Version Date: 12/02/15

Baseline Survey
Smoke-Free Homes Intervention
California Grants Program

The following questions will ask about you, your household, and cigarette smoking. All the information you provide will be kept strictly confidential. This interview will take 10-15 minutes.

Do you have any questions before we start?

I am going to write down your responses as we are talking.

Relatives who Smoke

The first part of this interview is about your friends and relatives and their smoking history.

1. Think about your friends and relatives, not just those you might live with. How many of your friends and relatives are smokers? Would you say… **[Read Responses]**

All 5
Most..... 4
About half 3
Less than half 2
A few 1
None..... 0
[Don't know……888]
[Refused ..... 999]

Secondhand Smoke Exposure

2. During the past 7 days, on how many days have people smoked in your home in your presence? |__|__| Number of days (0–7)
[refused to answer enter 999]

Household Composition and Smoking Status

Now I have some basic questions about people in your home and whether they smoke or not.

3. Including yourself, how many of your household members are **non-smoking adults** 18 years of age or older? |__|__| persons *[refused to answer enter 999]*

4. How many of your household members are children under the age of 18? |__|__| persons *[refused to answer enter 999]*

5. How many of your household members are children aged 5 and under? |__|__| persons *[refused to answer enter 999]*

6. Including yourself, how many smokers live in your home? |__|__| persons *[refused to answer enter 999]*

Household Smoking Rules for Renters

Next I have a few questions about your current housing and household smoking rules.

7. Which best describes the home you live in?
   A mobile home …… 1
   A house that is not attached to any other house …… 2
   A house that is attached to one or more houses …… 3
   An apartment or condominium …….. 4
   An RV, Boat, or other ……. 5
   [Don't Know …… 888]
   [Refused …….. 999]

8. Do you own or rent your home? Would you say you… **[Read Responses]**

   Own……... 1
   Rent…….. 2 **[If renting, ask Q9]**
   *Other (specify)…… 3
   [Don't know……888]
   [Refused……999]

   ***Other arrangement" may include group home or staying with friends or family without paying rent.
   [If "renting" ask question 9, otherwise skip to 10]

9. Which statement best describes the landlord's or property manager's rules about smoking. Would you say the landlord or property manager…
[Read Responses]

Has no rules about smoking……. ……... 1
Allows smoking only in designated areas…….. 2
Doesn't allow smoking anywhere……..... 3
[Don't know……888]
[Refused ..... 999]

Car Smoking Restrictions

10. Now, what about smoking in your household vehicles (cars or trucks), would you say…
[Read responses]

There are no rules about smoking in the vehicles…… 0
Smoking is sometimes allowed in some vehicles 1
Smoking is never allowed in any vehicle 2
You don't have a vehicle 7
[Don't know……888]
[Refused ..... 999]

Beliefs Regarding Secondhand Smoke and Thirdhand Smoke Harm

Please tell me how much you agree or disagree with the following statements.

[Read Responses]	Strongly disagree	Disagree	Agree	Strongly agree	[Don't Know]	[Refused]
11. Breathing smoke from other people's cigarettes causes heart disease in adults. Would you say you…	1	2	3	4	888	999
12. Inhaling smoke from someone else's cigarettes can cause lung cancer in non-smokers. Would you say you…	1	2	3	4	888	999
13. Breathing smoke from other people's cigarettes can cause asthma or ear infections in children. Would you say you…	1	2	3	4	888	999
14. There are health risks associated with being in a room where someone previously smoked. Would you say you…	1	2	3	4	888	999

Smoking Behavior and Cessation

15. **Now I will ask about your tobacco use history.**

In the last 30 days, how many days did you use the following products?

	Tobacco Product	None	Some Days	Most Days	Every Day	[Don't Know]	[Refused]
15.1	Cigarettes	0	1	2	3	888	999
15.2	Little cigars or cigarillos	0	1	2	3	888	999
15.3	Electronic cigarettes or vaping devices	0	1	2	3	888	999
15.4	Smokeless tobacco (e.g., chew, dip, snuff or snus)	0	1	2	3	888	999
15.5	Hookah tobacco	0	1	2	3	888	999
15.6	Marijuana or blunts	0	1	2	3	888	999

16. Have you smoked at least 100 cigarettes in your entire life?

No 0
Yes 1
[Don't know ..... 888]

Note to Interviewer: Only ask questions #17, #18 and #19 if the response to 15.1 was something other than "None."

17. On average, on the days you smoke cigarettes, how many cigarettes do you smoke in a day?

I___I___I___I cigarettes per day
[refused to answer enter 999]

18. How many times during the past 3 months have you stopped smoking cigarettes for one day or longer because you were trying to quit smoking?

I___I___I___I times
[refused to answer enter 999]

☐ Not a regular smoker
(skip question if smokes not at all)

19. What best describes your intentions regarding quitting. Would you say you are thinking about quitting smoking cigarettes in:

	No	Yes/Correct	[Don't Know]	[Refused]
The next 30-days	0 = if no, ask the next 3 months	1 = if yes, skip remaining questions	888	999
The next 3 months	0 = if no, ask the next 6 months	1 = if yes, skip remaining questions	888	999
The next 6 months	0 = if no, ask if there are No plans to quit in the near future	1 = if yes, skip remaining question	888	999
No plans to quit in near future	0	1	888	999

Demographics

Finally, I would like to ask you some general questions about yourself before we conclude the interview.

20. Which of the following best describes your **relationship** status? Would you say you are…
[Read Responses]

Not married, but living with a partner 1
Married 2
Single 3
[Refused ..... ……999]

(Note: record "divorced, separated or widowed" as "single".)

21. Are you of Hispanic or Latino origin?

No.....0
Yes 1
[Refused ..... ……999]

22. What race and/or ethnicity do you consider yourself to be?

White 1
African American or Black 2
Asian/Pacific Islander…… 3
American Indian/Alaska Native…… 4

Multi-racial/Mixed.....5
Other 6
[Refused…….. 999]

23. What is your gender?

Male.....0
Female 1
Other: _____.....2
[Refused ..... …….999]

24. What is the highest grade in school that you've completed?

Some high school or less 1
High school graduate or GED..... 2
Vocational or technical school 3
Some college..... 4
College graduate or higher 5
[Refused ..... ……999]

25. Which of the following best describes your work situation? Would you say you are…

Employed full-time 1
Employed part-time 2
Out of work 3
Homemaker 4
Retired 5
Unable to work or disabled 6
Other, Specify: _____..... 7
[Refused ..... ……..999]

26. What is your annual household income from all sources? **[Read Responses]**

$10,000 or less	1
$10,001 to $15,000	2
$15,001 to $20,000	3
$20,001 to $25,000	4
$25,001 to $35,000	5
$35,001 to $50,000	6
$50,001 to $75,000	7
More than $75,000	8
[Don't know/refused]	777

27. How many people, including yourself and your children, live on this amount of money? |__|__| Number of people

[refused to answer enter 999]

The next question is about sexual orientation and gender identity. We ask this question in order to better understand how well this educational program works with people with different sexual orientations.

28. Do you consider yourself to be: (Please read and check all that apply)

Straight	1	☐
Lesbian or gay	2	☐
Bisexual	3	☐
Transgender	4	☐
[Other]	5	☐
[Don't know/Not sure]	7	☐
[Refused]	999	☐

This concludes our interview. Thank you very much for your time and the information you provided.

In the next few days, you will receive information in the mail about making your home smoke-free. Then, in about 2 weeks, we will follow-up with a telephone call to discuss the steps to making your home smoke-free.

Feel free to contact us at XXX-XXX-XXXX with any questions or concerns you may have or to update your contact information at any time. Would you like me to repeat that number so that you can write it down? Thank you and have a great day.

INTERVIEWER NOTES: _____

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