Tobacco Use Survey

Date of Activity: Visit for Caregiver/Adult or Child? (select one) Caregiver/Adult Child	
Which Caregiver/Adult or Child was involved: ID#:	
Program? (select one): Becoming a Mom Family Planning Maternal Child Health PMI TPTCM	
Are you Pregnant? Yes No	
Please look at all three sections and answer all that apply.	
Section A Please check the answer that best describes you:	
PREGNANT	NOT PREGNANT
I have NEVER smoked or have smoked less than 100 cigarettes in my lifetime.	I have NEVER smoked or have smoked less than 100 cigarettes in my lifetime.
I STOPPED smoking BEFORE I found out I was pregnant.	☐ I STOPPED smoking in the past ONE YEAR.
I STOPPED smoking AFTER I found out I was pregnant, and I am not smoking now.	☐ I STOPPED smoking OVER ONE YEAR AGO.
I smoke SOME NOW , but I CUT DOWN, SINCE I found out I was pregnant.	I CURRENTLY smoke on a LESS THAN DAILY basis.
I smoke REGULARLY NOW , and have NOT CUT DOWN since I found out I was pregnant.	☐ I CURRENTLY smoke on a DAILY basis.
Do you use electronic cigarettes or E-cigarettes?	
Do you use smokeless tobacco products? yes no If yes, what kind of smokeless tobacco product do you use?	
Section B	
Second Hand Smoke Exposure: 1. How many smokers do you live with?	
2. What is your relationship to the above smoker(s)? (check all that apply) partner parent other other	
3. How often does anyone smoke inside your home or car? Would you say: ☐ daily ☐ weekly ☐ monthly ☐ less than monthly ☐ never	
Section C If you smoke:	
1. If you smoke, in the last 30 days, how often did you smoke? every day some days	
2. On an average day that you smoke, about how many cigarettes do you currently smoke? (by cigarette, we would like you to include cigarettes, e-cigarettes, cigars, or cigarillos like black and tans) #	
3. Are you interested in quitting smoking? ☐ yes, in the next 30 days ☐ yes, but not now ☐ I'm not interested in quitting	

This survey was adapted, with permission, from the Clean Air for Healthy Children and Families www.cleanairforhealthychildren.org, cafe@paaap.org. Adaptations include questions from the American Academy of Pediatrics (AAP) http://www.adap.orgrichmondcenter/SHSExposure.html and Centers for Disease Control http://www.who.int/tobacco/surveillance/en_tfi_tgs.pdf. Survey adaptations made by the Kansas Department of Health and Environment (KDHE) Bureau of Family Health, Smoking Cessation Workgroup, for the Collaborative Improvement & Innovation Network (CoIIN) to Reduce Infant Mortality, with consult by the Department of Preventive Medicine and Public Health at the Kansas University Medical Center.