are the ages of the children? 

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 your zip code?
   - ________________
   - Don’t know
   - Prefer not to answer

16. Do you receive any government assistance to pay for your rent or housing?
   - 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
Demographic Items

c. Housing
   - Yes
   - No
   - Don’t know
   - Prefer not to answer

d. Day care
   - Yes
   - No
   - Don’t know
   - Prefer not to answer

e. Medicaid
   - Yes
   - No
   - Don’t know
   - Prefer not to answer

18. Which of the following categories best describe your household income from all sources BEFORE taxes last year?*
   - Less than $10,000
   - $10,000 to $15,000
   - $15,000 to $20,000
   - $20,000 to $25,000
   - $25,000 to $35,000
   - $35,000 to $50,000
   - $50,000 to $75,000
   - $75,000 or more
   - Don’t know
   - Prefer not to answer
Sources


