

**Smoke-Free
Multi-Unit Housing Policy Study:
Resident Survey - Baseline**

Los Angeles County Department of Public Health

Tobacco Control & Prevention Program

Healthy Housing, Solutions, Inc.

Westat

CDC

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The Los Angeles County Department of Public Health, Healthy Housing Solutions, Inc., and Westat acknowledge that this survey adapts questions from many sources, most especially:

- Roswell Park Cancer Institute's surveys of Multi-Unit Housing Operators and Residents;
- Multi-unit Housing Owner/Manager Survey Questionnaire funded by the California Department of Public Health's Tobacco Control Program and conducted on behalf of the University of California, Los Angeles and the California Apartment Association;
- Behavioral Risk Factor Surveillance Survey 2011;
- Los Angeles County Health Survey 2011;
- Massachusetts Tobacco Survey – Adults;
- California Tobaccos Survey – Adults;
- Strata Corporation and Context Research, Ltd. Residents in MultiUnit Dwellings, 2008. Conducted on behalf of the Heart and Stroke Foundation of B.C. and Yukon to support the British Columbia Smoke-Free Housing in Multi-Unit Dwelling (MUDs) Initiative; and
- National Survey of Lead and Allergens in Housing: Resident Questionnaire sponsored by the U.S. Department of Housing and Urban Development and the National Institute of Environmental Health and Sciences.

SCREENING ELIGIBILITY

Hello, My name is XXXXXXXX and I work for Healthy Housing Solutions in Columbia, MD. This is not a sales call. We have been asked by the U.S. Centers for Disease Control and Prevention, or CDC, to study smoke-free policies in apartment complexes. I am here today because your apartment unit has been selected to participate in our research study. I'm going to ask you a few questions to see if your household is eligible to participate)

Public reporting burden of this collection of information is estimated to average 45-60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxx)

S0. May I have your name?

NAME 1 (Last, First): _____

For this study, I just need to ask you a few questions to see if your household is eligible. You may stop this interview at any time. If you do not qualify for the study, the information you give me will be destroyed.
Do I have your permission to proceed?]

S1. Are you a resident of this apartment complex: *street number*: _____, *street name*: _____, *apartment unit number*: _____, *city*: _____, *zip*: _____?

- Yes (If "Yes", go to Question S2)
- No (If "No", STOP interview)
- Don't know (If "Don't know", STOP interview)
- Refused (If "Refused", STOP interview)

S2. Do you currently rent or own this residence?

- Own (If "Own", STOP interview). Thank you for your time. We need to interview renters for the purposes of this study.
- Rent (If "Rent", go to Question S3)
- Don't know (If "Don't know", STOP interview)
- Refused (If "Refused", go to STOP interview)

S3. Is smoking completely prohibited in your apartment unit, including any attached balcony, patio and/or backyard?

- Yes (If "Yes", go to Question S4)
- No (If "No", STOP interview). Thank you for your time.
- Don't know (If "Don't know", STOP interview)
- Refused (If "Refused", STOP interview)

S4. Does the complete smoking prohibition extend to all visitors (e.g., relatives, friends, etc.)?

- Yes (If "Yes", go to Question S5)
- No (If "No", STOP interview)
- Don't know (If "Don't know", STOP interview)

- Refused (If "Refused", STOP interview)
- Yes

S5. Including yourself, how many adults of age 18 or older currently live in this household?

Specify number of adults: _____

- Don't know (If "Don't know", ask to speak to someone who would know)
- Refused (If "Refused", ask to speak to someone who would know)

S6. Among these adults, who had the most recent birthday?

Adult Name: (Last, First): _____

- Don't know (If "Don't know", ask to speak to someone who would know)
- Refused (If "Refused", ask to speak to someone who would know)

[If eligibility criteria are met and this is the adult with the most recent birthday, continue with screening questions or schedule a time to return. If the adult with the most recent birthday is not currently being interviewed, request to talk to that adult.]

S6a. If Adult NAME 2 is not currently available, when would be the best time to speak to him or her?

Specify day & time: _____

Obtain Phone Number _____

Provide recruitment flyer.

- Don't know (If "Don't know", give contact card so Adult Name 2 can contact interviewer)
- Refused (If "Refused", STOP interview)

S7. How many children under 18 years old currently live in this household?

Specify number of children: _____ (If no children, begin consent process or reschedule return visit).

- Don't know (If "Don't know", ask to speak to someone who would know)
- Refused (If "Refused", ask to speak to someone who would know)

S8. Are you the parent, guardian, foster parent, or primary caregiver of these children?

- Yes (If "Yes", go to Question S9)
- No (If "No", STOP and ask to speak to parent/caregiver)
- Don't know (If "Don't know", STOP interview)
- Refused (If "Refused", STOP interview)

[If the parent is not currently being interviewed, request to talk to the parent/caregiver. If not at home, ask to complete the interview with the adult with the most recent birthday and schedule a time for a call with the parent.]

S9. Among these children, who had the most recent birthday?

Child Name 3 (Last, First Name): _____

- Don't know (If "Don't know", ask to speak to someone who would know)
- Refused (If "Refused," ask to speak someone who would know)

S10. Can you give us your contact information for the follow-up interview?

Phone number: _____

E-mail: _____

- No
- Don't know
- Refused

RESIDENT SURVEY - BASELINE

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SECTION A: HOUSING CHARACTERISTICS & ENVIRONMENT

A1INTRO. I'd like to start with getting some background on your apartment and the neighborhood.

A1. How long have you lived in your current apartment unit?

- NUMBER OF YEARS.....|_|_| → **IF LESS THAN 1 YEAR, ENTER "0"**
- NUMBER OF MONTHS.....|_|_| → **IF LESS THAN 1 MONTH, ENTER "1"**
- REFUSED..... -7
- DON'T KNOW..... -8

A2. On a scale of 1 to 10, how would you rate this apartment complex as a place to live? 10 is best, 1 is worst.

- | | | | | | | | | | |
|-------------|---|---|---|---|---|---|---|---|--------------|
| 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| BEST | | | | | | | | | WORST |
- REFUSED..... -7
- DON'T KNOW..... -8

A3. Would you agree or disagree with the next two statements?

- | | <u>AGREE</u> | SOME DO/
<u>SOME</u>
<u>DON'T</u> | <u>DISAGREE</u> | <u>RE</u> | <u>DK</u> |
|--|--------------|---|-----------------|-----------|-----------|
| A3a. The people in this apartment complex know each other well.....1..... | 2 | | 3 | -7 | -8 |
| A3b. The people in this apartment complex care about each other.....1..... | 2 | | 3 | -7 | -8 |

A4. I am going to read you a list of different ways to heat or cool your apartment. In the past 6 months, how often have you used each of the following items to heat or cool your apartment?

		[In the past 6 months, would you say you used it . . .								
HEATING, AIR AND VENTILATION		Daily.	Weekly.	Monthly.	Never.	Don't have, or	Does not work?]	RE	DK	
a)	Central air and/or heating?.....	1	2	3	4	5	6	-7	-8	
b)	Space heaters and/or wall heaters?....	1	2	3	4	5	6	-7	-8	
c)	Stand alone fans and/or ceiling fans?.....	1	2	3	4	5	6	-7	-8	
d)	Window unit and/or stand alone air conditioners?.....	1	2	3	4	5	6	-7	-8	

A5INTRO. Now I am going to ask some questions about other conditions in your apartment in the past 6 months.

A5. In the past 6 months, has there been water or dampness in your home due to broken pipes, leaks, heavy rain or other reasons?

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

A6. In the past 6 months, have you had any problems with cockroaches?

- YES..... 1
 - NO..... 2
 - REFUSED..... -7
 - DON'T KNOW..... -8
- } **GO TO A8**

A7. When was the last time you saw cockroaches inside your home? Was it...

- Within the last week,..... 1
- Within the last month,..... 2
- 2-3 months ago, or..... 3
- 4-6 months ago?..... 4
- REFUSED..... -7
- DON'T KNOW..... -8

A8. In the past 6 months, have you had any problems with mice or rats?

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

A9. In the past 6 months, have you had any pet with fur living in your home?

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

A10INTRO. The next couple of questions ask about vacuuming and sweeping during the past 7 days.

A10. In the past 7 days, on how many days was the apartment vacuumed?

- NUMBER OF DAYS.....|_|_|
- NOT APPLICABLE (no vacuum)..... -1
- REFUSED..... -7
- DON'T KNOW..... -8

A11. In the past 7 days, on how many days were the floors swept?

- NUMBER OF DAYS.....|_|_|
- NOT APPLICABLE (no broom)..... -1
- REFUSED..... -7
- DON'T KNOW..... -8

A12INTRO. Now I am going to ask about sources of smoke that can be found in apartments.

A12. What kind of cooking stove do you have?

- GAS..... 1
- ELECTRIC..... 2
- NO STOVE..... 3
- OTHER..... 91
- (SPECIFY) _____
- REFUSED..... -7
- DON'T KNOW..... -8

A13. I am going to read you a list of different kinds of smoke, not including tobacco, that you could have in your apartment. In the past 6 months, please tell me whether or not you had this source of smoke in your apartment unit.

	<u>YES</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>
a) Propane/natural gas burning for example, stove, heater, dryer?.....	1	2	-7	-8
b) Smoke from cooking food?.....	1	2	-7	-8
c) Incense or candles?.....	1	2	-7	-8
d) Charcoal or wood burning?.....	1	2	-7	-8
e) Any other source?.....	1	2	-7	-8
(SPECIFY) _____				

A14. In the past 6 months, during a typical week, how often did anyone cook using a stove or oven in your apartment unit? Would you say...

Every day,.....	1
Several times a week,.....	2
Once a week, or.....	3
Less than once a week?.....	4
REFUSED.....	-7
DON'T KNOW.....	-8

A15INTRO. Now I am going to ask you a few questions about odors coming into your apartment from the outdoors in the past 6 months.

A15. In the past 6 months, how often have you smelled the odor from a car, bus, truck, motorcycle or RV with a smoky exhaust in your apartment unit? Would you say...

- Often,..... 1
- Sometimes,..... 2
- Rarely, or..... 3
- Never?..... 4
- REFUSED..... -7
- DON'T KNOW..... -8

A16. In the past 6 months, how often did you smell cooking smoke in your apartment coming from grills or other outside sources? Would you say...

- Often,..... 1
- Sometimes,..... 2
- Rarely, or..... 3
- Never?..... 4
- REFUSED..... -7
- DON'T KNOW..... -8

SECTION B: SECONDHAND SMOKE EXPOSURE

B1INTRO. Now I am going to ask you a few questions about your exposure to other people's tobacco smoke. This could be inside your apartment or elsewhere in the apartment complex.

B1. In the past 6 months, how often has tobacco smoke drifted into your apartment unit from other units or from outside? Would you say...

- | | | | |
|-----------------|----|---|-----------------------|
| Most days,..... | 1 | } | GO TO B10INTRO |
| Some days,..... | 2 | | |
| Rarely, or..... | 3 | | |
| Never?..... | 4 | | |
| REFUSED..... | -7 | | |
| DON'T KNOW..... | -8 | | |

B2. In the past 7 days, on how many days were you exposed to tobacco smoke drifting into your apartment unit?

- NUMBER OF DAYS.....|_|_| (Range = 0-7)
- REFUSED..... -7
- DON'T KNOW..... -8

INTERVIEWER NOTE:

IF B2 = 0, GO TO B12.

B3. In the past 7 days, on average each day, about how long were you exposed to tobacco smoke drifting into your apartment unit? Would you say ...

- | | |
|--|----|
| Less than 10 minutes,..... | 1 |
| At least 10 minutes but less than 30 minutes,..... | 2 |
| At least 30 minutes but less than 1 hour,..... | 3 |
| 1 to 3 hours, or..... | 4 |
| More than 3 hours?..... | 5 |
| REFUSED..... | -7 |
| DON'T KNOW..... | -8 |

B4. Please tell me how you think tobacco smoke entered your apartment unit in the past 7 days?
 PROVIDE SHOW CARD.

[Did it enter your unit ...]	<u>YES</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>
a) Through corridors/hallways?.....	1	2	-7	-8
b) Through cracks in the walls, floors, electric outlets, etc.?.....	1	2	-7	-8
c) Through an air heating or ventilation system?.....	1	2	-7	-8
d) Through unit patios, balconies and/or backyards?.....	1	2	-7	-8
e) Through open windows (other than those on patios, balconies or backyards) from outside common areas (for example, parking lot, pool area, shared patio area)?.....	1	2	-7	-8
f) Through other routes?..... (SPECIFY)_____	1	2	-7	-8

B5. In the past 7 days, what do you think were the sources of tobacco smoke entering your apartment? Was it ...

	<u>YES</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>
a) A unit next to your home?.....	1	2	-7	-8
b) A unit above your home?.....	1	2	-7	-8
c) A unit below your home?.....	1	2	-7	-8
d) Nearby indoor common areas (for example, shared hallways, laundry rooms, lobby)?.....	1	2	-7	-8
e) Nearby outdoor common areas (for example, shared stairwells, pool area, parking lot)?.....	1	2	-7	-8
f) Other sources?..... (SPECIFY)_____	1	2	-7	-8

B6. In the past 7 days, what time of day did you typically smell tobacco smoke in your apartment?
 Would you say...

	<u>YES</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>
a) Morning?.....	1	2	-7	-8
[INTERVIEWER TO CONFIRM WITH RESPONDENT: "By morning, I mean 5:00 am to 11:59 am."]				
b) Afternoon?.....	1	2	-7	-8
[INTERVIEWER TO CONFIRM WITH RESPONDENT: "By afternoon, I mean 12:00 pm to 4:59 pm."]				
c) Evening?.....	1	2	-7	-8
[INTERVIEWER TO CONFIRM WITH RESPONDENT: "By evening, I mean 5:00 pm to 9:59 pm."]				
d) Night?.....	1	2	-7	-8
[INTERVIEWER TO CONFIRM WITH RESPONDENT: "By night, I mean 10:00 pm to 4:59 am."]				

B7. In the past 7 days, in what rooms of your apartment unit did you typically smell tobacco smoke? Would you say you smelled it in the

	<u>YES</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>	<u>NA</u>
a) Living room?.....	1	2	-7	-8	-9
b) Kitchen?.....	1	2	-7	-8	-9
c) Adult bedroom?.....	1	2	-7	-8	-9
d) Child's bedroom?.....	1	2	-7	-8	-9
e) Bathroom?.....	1	2	-7	-8	-9
f) Hallway?.....	1	2	-7	-8	-9
g) Other rooms?.....	1	2	-7	-8	-9
(SPECIFY) _____					

B8. In the past 7 days, how bothered were you when you were exposed to other people's cigarette smoke inside your apartment unit? Would you say...

A lot,.....	1	} GO TO B12
Some,.....	2	
A little, or.....	3	
Not at all?.....	4	
REFUSED.....	-7	
DON'T KNOW.....	-8	

B9. I am now going to ask you about some steps you might take to stop tobacco smoke from entering your apartment unit. Please tell me whether or not you used each of these in the past 7 days.

	<u>YES</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>
a) Kept the windows or doors closed (including patio and/or balcony door)?.....	1	2	-7	-8
b) Put a towel under the door?.....	1	2	-7	-8
c) Sealed cracks in the walls, floors, electric outlets, etc.?.....	1	2	-7	-8
d) Turned on fan, air conditioner, or air purifier?.....	1	2	-7	-8
e) Other steps?.....	1	2	-7	-8
(SPECIFY) _____				

B10INTRO. Now I am going to ask you a few questions about where you have smelled smoke in the last 7 days in the shared or common areas of your apartment complex. By common areas, I mean areas outside your apartment but inside your building, or areas outside the building, such as play areas, sidewalks, or parking lots, that residents share.

B10. In the past 7 days, please tell me whether or not you have smelled tobacco smoke in the following areas of your apartment complex?

	<u>YES</u>	<u>NO</u>	<u>NOT APPLICABLE – NO SHARED AREA</u>	<u>RE</u>	<u>DK</u>
a) Indoor shared hallways?.....	1	2	3	-7	-8
b) Indoor shared stairwells?.....	1	2	3	-7	-8
c) Shared laundry rooms?.....	1	2	3	-7	-8
d) Lobby and/or lounge area?.....	1	2	3	-7	-8
e) Recreation room and/or party room?.....	1	2	3	-7	-8

IF B10a-e = 2, GO TO B13.

B11. In the past 7 days, on how many days did you smell tobacco smoke in the indoor shared areas -- for example, shared hallways, laundry rooms, lobby of your apartment complex?

NUMBER OF DAYS.....|__| (Range = 1-7)

NO DAYS.....	0	} GO TO B13
REFUSED.....	-7	
DON'T KNOW.....	-8	

B12. In the past 7 days, on average each day, about how long did you smell tobacco smoke in the indoor shared areas (for example, shared hallways, laundry rooms, lobby) of your apartment complex? Would you say ...

Less than 10 minutes,.....	1
At least 10 minutes but less than 30 minutes,.....	2
At least 30 minutes but less than 1 hour,.....	3
1 to 3 hours, or.....	4
More than 3 hours?.....	5
REFUSED.....	-7
DON'T KNOW.....	-8

B13. In the past 7 days, on how many days did you smell tobacco smoke in the outdoor shared areas -- for example, shared patios, swimming pool, parking lot of your apartment complex?

NUMBER OF DAYS.....|__| (Range = 1-7)

NO DAYS.....	0	} GO TO B15
REFUSED.....	-7	
DON'T KNOW.....	-8	

B14. In the past 7 days, on average each day, about how long did you smell tobacco smoke in the outdoor shared areas (for example, shared patios, swimming pool, parking lot) of your apartment complex? Would you say ...

- Less than 10 minutes,..... 1
- At least 10 minutes but less than 30 minutes,..... 2
- At least 30 minutes but less than 1 hour,..... 3
- 1 to 3 hours, or..... 4
- More than 3 hours?..... 5
- REFUSED..... -7
- DON'T KNOW..... -8

B15INTRO. Now I am going to ask you a few questions about your contact with tobacco smoke in places other than your apartment complex.

B15. In the past 7 days, have you smelled or breathed in smoke in each of the following places?

	<u>YES</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>	<u>NA</u>
a) Other people's homes?.....	1...	2	-7	-8	-9
b) Vehicles?.....	1...	2	-7	-8	-9
c) Inside your workplace?.....	1...	2	-7	-8	-9
d) Indoor entertainment venues (for example, bar, nightclub, cocktail lounge, sports arena, concert hall)?.....	1...	2	-7	-8	-9
e) Outdoor waiting areas that are <u>not</u> part of your apartment complex (for example, bus stops, ATM, waiting lines)?.....	1...	2	-7	-8	-9
f) Outdoor recreation areas located <u>outside</u> of your apartment complex (for example, parks, golf courses, sports fields)?.....	1...	2	-7	-8	-9

B16INTRO. Now I am going to ask about your experience in the last 6 months about smoke.

B16. In the past 6 months, how many times have you complained to the smoker(s) about the tobacco smoke entering your apartment?

- NUMBER OF COMPLAINTS.....|_|_|_| (If no complaints, enter "0")
- REFUSED..... -7
- DON'T KNOW..... -8

B17. In the past 6 months, how many times have you complained to building management about tobacco smoke entering your apartment?

- NUMBER OF COMPLAINTS.....|_|_|_| (If no complaints, enter "0")
- REFUSED..... -7
- DON'T KNOW..... -8

SECTION C: KNOWLEDGE, ATTITUDES, & BELIEFS ABOUT SECONDHAND SMOKE, HOUSING POLICY IMPLEMENTATION & ENFORCEMENT ISSUES

C1INTRO. These questions will ask what you know about the apartment complex’s current policies on where people can or cannot smoke, and what your views are about those policies. There are no right or wrong answers. Please answer as fully as you can.

C1. Has building management prohibited smoking in the entire apartment complex, including all inside and outside areas?

- | | | |
|-----------------|----|-------------------|
| YES..... | 1 | } GO TO C2 |
| NO..... | 2 | |
| REFUSED..... | -7 | |
| DON'T KNOW..... | -8 | |

C1a. Was the policy prohibiting smoking in the entire complex put into place in the past 6 months?

- | | | |
|-----------------|----|-------------------|
| YES..... | 1 | } GO TO C3 |
| NO..... | 2 | |
| REFUSED..... | -7 | |
| DON'T KNOW..... | -8 | |

C2. Please tell me in which of the following areas of your apartment complex you think building management allows smoking. Is it allowed in ...

	<u>YES</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>	<u>NA</u>
a) Shared outdoor areas (for example, patios, swimming pool, parking lot)?.....	1	2	-7	-8	-9
b) Shared indoor areas (for example, hallway, stairwells)?.....	1	2	-7	-8	-9
c) Inside the apartment units.....	1	2	-7	-8	-9
d) Patios, balconies, or backyards attached to the apartments).....	1	2	-7	-8	-9
e) Other areas?..... (SPECIFY)_____	1	2	-7	-8	-9

INTERVIEWER NOTE:

IF ALL OF C2a – e = NO, GO TO C5.

C3. Did management provide smoking cessation information and referrals to tenants who smoke?

- | | |
|-----------------|----|
| YES..... | 1 |
| NO..... | 2 |
| REFUSED..... | -7 |
| DON'T KNOW..... | -8 |

C4. There could have been a number of different reasons why management decided to prohibit smoking.

	<u>YES</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>
a) Were any specific reasons given to tenants?.....	1	2	-7	-8
IF C4a = 2, GO TO C5				

Please tell me whether or not you heard each of the following reasons.

b) Tenants requested it?.....	1	2	-7	-8
c) It would reduce costs when apartments had to be prepared for the next tenant?.....	1	2	-7	-8
d) It would improve safety by reducing the risk of fires?...	1	2	-7	-8
e) Studies showed that it would improve health for tenants?.....	1	2	-7	-8
f) It was part of a decision to make the apartment complex more environmentally-friendly?.....	1	2	-7	-8
g) It is a new law in the city or state?.....	1	2	-7	-8
h) Other apartment owners and/or managers are voluntarily doing this in your city?.....	1	2	-7	-8
i) It is something your management company is implementing for all its properties, not just this one?...	1	2	-7	-8
j) Some other reason?..... (SPECIFY)_____	1	2	-7	-8

C5. Do you think smoking should or should not be prohibited in each of the following areas of your apartment complex?

	<u>SHOULD BE PROHIBITED</u>	<u>SHOULD NOT BE PROHIBITED</u>	<u>RE</u>	<u>DK</u>
a) Inside all private units (not including private balconies, patios and backyards)?.....	1.	2	-7	-8
b) All private balconies, patios and backyards?.....	1.	2	-7	-8
c) All outdoor common/shared areas (for example, courtyards, swimming pools, parking lots)?.....	1.	2	-7	-8
d) All indoor common/shared areas (for example, laundry rooms, lobby)?.....	1.	2	-7	-8

C6. Please tell me how important you personally find each of the following arguments to be for having a smoke-free policy in your apartment complex. [Would you say ...

	Very <u>Importan</u> <u>t</u>	Somewha <u>t</u> <u>Important</u>	A Little <u>Important</u>	<u>Not Very</u> <u>Important</u>	<u>R</u> <u>E</u>	<u>D</u> <u>K</u>	<u>N</u> <u>A</u>
a) Tenants requested it?.....	1	2	3	4	-7	-8	-9
b) It would reduce costs when apartments had to be prepared for the next tenant?.....	1	2	3	4	-7	-8	-9
c) It would improve safety by reducing the risk of fires?.....	1	2	3	4	-7	-8	-9
d) Studies showed that it would improve health for tenants?.....	1	2	3	4	-7	-8	-9
e) It was part of a decision to make the apartment complex more environmentally-friendly?....	1	2	3	4	-7	-8	-9
f) It is a new law in the city or state?.....	1	2	3	4	-7	-8	-9
g) Other apartment owners and/or managers are voluntarily doing this in your city?.....	1	2	3	4	-7	-8	-9
h) It is something your management company is implementing for all its properties, not just this one?.....	1	2	3	4	-7	-8	-9
i) Some other reason?..... (SPECIFY)_____	1	2	3	4	-7	-8	-9

C7. Please tell me whether or not you believe that each of the following could help get all residents to obey smoke-free policies in your apartment complex.

	<u>HELP</u>	<u>NOT</u> <u>HELP</u>	<u>RE</u>	<u>DK</u>	<u>N/A</u>
a) Educating residents about the dangers of smoking (for example, it leads to diseases, causes fires)?.....	1	2	-7	-8	-9
b) Fines or evictions if residents don't follow the policies?.....	1	2	-7	-8	-9
c) Fast response to resident complaints by building management?.....	1	2	-7	-8	-9
d) Educating and/or notifying residents about the smoke-free policy?.....	1	2	-7	-8	-9
e) Giving residents smoking cessation information or referrals to programs?.....	1	2	-7	-8	-9
f) Something else?..... (SPECIFY)_____	1	2	-7	-8	-9

INTERVIEWER NOTE:
IF ALL OF C2a – e = YES, GO TO C13. OTHERWISE, CONTINUE.

C8. Please tell me whether or not you believe each of the following prevents residents from obeying the smoke-free policies in your apartment complex. Would you say they don't obey the policies because ...

	<u>YES</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>	<u>N/A</u>
a) Smoke-free policies are inconvenient to residents who smoke?.....	1	2	-7	-8	-9
b) There are weak or no consequences for ignoring the policies?.....	1	2	-7	-8	-9
c) There is no response to resident complaints from building management?.....	1	2	-7	-8	-9
d) There is poor education and/or notice about the smoke-free?.....	1	2	-7	-8	-9
e) Residents aren't given smoking cessation information or referrals to programs?.....	1	2	-7	-8	-9
f) Other reason?..... (SPECIFY)_____	1	2	-7	-8	-9

C9. Please tell me if you agree or disagree with each one of the following statements.

<u>STATEMENT</u>	<u>AGREE</u>	<u>DISAGREE</u>	<u>RE</u>	<u>DK</u>
a) I was involved in efforts to create the smoke-free policy in this apartment complex.....	1	2	-7	-8
IF C9a = 2, GO TO C9c				
b) I felt that management listened to my opinion about the smoke-free policy in this apartment complex.....	1	2	-7	-8
c) My neighbors were involved in efforts to create the smoke-free policy in this apartment complex.....	1	2	-7	-8

INTERVIEWER NOTE:
IF C9a OR C9c = AGREE, CONTINUE WITH C10. OTHERWISE, GO TO C11.

C10. I am going to read you a list of ways that tenants could have been involved in developing the current smoke-free policies. Please tell me whether or not each occurred at this apartment complex.

<u>METHOD OF TENANT INVOLVEMENT</u>	<u>YES</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>
a) Meeting with tenants' council?.....	1	2	-7	-8
b) Notice in tenants' newsletter?.....	1	2	-7	-8
c) Letter to tenants?.....	1	2	-7	-8
d) Tenant survey?.....	1	2	-7	-8
e) Meeting with tenants?.....	1	2	-7	-8
f) Wrote the policy with tenants or tenants' council?.....	1	2	-7	-8
g) Any other ways?.....	1	2	-7	-8
(SPECIFY)_____				

C11. Do you want to be involved in future decisions about the smoke-free policy in this apartment complex?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

C12INTRO. Now I'd like to ask some questions about moving to another apartment because of smoking issues.

C12. Have you ever decided to move out of your apartment because you were told that you or your guests couldn't smoke inside your apartment?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

C13. Have you ever decided to move out of your apartment because your neighbors' smoking exposed you to tobacco smoke in your home?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

INTERVIEWER NOTE:

IF SMOKING IN THE COMPLEX IS COMPLETELY BANNED (C1 = 1), GO TO C19.

C14. How likely are you to move out of your current apartment unit if a smoke-free policy in your building allowed existing tenants to continue smoking in their units? Would you say...

- Not applicable-already prohibited in units,..... 1
- Very likely,..... 2
- Somewhat likely, or..... 3
- Very unlikely?..... 4
- REFUSED..... -7
- DON'T KNOW..... -8

C15. How likely are you to move out of your current apartment unit if a smoke-free policy in your building allowed existing tenants to continue smoking in shared indoor areas -- for example, shared hallways, lobby, laundry rooms? Would you say...

- Not applicable-already prohibited in shared indoor areas,..... 1
- Very likely,..... 2
- Somewhat likely, or..... 3
- Very unlikely?..... 4
- REFUSED..... -7
- DON'T KNOW..... -8

C16. How likely are you to move out of your current apartment unit if a smoke-free policy in your building allowed existing tenants to continue smoking in shared outdoor areas -- for example, shared patios, swimming pool, parking lot? Would you say...

- Not applicable-already prohibited in shared outdoor areas,..... 1
- Very likely,..... 2
- Somewhat likely, or..... 3
- Very unlikely?..... 4
- REFUSED..... -7
- DON'T KNOW..... -8

C17. How much more rent per month, if any, would you be willing to pay for guaranteed smoke-free housing at this apartment complex? Would you say...

- Not applicable – this is subsidized housing..... 1
- I would not be willing to pay more rent,..... 2
- Less than \$100,..... 3
- \$100 to \$299,..... 4
- \$300 to \$499, or..... 5
- \$500 or more?..... 6
- REFUSED..... -7
- DON'T KNOW..... -8

C18. Given the opportunity, would you prefer to live in a complex where ...

Smoking is <u>not</u> allowed <u>anywhere</u> -- that is, common areas, individual units including balconies, patios and/or backyards,.....	1
Smoking is <u>only</u> allowed in designated parts of this apartment complex, or.....	2
Smoking is allowed anywhere in this apartment complex?.....	3
OTHER.....	91
(SPECIFY)_____	
REFUSED.....	-7
DON'T KNOW.....	-8

C19. What do you believe are the greatest obstacles to local government adopting and implementing a smoke-free MUH housing policy or law in this city?

C20. Which do you think are the least likely obstacles to overcome?

C21. What do you believe are the greatest obstacles to MUH complexes in attempting to adopt a voluntary-only smoke-free policy in this city?

C22. Which do you think are the least likely obstacles to overcome?

ONLY ASK QUESTION C23 AT FOLLOW-UP FOR INTERVENTION CITIES

C23. Are you aware that [NAME OF CITY] has adopted a policy prohibiting smoking in apartment complexes?

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

SECTION D: SMOKING STATUS AND CESSATION BEHAVIORS AMONG RESIDENTS

D1INTRO. In this part of the interview, I am going to ask you a few questions about your tobacco use in the past and the present.

D1. Have you smoked at least 100 cigarettes in your lifetime?

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

D2. Do you now smoke cigarettes every day, some days, or not at all?

- EVERY DAY..... 1 } GO TO D4
- SOME DAYS..... 2 }
- NOT AT ALL..... 3 } GO TO D13
- REFUSED..... -7 }
- DON'T KNOW..... -8 }

D3. In the past 30 days, on how many days did you smoke cigarettes?

- SPECIFY NUMBER OF DAYS.....|_|_| (Range = 0-30)
- REFUSED..... -7
- DON'T KNOW..... -8

D4. In the past 30 days, on the days you smoked, about how many cigarettes did you smoke per day?

INTERVIEWER NOTE:
1 PACK = 20 CIGARETTES

- SPECIFY NUMBER OF CIGARETTES.....|_|_|_| (Range = 0-100)
- REFUSED..... -7
- DON'T KNOW..... -8

D5. How much money do you spend in a typical week on cigarettes? Please give your best estimate to the nearest dollar amount.

- DOLLAR AMOUNT.....\$ |_|_|_|_|
- DON'T BUY/GET FROM OTHERS..... 1
- REFUSED..... -7
- DON'T KNOW..... -8

D6. On a typical day that you smoke, how soon after you wake up do you smoke? Would you say...

- Within 5 minutes,..... 1
- From 6 to 30 minutes,..... 2
- More than 30 minutes to an hour, or..... 3
- More than an hour?..... 4
- REFUSED..... -7
- DON'T KNOW..... -8

D7. Are you seriously thinking of quitting smoking cigarettes?

- YES..... 1
 - NO..... 2
 - REFUSED..... -7
 - DON'T KNOW..... -8
- } **GO TO D9**

D8. How soon are you seriously planning to quit smoking cigarettes? Would you say...

- Within the next 30 days,..... 1
- More than 30 days but within the next 6 months,..... 2
- More than 6 months but within the next
12 months, or..... 3
- No specific time?..... 4
- REFUSED..... -7
- DON'T KNOW..... -8

D9. During the past 6 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- YES..... 1
 - NO..... 2
 - REFUSED..... -7
 - DON'T KNOW..... -8
- } **GO TO D13**

D10. How long has it been since you last smoked a cigarette, even one or two puffs?

- Within the past month (less than 1 month ago),..... 1
- Within the past 3 months (1 month but less than
3 months ago), or..... 2
- Within the past 6 months (3 months but less than
6 months ago)?..... 3
- REFUSED..... -7
- DON'T KNOW..... -8

D11. Now I am going to read you a list of products people have used to help them quit smoking. Please tell me whether or not you used each the last time you tried to quit smoking.

	<u>YES</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>
a) A nicotine inhaler?.....	1	2	-7	-8
b) Nicotine lozenges?.....	1	2	-7	-8
c) Nicotine nasal spray?.....	1	2	-7	-8
d) Nicotine patch?.....	1	2	-7	-8
e) Nicotine prescription like Zyban, Wellbutrin, or Chantix?.....	1	2	-7	-8
f) Nicotine gum?.....	1	2	-7	-8

D12. How much money did you spend in a typical week on products to help you stop smoking? Please give your best estimate to the nearest dollar amount.

DOLLAR AMOUNT.....\$ | | | | |

DON'T BUY/GET FROM OTHERS.....	-1
REFUSED.....	-7
DON'T KNOW.....	-8

D13. Now I will read you a list of other tobacco products. Please tell me how often you currently use each of these products.

	<u>[Every Day</u>	<u>Some Days</u>	<u>Not At All?]</u>	<u>RE</u>	<u>DK</u>
a) Cigars (for example, cigarillos, little cigars)?.....	1..	2	3	-7	-8
b) Pipes?.....	1..	2	3	-7	-8
c) Hookahs/water pipes?.....	1..	2	3	-7	-8
d) Electronic cigarettes (e-cigarettes)?.....	1..	2	3	-7	-8
e) Smokeless tobacco products?.....	1..	2	3	-7	-8

INTERVIEWER NOTE:

IF "NOT AT ALL" TO ALL OF D13a – e, GO TO SECTION E.

D14. Are you seriously thinking of quitting tobacco product use, other than cigarettes?

YES.....	1	} GO TO D16
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

D15. How soon are you seriously planning to quit tobacco product use other than cigarettes? Would you say...

- Within the next 30 days,..... 1
- More than 30 days but within the next 6 months,..... 2
- More than 6 months but within the next 12 months, or..... 3
- No specific time?..... 4
- REFUSED..... -7
- DON'T KNOW..... -8

D16. During the past 6 months, have you stopped using tobacco products other than cigarettes for one day or longer because you were trying to quit?

- YES..... 1
 - NO..... 2
 - REFUSED..... -7
 - DON'T KNOW..... -8
- } **GO TO SECTION E**

D17. How long has it been since you used a tobacco product other than cigarettes?

- Within the past month (less than 1 month ago),..... 1
- Within the past 3 months (1 month but less than 3 months ago), or..... 2
- Within the past 6 months (3 months but less than 6 months ago)?..... 3
- REFUSED..... -7
- DON'T KNOW..... -8

D18. Now I am going to read you a list of products people have used to help them quit using tobacco. Please tell me whether or not you used each the last time you tried to quit using tobacco products other than cigarettes.

	<u>YES</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>
a) A nicotine inhaler?.....	1	2	-7	-8
b) Nicotine lozenges?.....	1	2	-7	-8
c) Nicotine nasal spray?.....	1	2	-7	-8
d) Nicotine patch?.....	1	2	-7	-8
e) Nicotine prescription like Zyban, Wellbutrin, or Chantix?.....	1	2	-7	-8
f) Nicotine gum?.....	1	2	-7	-8

D19. How much money did you spend in a typical week on products to help you stop using tobacco, other than cigarettes? Please give your best estimate to the nearest dollar amount.

DOLLAR AMOUNT.....\$ |_|_|_|_|_|

- DON'T BUY/GET FROM OTHERS..... -1
- REFUSED..... -7
- DON'T KNOW..... -8

SECTION E: SMOKING-RELATED ILLNESSES

E1INTRO. In this next set of questions, I will ask you about your general health, and then about some specific health problems you might have experienced. If there is a question that you don't want to answer, please let me know and I will move on to the next question.

E1. Would you say that in general your health is...

- Excellent,..... 1
- Very good,..... 2
- Good,..... 3
- Fair, or..... 4
- Poor?..... 5
- REFUSED..... -7
- DON'T KNOW..... -8

E2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

- NUMBER OF DAYS.....|_|_|
- NONE..... -1
 - REFUSED..... -7
 - DON'T KNOW..... -8

E3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- NUMBER OF DAYS.....|_|_|
- NONE..... -1
 - REFUSED..... -7
 - DON'T KNOW..... -8

E4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

- NUMBER OF DAYS.....|_|_|
- NONE..... -1
 - REFUSED..... -7
 - DON'T KNOW..... -8

E5. About how much do you weigh without shoes? **ROUND FRACTIONS UP.**

WEIGHT.....|_|_|_| (Range: 75-500 POUNDS
34-226 KILOGRAMS)

POUNDS..... OR
KILOGRAMS.....

REFUSED..... -7
DON'T KNOW..... -8

E6. About how tall are you without shoes? **ROUND FRACTIONS DOWN.**

HEIGHT.....|_|_| FT | |_|_| IN (Range: 3-7 FEET
0-11 INCHES)

OR

|_|_| M | |_|_| CM (Range: 1-3 METERS
0-27 CENTIMETERS)

REFUSED..... -7
DON'T KNOW..... -8

E7INTRO. Now I am going to ask you about breathing symptoms you might have had in the past 4 weeks.

E7. Have you ever been diagnosed with asthma by a doctor, nurse, or other health professional?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8 } **GO TO E15**

E8. How old were you when you were first told by a doctor, nurse, or other health professional that you had asthma?

INTERVIEWER NOTE:

IF RESPONDENT DOESN'T KNOW AGE AT DIAGNOSIS, TRY TO DETERMINE IF AGE 10 OR YOUNGER OR 11 OR OLDER.

AGE IN YEARS|_|_| [96 = 96 and older]

IF UNABLE TO GIVE AGE IN YEARS, PROBE FOR APPROXIMATE AGE

AGE 10 OR YOUNGER..... -1
AGE 11 OR OLDER..... -2
REFUSED..... -7
DON'T KNOW..... -8

E9. During the past 6 months, have you had an episode of asthma or an asthma attack?

- | | | |
|-----------------|----|--------------------|
| YES..... | 1 | } GO TO E15 |
| NO..... | 2 | |
| REFUSED..... | -7 | |
| DON'T KNOW..... | -8 | |

E10. During the past 6 months, how many times did you visit an emergency room or urgent care center because of your asthma?

- NUMBER OF VISITS.....|_|_| [87 = 87 or more]
- NONE..... -1
REFUSED..... -7
DON'T KNOW..... -8

E11. **IF ONE OR MORE VISITS IN E10 STATE [“Besides those emergency room or urgent care center visits,”]** During the past 6 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms?

- NUMBER OF VISITS.....|_|_| [87 = 87 or more]
- NONE..... -1
REFUSED..... -7
DON'T KNOW..... -8

E12. During the past 6 months, how many times did you see a doctor, nurse, or other health professional for a routine checkup for your asthma?

- NUMBER OF VISITS.....|_|_| [87 = 87 or more]
- NONE..... -1
REFUSED..... -7
DON'T KNOW..... -8

E13. During the past 6 months, how many days were you unable to work or carry out your usual activities because of your asthma?

- NUMBER OF DAYS.....|_|_|_|
- NONE..... -1
REFUSED..... -7
DON'T KNOW..... -8

E14INTRO. Now we will talk about your asthma in the past 30 days.

E14. During the past 30 days, how often did you use a prescription asthma inhaler during an asthma attack to stop it?

INTERVIEWER NOTE:
HOW OFTEN (NUMBER OF TIMES) DOES NOT EQUAL NUMBER OF PUFFS. TWO TO THREE PUFFS ARE USUALLY TAKEN EACH TIME THE INHALER IS USED.

READ ONLY IF NECESSARY:

- Never (include no attack in past 30 days),..... 1
- 1 to 4 times (in the past 30 days),..... 2
- 5 to 14 times (in the past 30 days),..... 3
- 15 to 29 times (in the past 30 days),..... 4
- 30 to 59 times (in the past 30 days),..... 5
- 60 to 99 times (in the past 30 days), or..... 6
- 100 or more times (in the past 30 days)?..... 7
- REFUSED..... -7
- DON'T KNOW..... -8

E15INTRO. Now I am going to ask you a few questions about other illnesses.

E15. Have you ever had a heart attack -- that is, acute myocardial infarction?

- YES..... 1
 - NO..... 2
 - REFUSED..... -7
 - DON'T KNOW..... -8
- } **GO TO E18**

E16. Have you ever been hospitalized for a heart attack?

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

E17. How many days of work have you ever missed due to a heart attack or heart attacks?

- NUMBER OF DAYS.....|_|_|_| (Range = 1-999)
- NONE..... 0
 - REFUSED..... -7
 - DON'T KNOW..... -8

E18. Have you ever had a stroke?

YES.....	1	} GO TO E21
NO.....	2	
REFUSED.....	-7	
DON'T KNOW.....	-8	

E19. Have you ever been hospitalized for a stroke?

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

E20. How many days of work have you ever missed due to a stroke or strokes?

NUMBER OF DAYS.....|_|_|_| (Range: 1-999)

NONE.....	0
REFUSED.....	-7
DON'T KNOW.....	-8

E21. Has a doctor, nurse, or other health professional ever told you that you had any of the following?

	<u>YES</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>
a) Chronic obstructive pulmonary disorder or COPD?.....	1	2	-7	-8
b) Chronic sinusitis?.....	1	2	-7	-8
c) Allergies (for example, hay fever, seasonal, pet)?.....	1	2	-7	-8
d) Emphysema?.....	1	2	-7	-8

E22. Are you currently taking any medications for a respiratory condition, stroke, or a heart condition?
Please include prescriptions and over the counter medications, medicine/supplements.

YES.....	1
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

SECTION F: RESPONDENT CHARACTERISTICS

F1. What is your gender?

- MALE..... 1
- FEMALE..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

F2. What is your date of birth?

|_|_| / |_|_| / |_|_|_|_|
MM DD YYYY

- REFUSED..... -7
- DON'T KNOW..... -8

F3. Are you of Latino or Hispanic origin?

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

F4. Which race(s) do you identify with?

	<u>YES</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>
a) White?.....	1	2	-7	-8
b) Black/African-American?.....	1	2	-7	-8
c) Asian?.....	1	2	-7	-8
d) Native Hawaiian or Pacific Islander?.....	1	2	-7	-8
e) American Indian or Alaska Native?.....	1	2	-7	-8
f) Other race?.....	1	2	-7	-8
(SPECIFY)_____				

F5. What is the highest level of school you completed or highest degree you received?

- 8th grade or less,..... 1
- Grades 9-12,..... 2
- High school graduate/GED,..... 3
- Some college/trade school/associates degree,..... 4
- College graduate, or..... 5
- Post-graduate degree?..... 6
- REFUSED..... -7
- DON'T KNOW..... -8

F6. What is your total monthly rent payment for this residence? Please give your best estimate to the nearest dollar amount.

MONTHLY RENT
 PAYMENT.....\$ | | | | | (Range = 0-5,000)

REFUSED..... -7
 DON'T KNOW..... -8

F6a. Does this include or exclude utilities?

INCLUDES UTILITIES..... 1
 EXCLUDES UTILITIES..... 2 } **GO TO F7**
 REFUSED..... -7
 DON'T KNOW..... -8

F6b. What utilities are included in your rent?

	<u>YES</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>
Water?.....	1	2	-7	-8
Gas?.....	1	2	-7	-8
Electric?.....	1	2	-7	-8
Something else?.....	1	2	-7	-8
(SPECIFY) _____				

F7. Now I am going to ask about the current **total annual income** for your household, including income from all sources such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth. Is it... PROVIDE SHOW CARD.

Less than \$10,000,..... 1
 \$10,001 - \$20,000,..... 2
 \$20,001 - \$30,000,..... 3
 \$30,001 - \$40,000,..... 4
 \$40,001 - \$50,000,..... 5
 \$50,001 - \$75,000,..... 6
 \$75,001 - \$100,000,..... 7
 100,001 - \$150,000, or..... 8
 More than \$150,000?..... 9
 REFUSED..... -7
 DON'T KNOW..... -8

F8. Are you currently...

INTERVIEWER NOTE:

IF NECESSARY, INSTRUCT RESPONDENT TO PICK THE ONE CATEGORY THAT BEST DESCRIBES THEIR SITUATION AT THIS TIME.

- Employed for wages,..... 1
- Self-employed,..... 2
- Out of work for more than 1 year,..... 3
- Out of work for less than 1 year,..... 4
- A homemaker,..... 5
- A student,..... 6
- Retired, or..... 7
- Unable to work?..... 8
- REFUSED..... -7
- DON'T KNOW..... -8

F9. Are you currently covered by any kind of health insurance?

- YES..... 1
 - NO..... 2
 - REFUSED..... -7
 - DON'T KNOW..... -8
- } **GO TO G1**

F10. What type of health care coverage do you currently have? Do you have ...

	<u>YES</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>
Private insurance coverage,.....	1	2	-7	-8
Medicare	1	2	-7	-8
Medi-Cal,.....	1	2	-7	-8
Military/VA,.....	1	2	-7	-8
Indian Health Service, or.....				
Other type of health insurance?.....	1	2	-7	-8
(SPECIFY)_____				

SECTION G: CHILDREN'S MODULE

G1. Are you a parent, guardian, foster parent, or primary caregiver for the children who live in this apartment at least 20 hours a week?

- YES..... 1 → **GO TO G3**
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

G2. Is a parent, guardian, foster parent, or primary caregiver for these children available to talk now?

- YES..... 1 → **REVIEW CONSENT AND THEN GO TO G3**
 - NO..... 2
 - REFUSED..... -7
 - DON'T KNOW..... -8
- } **END INTERVIEW AND PROCEED TO VISUAL ASSESSMENT OF UNIT**

INTERVIEWER NOTE:

HAVE CHILDREN'S PARENT, GUARDIAN, FOSTER PARENT, OR CAREGIVER READ AND COMPLETE 2 COPIES OF CONSENT FORM. SIGN BOTH COPIES, GIVE ONE COPY TO PARENT.

G3. Starting with the oldest, please tell me the names and birthdates of all the children under the age of 18 who live here at least 20 hours a week and for whom you are the parent, foster parent, or primary caretaker.

INTERVIEWER NOTE:

IF MORE THAN 5 CHILDREN, RECORD INFORMATION ONLY FOR THE 5 OLDEST CHILDREN.

DESIGNATION	FIRST NAME	LAST NAME	DATE OF BIRTH MM/DD/YYYY
CHILD 1			□□/□□/□□□□
CHILD 2			□□/□□/□□□□
CHILD 3			□□/□□/□□□□
CHILD 4			□□/□□/□□□□
CHILD 5			□□/□□/□□□□

G4INTRO. Now I am going to ask you a few questions about your [child's/children's health]. [I will start by asking that question about the first child that you listed. Then I will repeat that same question for each of the other children you listed.]

NOTE TO INTERVIEWER:

FOR THE NEXT SERIES OF QUESTIONS, ASK ABOUT CHILDREN IN THE ORDER LISTED ABOVE. RECORD CHILD'S INITIALS OR FIRST NAME NEXT TO THE DESIGNATION NUMBER IN THE ROWS BELOW. DO NOT CHANGE THE ORDER IN WHICH EACH CHILD IS RECORDED]

G4. Would you say that in general [CHILD #1-5's] health is...

DESIGNATION	CHILD'S INITIALS OR FIRST NAME	GENERAL HEALTH					RE	DK
		Excellent	Very Good	Good	Fair	Poor		
CHILD 1		1	2	3	4	5	-7	-8
CHILD 2		1	2	3	4	5	-7	-8
CHILD 3		1	2	3	4	5	-7	-8
CHILD 4		1	2	3	4	5	-7	-8
CHILD 5		1	2	3	4	5	-7	-8

G5. Now thinking about [CHILD #1-5's] physical health, which includes physical illness and injury, for how many days during the past 30 days was his/her physical health not good?

DESIGNATION	CHILD'S INITIALS OR FIRST NAME	NUMBER OF DAYS CHILD WAS NOT IN GOOD HEALTH IN LAST 30 DAYS (RECORD DAYS)	NONE	RE	DK
CHILD 2			0	-7	-8
CHILD 3			0	-7	-8
CHILD 4			0	-7	-8
CHILD 5			0	-7	-8

G6. Has [CHILD #1-5] ever been diagnosed with asthma by a doctor, nurse, or other health professional?

DESIGNATION	CHILD'S INITIALS OR FIRST NAME	EVER DIAGNOSED WITH ASTHMA
CHILD 1		YES..... 1 NO..... 2 REFUSED.....-7 DON'T KNOW.....-8 } GO TO G16
CHILD 2		YES..... 1 NO..... 2 REFUSED.....-7 DON'T KNOW.....-8 } GO TO G16
CHILD 3		YES..... 1 NO..... 2 REFUSED.....-7 DON'T KNOW.....-8 } GO TO G16
CHILD 4		YES..... 1 NO..... 2 REFUSED.....-7 DON'T KNOW.....-8 } GO TO G16
CHILD 5		YES..... 1 NO..... 2 REFUSED.....-7 DON'T KNOW.....-8 } GO TO G16

INTERVIEWER NOTE:

RECORD NAME/INITIAL BUT LEAVE ROW BLANK FOR ANY CHILD THAT DOES NOT HAVE DIAGNOSIS OF ASTHMA.

G7. How old was [CHILD #1-5] when he/she was first told by a doctor, nurse, or other health professional that he/she had asthma?

DESIGNATION	CHILD'S INITIALS OR FIRST NAME	AGE AT FIRST DIAGNOSIS (RECORD AGE IN YEARS)	RE	DK
CHILD 1		□□□	-7	-8
CHILD 2		□□□	-7	-8
CHILD 3		□□□	-7	-8
CHILD 4		□□□	-7	-8
CHILD 5		□□□	-7	-8

INTERVIEWER NOTE:**RECORD NAME/INITIAL BUT LEAVE ROW BLANK FOR ANY CHILD THAT DOES NOT HAVE DIAGNOSIS OF ASTHMA.**G8. During the past 6 months, has [CHILD #1-5] had an episode of asthma or an asthma attack?

DESIGNATION	CHILD'S INITIALS OR FIRST NAME	CHILD HAD ASTHMA ATTACK IN PAST 6 MONTHS			
		YES	(IF "NO," "RE," OR "DK," GO TO G16)		
			NO	RE	DK
CHILD 1		1	2	-7	-8
CHILD 2		1	2	-7	-8
CHILD 3		1	2	-7	-8
CHILD 4		1	2	-7	-8
CHILD 5		1	2	-7	-8

G9INTRO.

G9. During the past 6 months, how many times did [CHILD #1-5] visit an emergency room or urgent care center because of his/her asthma?

G10. [Besides those emergency room or urgent care center visits] During the past 6 months, how many times did [CHILD #1-5] see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms?

G11. During the past 6 months, how many times did [CHILD #1-5] see a doctor, nurse, or other health professional for a routine checkup for his/her asthma?

DESIGNATION	CHILD'S INITIALS OR FIRST NAME	G9. NUMBER OF ER OR URGENT CARE VISITS FOR ASTHMA IN PAST 6 MONTHS	G10. NUMBER OF URGENT TREATMENT OF ASTHMA IN PAST 6 MONTHS	G11. NUMBER OF ROUTINE CHECKUPS FOR ASTHMA IN PAST 6 MONTHS
CHILD 1		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (times) NONE..... - 1 REFUSED..... - 7 DON'T KNOW..... - 8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (times) NONE..... - 1 REFUSED..... - 7 DON'T KNOW..... - 8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (times) NONE..... - 1 REFUSED..... - 7 DON'T KNOW..... - 8
CHILD 2		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (times) NONE..... - 1 REFUSED..... - 7 DON'T KNOW..... - 8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (times) NONE..... - 1 REFUSED..... - 7 DON'T KNOW..... - 8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (times) NONE..... - 1 REFUSED..... - 7 DON'T KNOW..... - 8
CHILD 3		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (times) NONE..... - 1 REFUSED..... - 7 DON'T KNOW..... - 8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (times) NONE..... - 1 REFUSED..... - 7 DON'T KNOW..... - 8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (times) NONE..... - 1 REFUSED..... - 7 DON'T KNOW..... - 8
CHILD 4		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (times) NONE..... - 1 REFUSED..... - 7	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (times) NONE..... - 1 REFUSED..... - 7	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (times) NONE..... - 1 REFUSED..... - 7

		DON'T KNOW..... - 8	DON'T KNOW..... - 8	DON'T KNOW..... - 8												
CHILD 5		<div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> </table> (times) </div> NONE..... - 1 REFUSED..... - 7 DON'T KNOW..... - 8					<div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> </table> (times) </div> NONE.....-1 REFUSED..... - 7 DON'T KNOW..... - 8					<div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> </table> (times) </div> NONE..... - 1 REFUSED..... - 7 DON'T KNOW..... - 8				

- G12. In the past 6 months, how often did [CHILD #1-5's] asthma limit (his/her) physical activity?
- G13. In the past 6 months, how many days of daycare or school did [CHILD #1-5] miss due to asthma?
- G14. Of the days that [CHILD #1-5] missed daycare or school, how many of those days did you miss work to take care of him/her?

DESIGNATION	CHILD'S INITIALS OR FIRST NAME	G12. HOW OFTEN CHILD'S ASTHMA LIMITS HIS/HER ACTIVITIES	G13. NUMBER OF DAYS IN PAST 6 MONTHS (RECORD NUMBER OF DAYS)	G14. NUMBER OF ADULT WORK DAYS MISSED FOR CHILD'S ASTHMA IN PAST 6 MONTHS (RECORD NUMBER OF DAYS)
CHILD 1		Always..... 1 Most of the time.... 2 Sometimes..... 3 Rarely..... 4 Never..... 5 REFUSED..... - 7 DON'T KNOW..... - 8	_____ (DAYS) NONE.....-1 } GO REFUSED.....-7 } TO DON'T KNOW. .-8 } G15	_____ (DAYS) NONE.....-1 REFUSED.....-7 DON'T KNOW.....-8
CHILD 2		Always..... 1 Most of the time.... 2 Sometimes..... 3 Rarely..... 4 Never..... 5 REFUSED..... - 7 DON'T KNOW..... - 8	_____ (DAYS) NONE.....-1 } GO REFUSED.....-7 } TO DON'T KNOW. .-8 } G15	_____ (DAYS) NONE.....-1 REFUSED.....-7 DON'T KNOW.....-8
CHILD 3		Always..... 1 Most of the time.... 2 Sometimes..... 3 Rarely..... 4 Never..... 5 REFUSED..... - 7 DON'T KNOW..... - 8	_____ (DAYS) NONE.....-1 } GO REFUSED.....-7 } TO DON'T KNOW. .-8 } G15	_____ (DAYS) NONE.....-1 REFUSED.....-7 DON'T KNOW.....-8
CHILD 4		Always..... 1 Most of the time.... 2 Sometimes..... 3 Rarely..... 4 Never..... 5 REFUSED..... - 7 DON'T KNOW..... - 8	_____ (DAYS) NONE.....-1 } GO REFUSED.....-7 } TO	_____ (DAYS) NONE.....-1 REFUSED.....-7

		7 DON'T KNOW..... - 8	DON'T KNOW. .-8 G15	DON'T KNOW.....-8
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DESIGNATION	CHILD'S INITIALS OR FIRST NAME	G12. HOW OFTEN CHILD'S ASTHMA LIMITS HIS/HER ACTIVITIES (CHECK ONE)	G13. NUMBER OF DAYS IN PAST 6 MONTHS (RECORD NUMBER OF DAYS)	G14. NUMBER OF ADULT WORK DAYS MISSED FOR ASTHMA IN PAST 6 MONTHS (RECORD NUMBER OF DAYS)
CHILD 5		Always..... 1 Most of the time.... 2 Sometimes..... 3 Rarely..... 4 Never..... 5 REFUSED..... - 7 DON'T KNOW..... - 8	 (DAYS) NONE.....-1 } GO REFUSED.....-7 } TO DON'T KNOW. .-8 } G15	 (DAYS) NONE..... - 1 REFUSED..... - 7 DON'T KNOW..... - 8

INTERVIEWER NOTE:

RECORD NAME/INITIAL, BUT LEAVE ROW BLANK FOR ANY CHILD THAT DOES NOT HAVE DIAGNOSIS OF ASTHMA.

G15. During the past 30 days, how often did [CHILD #1-5] use a prescription asthma inhaler during an asthma attack to stop it?

INTERVIEWER NOTE:

HOW OFTEN (NUMBER OF TIMES) DOES NOT EQUAL NUMBER OF PUFFS. TWO TO THREE PUFFS ARE USUALLY TAKEN EACH TIME THE INHALER IS USED.

DESIGNATION	CHILD'S INITIALS OR FIRST NAME	NUMBER OF DAYS CHILD USED PRESCRIPTION INHALER DURING ASTHMA ATTACK TO STOP ATTACK IN PAST 30 DAYS
CHILD 1		Never..... 1 1-4 times (in past 30 days)..... 2 5-14 times (in past 30 days)..... 3 15-29 times (in past 30 days)..... 4 30-59 times (in past 30 days)..... 5 60-99 times (in past 30 days)..... 6 100 or more times (in past 30 days)..... 7 REFUSED.....-7 DON'T KNOW.....-8
CHILD 2		Never..... 1 1-4 times (in past 30 days)..... 2 5-14 times (in past 30 days)..... 3 15-29 times (in past 30 days)..... 4 30-59 times (in past 30 days)..... 5 60-99 times (in past 30 days)..... 6 100 or more times (in past 30 days)..... 7 REFUSED.....-7 DON'T KNOW.....-8
CHILD 3		Never..... 1 1-4 times (in past 30 days)..... 2 5-14 times (in past 30 days)..... 3 15-29 times (in past 30 days)..... 4 30-59 times (in past 30 days)..... 5 60-99 times (in past 30 days)..... 6 100 or more times (in past 30 days)..... 7 REFUSED.....-7 DON'T KNOW.....-8
CHILD 4		Never..... 1 1-4 times (in past 30 days)..... 2 5-14 times (in past 30 days)..... 3 15-29 times (in past 30 days)..... 4 30-59 times (in past 30 days)..... 5 60-99 times (in past 30 days)..... 6 100 or more times (in past 30 days)..... 7 REFUSED.....-7 DON'T KNOW.....-8

DESIGNATION	CHILD'S INITIALS OR FIRST NAME	NUMBER OF DAYS CHILD USED PRESCRIPTION INHALER DURING ASTHMA ATTACK TO STOP ATTACK IN PAST 30 DAYS (CHECK ONE)
CHILD5		Never..... 1 1-4 times (in past 30 days)..... 2 5-14 times (in past 30 days)..... 3 15-29 times (in past 30 days)..... 4 30-59 times (in past 30 days)..... 5 60-99 times (in past 30 days)..... 6 100 or more times (in past 30 days)..... 7 REFUSED.....-7 DON'T KNOW.....-8

INTERVIEWER NOTE:

ASK G16 OF ALL CHILDREN IN HOME.

G16. Is [CHILD #1-5] currently taking any medications for a respiratory condition, asthma, or respiratory allergies? Please include prescriptions and over the counter medications, medicine/supplements.

DESIGNATION	CHILD'S INITIALS OR FIRST NAME	CHILD TAKES MEDICINES FOR RESPIRATORY CONDITION, ASTHMA, OR RESPIRATORY ALLERGIES
CHILD 1		YES..... 1 NO..... 2 REFUSED.....-7 DON'T KNOW.....-8
CHILD 2		YES..... 1 NO..... 2 REFUSED.....-7 DON'T KNOW.....-8
CHILD 3		YES..... 1 NO..... 2 REFUSED.....-7 DON'T KNOW.....-8
CHILD 4		YES..... 1 NO..... 2 REFUSED.....-7 DON'T KNOW.....-8
CHILD 5		YES..... 1 NO..... 2 REFUSED.....-7 DON'T KNOW.....-8

G17INTRO. Now I would like to ask some questions about [CHILD #1-5's] experiences with tobacco smoke.

- G17. To your knowledge, does [CHILD #1-5] (if older than age 8) smoke cigarettes or use other tobacco products?
- G18. To your knowledge, did the mother of [CHILD #1-5] smoke cigarettes at any time when she was pregnant with [CHILD #1-5]?
- G19. At any time during the mother of [CHILD #1-5's] pregnancy, did she stop smoking for one day or longer because she was trying to quit?

DESIGNATION	CHILD'S INITIALS OR FIRST NAME	G17. CHILD OLDER THAN AGE 8 SMOKES OR USES TOBACCO PRODUCTS	G18. PARENT SMOKED WHEN PREGNANT	G19. PARENT STOPPED SMOKING FOR AT LEAST ONE DAY WHILE PREGNANT WITH CHILD
CHILD 1		YES..... 1 NO..... 2 REFUSED.....-7 DON'T KNOW...-8	YES..... 1 NO..... 2 REFUSED.....-7 DON'T KNOW....-8G20	YES..... 1 NO..... 2 REFUSED.....-7 DON'T KNOW...-8
CHILD 2		YES..... 1 NO..... 2 REFUSED.....-7 DON'T KNOW...-8	YES..... 1 NO..... 2 REFUSED.....-7 DON'T KNOW....-8G20	YES..... 1 NO..... 2 REFUSED.....-7 DON'T KNOW...-8
CHILD 3		YES..... 1 NO..... 2 REFUSED.....-7 DON'T KNOW...-8	YES..... 1 NO..... 2 REFUSED.....-7 DON'T KNOW....-8G20	YES..... 1 NO..... 2 REFUSED.....-7 DON'T KNOW...-8
CHILD 4		YES..... 1 NO..... 2 REFUSED.....-7 DON'T KNOW...-8	YES..... 1 NO..... 2 REFUSED.....-7 DON'T KNOW....-8G20	YES..... 1 NO..... 2 REFUSED.....-7 DON'T KNOW...-8
CHILD 5		YES..... 1 NO..... 2 REFUSED.....-7 DON'T KNOW...-8	YES..... 1 NO..... 2 REFUSED.....-7 DON'T KNOW....-8G20	YES..... 1 NO..... 2 REFUSED.....-7 DON'T KNOW...-8

G20INTRO. Now I am going to ask you a few questions about **THE CHILDREN'S** contact with smoke from other people.

G20. In the past 7 days, on how many days did [CHILD #1-5] experience tobacco smoke in your apartment unit --- whether the smoke came from inside the apartment, other neighboring apartments, or from the outside?

G21. In the past 7 days, on average each day, about how long was [CHILD #1-5] in contact with tobacco smoke in your apartment unit?

DESIGNATION	CHILD'S INITIALS OR FIRST NAME	G20. CHILD EXPOSED TO TOBACCO SMOKE IN APARTMENT (RECORD DAYS)	G21. HOW LONG ON AVERAGE DAY WAS CHILD EXPOSED TO TOBACCO SMOKE IN APARTMENT
CHILD 1		<p style="text-align: center;"> _ _ _ (1-7 DAYS)</p> <p>NOT EXPOSED.... 0 } GO REFUSED.....-7 } TO DON'T KNOW.....-8 } G22</p>	Less than 10 min..... 1 At least 10 min but less than 30 minutes..... 2 At least 30 min but less than 1 hour..... 3 1-3 hours..... 4 More than 3 hours..... 5 Not exposed..... 6 REFUSED.....-7 DON'T KNOW.....-8
CHILD 2		<p style="text-align: center;"> _ _ _ (1-7 DAYS)</p> <p>NOT EXPOSED.... 0 } GO REFUSED.....-7 } TO DON'T KNOW.....-8 } G22</p>	Less than 10 min..... 1 At least 10 min but less than 30 minutes..... 2 At least 30 min but less than 1 hour..... 3 1-3 hours..... 4 More than 3 hours..... 5 Not exposed..... 6 REFUSED.....-7 DON'T KNOW.....-8
CHILD 3		<p style="text-align: center;"> _ _ _ (1-7 DAYS)</p> <p>NOT EXPOSED.... 0 } GO REFUSED.....-7 } TO DON'T KNOW.....-8 } G22</p>	Less than 10 min..... 1 At least 10 min but less than 30 minutes..... 2 At least 30 min but less than 1 hour..... 3 1-3 hours..... 4 More than 3 hours..... 5 Not exposed..... 6 REFUSED.....-7 DON'T KNOW.....-8

DESIGNATION	CHILD'S INITIALS OR FIRST NAME	G20. CHILD EXPOSED TO TOBACCO SMOKE IN APARTMENT (RECORD DAYS)	G21. HOW LONG ON AVERAGE DAY WAS CHILD EXPOSED TO TOBACCO SMOKE IN APARTMENT
CHILD 4		<p style="text-align: center;"> _ _ _ (1-7 DAYS)</p> <p>NOT EXPOSED.... 0 } GO REFUSED.....-7 } TO DON'T KNOW.....-8 } G22</p>	Less than 10 min..... 1 At least 10 min but less than 30 minutes..... 2 At least 30 min but less than 1 hour..... 3 1-3 hours..... 4 More than 3 hours..... 5 Not exposed..... 6 REFUSED.....-7 DON'T KNOW.....-8
CHILD 5		<p style="text-align: center;"> _ _ _ (1-7 DAYS)</p> <p>NOT EXPOSED.... 0 } GO REFUSED.....-7 } TO DON'T KNOW.....-8 } G22</p>	Less than 10 min..... 1 At least 10 min but less than 30 minutes..... 2 At least 30 min but less than 1 hour..... 3 1-3 hours..... 4 More than 3 hours..... 5 Not exposed..... 6 REFUSED.....-7 DON'T KNOW.....-8

G22. In the past 7 days, has [CHILD #1-5] been exposed to tobacco smoke in the following situations?

	CHILD'S INITIALS OR FIRST NAME	G22a. IN OTHER PEOPLE'S HOMES	G22b. IN A VEHICLE	G22c. AT DAYCARE OR SCHOOL	G22d. AT INDOOR WORK-PLACE	G22e. AT INDOOR ENTERTAINMENT VENUE	G22f. AT OUTDOOR WAITING AREA	G22g. AT OUTDOOR RECREATION AREA
CHILD 1		Yes..... 1 No..... 2 Refused.....-7 Don't Know-8	Yes..... 1 No..... 2 Refused..... -7 Don't Know -8	Yes..... 1 No..... 2 Refused.....-7 Don't Know-8	Yes..... 1 No..... 2 Refused.....-7 Don't Know-8	Yes..... 1 No..... 2 Refused.....-7 Don't Know-8	Yes..... 1 No..... 2 Refused.....-7 Don't Know-8	Yes..... 1 No..... 2 Refused..... -7 Don't Know -8
CHILD 2		Yes..... 1 No..... 2 Refused.....-7 Don't Know-8	Yes..... 1 No..... 2 Refused..... -7 Don't Know -8	Yes..... 1 No..... 2 Refused.....-7 Don't Know-8	Yes..... 1 No..... 2 Refused.....-7 Don't Know-8	Yes..... 1 No..... 2 Refused.....-7 Don't Know-8	Yes..... 1 No..... 2 Refused.....-7 Don't Know-8	Yes..... 1 No..... 2 Refused..... -7 Don't Know -8
CHILD 3		Yes..... 1 No..... 2 Refused.....-7 Don't Know-8	Yes..... 1 No..... 2 Refused..... -7 Don't Know -8	Yes..... 1 No..... 2 Refused.....-7 Don't Know-8	Yes..... 1 No..... 2 Refused.....-7 Don't Know-8	Yes..... 1 No..... 2 Refused.....-7 Don't Know-8	Yes..... 1 No..... 2 Refused.....-7 Don't Know-8	Yes..... 1 No..... 2 Refused..... -7 Don't Know -8
CHILD 4		Yes..... 1 No..... 2 Refused.....-7 Don't Know-8	Yes..... 1 No..... 2 Refused..... -7 Don't Know -8	Yes..... 1 No..... 2 Refused.....-7 Don't Know-8	Yes..... 1 No..... 2 Refused.....-7 Don't Know-8	Yes..... 1 No..... 2 Refused.....-7 Don't Know-8	Yes..... 1 No..... 2 Refused.....-7 Don't Know-8	Yes..... 1 No..... 2 Refused..... -7 Don't Know -8
CHILD 5		Yes..... 1 No..... 2 Refused.....-7 Don't Know-8	Yes..... 1 No..... 2 Refused..... -7 Don't Know -8	Yes..... 1 No..... 2 Refused.....-7 Don't Know-8	Yes..... 1 No..... 2 Refused.....-7 Don't Know-8	Yes..... 1 No..... 2 Refused.....-7 Don't Know-8	Yes..... 1 No..... 2 Refused.....-7 Don't Know-8	Yes..... 1 No..... 2 Refused..... -7 Don't Know -8

G23INTRO. Now I am going to ask you a few questions about [CHILD #1-5's] demographics.

G23. Is [CHILD #1-5] of Latino or Hispanic origin

G24. Which of the following race(s) does [CHILD #1-5] identify with?

DESIGNATION	CHILD'S INITIALS OR FIRST NAME	G23. CHILD OF LATINO OR HISPANIC ORIGIN?	G24. CHILD'S RACIAL BACKGROUND (CHECK ALL THAT APPLY)
CHILD 1		YES..... 1 NO..... 2 REFUSED..... - 7 DON'T KNOW..... - 8	White?..... <input type="checkbox"/> Black/African-American?..... <input type="checkbox"/> Asian?..... <input type="checkbox"/> Native Hawaiian or Pacific Islander?..... <input type="checkbox"/> American Indian or Alaska Native?..... <input type="checkbox"/> Other race?..... <input type="checkbox"/> (SPECIFY)..... REFUSED..... <input type="checkbox"/> DON'T KNOW..... <input type="checkbox"/>
CHILD 2		YES..... 1 NO..... 2 REFUSED..... - 7 DON'T KNOW..... - 8	White?..... <input type="checkbox"/> Black/African-American?..... <input type="checkbox"/> Asian?..... <input type="checkbox"/> Native Hawaiian or Pacific Islander?..... <input type="checkbox"/> American Indian or Alaska Native?..... <input type="checkbox"/> Other race?..... <input type="checkbox"/> (SPECIFY)..... REFUSED..... <input type="checkbox"/> DON'T KNOW..... <input type="checkbox"/>
CHILD 3		YES..... 1 NO..... 2 REFUSED..... - 7 DON'T KNOW..... - 8	White?..... <input type="checkbox"/> Black/African-American?..... <input type="checkbox"/> Asian?..... <input type="checkbox"/> Native Hawaiian or Pacific Islander?..... <input type="checkbox"/> American Indian or Alaska Native?..... <input type="checkbox"/> Other race?..... <input type="checkbox"/> (SPECIFY)..... REFUSED..... <input type="checkbox"/> DON'T KNOW..... <input type="checkbox"/>

DESIGNATION	CHILD'S INITIALS OR FIRST NAME	G23. CHILD OF LATINO OR HISPANIC ORIGIN?	G24. CHILD'S RACIAL BACKGROUND (CHECK ALL THAT APPLY)
CHILD 4		YES..... 1 NO..... 2 REFUSED..... - 7 DON'T KNOW..... - 8	White?..... <input type="checkbox"/> Black/African-American?..... <input type="checkbox"/> Asian?..... <input type="checkbox"/> Native Hawaiian or Pacific Islander?..... <input type="checkbox"/> American Indian or Alaska Native?..... <input type="checkbox"/> Other race?..... <input type="checkbox"/> (SPECIFY) _____ REFUSED..... <input type="checkbox"/> DON'T KNOW..... <input type="checkbox"/>
CHILD 5		YES..... 1 NO..... 2 REFUSED..... - 7 DON'T KNOW..... - 8	White?..... <input type="checkbox"/> Black/African-American?..... <input type="checkbox"/> Asian?..... <input type="checkbox"/> Native Hawaiian or Pacific Islander?..... <input type="checkbox"/> American Indian or Alaska Native?..... <input type="checkbox"/> Other race?..... <input type="checkbox"/> (SPECIFY) _____ REFUSED..... <input type="checkbox"/> DON'T KNOW..... <input type="checkbox"/>

Thank you for your time. I would now like to take a brief look around the living room and kitchen.

**RESIDENT SURVEY VISUAL ASSESSMENT
PART A: UNIT ASSESSMENT
(TO BE COMPLETED AFTER RESIDENT INTERVIEW)**

Water/Mold

1. Water Stains/Water Damage (Excludes Visible Mold):

≥4 square feet water stains/water damage: Any one ceiling, floor, or wall has evidence of water stains/water damage, a leak (such as a darkened area) over a large area (4 square feet or more). Water may or may not be visible..... 1

<4 square feet water stains/water damage: Any one ceiling, floor, or wall has evidence of water stains/water damage, a leak (such as a darkened area) over a small area (less than 4 square feet). Water may or may not be visible..... 2

No water stains/water damage..... 3

2. Mold:

≥4 square feet visible mold present or musty odor detected: Any one ceiling, floor, or wall has visible mold over a large area (4 square feet or more) R-A musty odor is detected..... 1

<4 square feet visible mold present: Any one ceiling, floor, or wall has visible mold over a small area (less than 4 square feet)..... 2

No mold observed or musty odor detected..... 3 → GO TO 4

2a. Mold Source: CHECK ALL THAT APPLY

- Leaking roof.....
- Leaking appliance.....
- Leaking water pipe in wall or ceiling.....
- Condensation.....
- None.....
- UNABLE TO OBSERVE.....

3. Moldy or Musty Odor Present:

- Yes..... 1
- No..... 2 → GO TO 4

3a. Record location:

- Living Room.....
- Kitchen.....

4. Sources of Excessive Humidity:

- Yes: Sources of humidity (e.g., humidifier, dryer vented inside, uncovered fish tank) present..... 1
- No: Sources of humidity (e.g., humidifier, dryer vented inside, uncovered fish tank) not present..... 2 } GO TO 5
- UNABLE TO OBSERVE.....-7 }

4a. Record source and location:

- Living Room.....
- Kitchen.....

Heating/Cooling

5. Primary heating source for unit:

- Radiators..... 1
- Electric space heater..... 2
- Forced hot air (vents)..... 3
- Open oven..... 4
- Kerosene space heater..... 5
- Fireplace/wood-burning stove..... 6
- No heating source observed..... 7

6. Primary cooling source for unit:

- Central air..... 1
- Window air conditioning units..... 2
- Ceiling fans..... 3
- Table or floor-level oscillating fans..... 4
- Open windows only source of cooling..... 5
- No cooling source observed..... 6

7. HVAC General Rust/Corrosion:

- Significant rust/corrosion:
Significant deterioration from rust and corrosion on HVAC units in the dwelling unit (includes ducts, radiators, baseboard heaters, etc.)..... 1
- Surface rust/corrosion:
Deterioration from rust and corrosion on HVAC units in the dwelling unit (includes ducts, radiators, baseboard heaters, etc.)..... 2
- No rust/corrosion in HVAC units in the dwelling unit (includes ducts, radiators, baseboard heaters, etc.)..... 3
- UNABLE TO OBSERVE.....-7

8. HVAC Operation:

- Not working: HVAC system does not function; it does not provide the heating or cooling it should..... 1
- The system does not respond when the controls are engaged... 2
- Working..... 3
- UNABLE TO OBSERVE.....-7

9. HVAC Filters

- Need replacement..... 1
- Clean..... 2
- Not applicable..... 3
- UNABLE TO OBSERVE.....-7

10. Space Heaters:

- Space heaters used in unit are not at least 3 feet from anything that can burn..... 1
- Space heaters used in unit are at least 3 feet from anything that can burn..... 2
- Not applicable: No space heaters used in unit..... 3
- UNABLE TO OBSERVE.....-7

11. Fireplace Screen:

- Fireplace does not have a sturdy screen to catch sparks..... 1
 - Fireplace has a sturdy screen to catch sparks..... 2
 - Not applicable: No fireplace in unit..... 3
 - UNABLE TO OBSERVE.....-7
- } **GO TO 13**

12. Fireplace Dampers:

- Fireplace dampers not operational..... 1
- Fireplace dampers operational..... 2
- Not applicable: No fireplace in unit..... 3
- UNABLE TO OBSERVE.....-7

13. Unvented Combustion Appliances:

- Yes: Unvented combustion appliances (e.g., fuel-fired space heaters, gas clothes dryers, gas logs, charcoal, stoves etc.) present..... 1
- No: Unvented combustion appliances (e.g., fuel-fired space heaters, gas clothes dryers, gas logs, charcoal, stoves etc.) not present..... 2
- UNABLE TO OBSERVE.....-7

13a. If yes, record type and number:

Type: _____
 Number: _____

Type: _____
 Number: _____

Water Heater

14. Water Heater Exhaust:

- Electrical hot water or heater used instead of gas-fired or oil-fired unit..... 1
- No water heater inside unit..... 2
- Misaligned: Any misalignment that may cause improper or dangerous venting of gases..... 3
- Not misaligned..... 4
- UNABLE TO OBSERVE.....-7

15. Leaks:

- Water leak observed..... 1
- No water leak observed..... 2
- UNABLE TO OBSERVE.....-7

Laundry Area [observed only if connected to living room or kitchen]

16. Clothes Dryer:

- Vent missing: Dryer vent to outside is missing..... 1
- Vent damaged: Dryer exhaust is not effectively vented to the outside because of blockage or inadequate design or is vented into the interior.... 2
- Vent not missing or damaged: Exhaust vent is functioning properly..... 3
- No dryer..... 4 → GO TO 19
- UNABLE TO OBSERVE.....-7

17. Exhaust Duct From Dryer:

- Flexible plastic: Dryer exhaust duct is made of flexible plastic..... 1
- Flexible metal: Dryer exhaust duct is made of flexible metal..... 2
- Other: Wood or other combustible material..... 3
- Rigid metal: Dryer exhaust duct is made of rigid metal..... 4
- UNABLE TO OBSERVE.....-7
- Not applicable.....-9

18. Dryer Venting:

- Dryer vents to basement..... 1
- Dryer vents to attic..... 2
- Dryer vents to crawl space..... 3
- Dryer vents to living space..... 4
- Dryer vents to outside..... 5
- Other.....91
(SPECIFY)_____
- Not applicable.....-9
- UNABLE TO OBSERVE.....-7

Flooring/Doors/Windows

19. Living Room Flooring:

- Permanent carpet on living room floor (does not include removable mats)..... 1
- Living room floor is a hard, cleanable surface..... 2

20. Entry Door Seals:

- Entry door seals deteriorated/missing: The seals are missing on one or more entry door(s), or they are so damaged that they do not function as they should..... 1
- No damage observed..... 2

21. Windows:

- One or more windows missing..... 1
- One or more windows cracked or broken..... 2
- One or more windows cannot be opened..... 3
- All windows intact and can be opened..... 4

22. Window Sills:

- Missing or damaged: A sill is missing or damaged, but the inside of the surrounding wall is not exposed and is still weathertight..... 1
- Not weathertight: A sill is missing or damaged enough to expose the inside of the surrounding wall and compromise its weather tightness..... 2
- Not missing or damaged..... 3

23. Interior Window Caulking/Seals:

- Missing/deteriorated (leaks present): There is missing or deteriorated caulk or seals and evidence of leaks or damage to the window or surrounding structure..... 1
- Missing/deteriorated (no leaks): There is missing or deteriorated caulk on windows, but there is no evidence of damage to the window or surrounding structure. 2
- Not missing/deteriorated..... 3

24. Condensation on Windows:

- Condensation on windows, doors, walls..... 1
- No condensation on windows, doors, walls..... 2

25. Windows/Doors open during interview:

- Yes, window to exterior open..... 1
- Yes, door to exterior open..... 2
- No doors or windows open..... 3

Hazardous Materials

26. Chemicals, Pesticides, Cleaning Supplies, or Medications Stored Within Easy Reach of Children

- Yes..... 1
 - No..... 2
 - Not applicable, no children in household..... 3
 - UNABLE TO OBSERVE.....-7
- } **GO TO 27**

26a. If yes, record type and location:

Type: _____
Number: _____

Type: _____
Number: _____

type: _____

34a. Record type and number of pet(s):

Type: _____
Number: _____

Type: _____
Number: _____

30. Visible Dust on Surfaces:

- Heavy..... 1
- Slight..... 2
- No visible dust on surfaces..... 3

35. Tobacco Smoke or Odor Present:

- Yes..... 1
- No..... 2

Pest Hazards

27. Infestation - Roaches:

- Frass or shells.....
 - One or more live roaches.....
 - No roaches or roach evidence..
 - UNABLE TO OBSERVE.....
- } **GO TO 28**

27a. If roach evidence present, record location(s):

28. Infestation - Rats or Mice:

- Droppings or chewed holes.....
- One or more rats/mice.....
- No rats/mice/droppings/holes.....
- UNABLE TO OBSERVE.....

28a. If rat or mouse evidence present, record location(s):

29. Other Insects or Vermin:

- Yes: Other insects or vermin seen..... 1
- No: Other insects or vermin not seen..... 2
- UNABLE TO OBSERVE.....-7

29a. If yes, record type and location(s)

General

31. Garbage:

- Garbage and debris not properly stored: Missing, uncovered, or leaking container..... 1
- Garbage and debris properly stored..... 2

32. Air Cleaning Device Present:

- Yes..... 1
- No..... 2
- UNABLE TO OBSERVE.....-7

33. Ozone Generator Present:

- Yes..... 1
- No..... 2
- UNABLE TO OBSERVE.....-7

34. Pets Present:

- Yes..... 1
 - No..... 2
 - UNABLE TO OBSERVE.....-7
- } **GO TO 35**

36. Ashtrays present:

- Yes, present but empty..... 1
- Yes, present and cigarette butts or ashes observed..... 2
- No..... 3

37. Candles, incense, or air fresheners present:

- Yes, observed, but not in use..... 1
- Yes, observed but in use..... 2
- Not observed..... 3

38. Vacuum cleaner present:

- Yes, observed, but not working..... 1
- Yes, observed and functional..... 2
- Yes, observed but not tested..... 3
- UNABLE TO OBSERVE.....-7

Kitchen

39. Range or Stove:

- Stove and/or oven missing..... 1
- Two or more burners not working
Gas ranges: flames not distributed equally or pilot lights out on two or more burners
Electric ranges: two or more heating elements (including the oven) not working..... 2
- Gas ranges: flames not distributed equally or pilot lights out on one burner
Electric ranges: one heating element (including the oven) not working..... 3
- Stove and oven working..... 4
- UNABLE TO OBSERVE.....-7

40. Range Hood:

- Not working: Range hood does not turn on..... 1
- Partial blockage: An accumulation of dirt threatens the free passage of air -OR-Flue completely blocked..... 2
- No range hood/exhaust fan..... 3
- No blockage/functional: Range hood works properly..... 4
- UNABLE TO OBSERVE.....-7

**41. Type of Cooking occurring during visit:
CHECK ALL THAT APPLY**

- None.....
- Baking.....
- Frying.....
- Broiling.....
- Grilling.....
- Toasting.....
- UNABLE TO OBSERVE.....

42. Kitchen Flooring:

- Permanent carpet on kitchen floor (does not include removable mats)..... 1
- Kitchen floor is a hard, cleanable surface..... 2
- UNABLE TO OBSERVE.....-7

Thank you for your time and your help with today's survey. Here is your gift card(s). Please sign two copies of this receipt, and I will give you one for your records.

**RESIDENT SURVEY VISUAL ASSESSMENT
PART B: INTERIOR ASSESSMENT
(TO BE COMPLETED AFTER RESIDENT INTERVIEW)**

	Common Area 1 _____ (Location)	Common Area 2 _____ (Location)	Common Area 3 _____ (Location)
Moldy or Musty Odor Present			
Yes..... 1	1	1	1
No..... 2	2	2	2
Tobacco Smoke or Odor Present			
Yes..... 1	1	1	1
No..... 2	2	2	2
“No smoking” signage in common area			
Yes..... 1	1	1	1
No..... 2	2	2	2
Ashtrays present in common area			
Yes, present but empty..... 1	1	1	1
Yes, present and cigarette butts or ashes observed..... 2	2	2	2
No..... 3	3	3	3

	Common Area 1	Common Area 2	Common Area 3
	(Location)	(Location)	(Location)
Trash Collection Areas			
Trash on floor: Extensive trash and/or garbage on the floor..... 1	1	1	1
Trash containers/chutes missing covers: Missing or damaged covers to trash chutes or trash or garbage containers..... 2	2	2	2
Both: Both trash on floor and missing or damaged covers..... 3	3	3	3
No trash on floor or missing covers..... 4	4	4	4
No trash collection area observed..... 5	5	5	5
UNABLE TO OBSERVE.....-7	-7	-7	-7
Water Stains/Water Damage - Ceilings			
≥2 square feet: One or more ceiling(s) has evidence of a leak, water damage, or water staining (such as a darkened area) over a large area (more than 4 square feet)..... 1	1	1	1
<2 square feet: One or more ceiling(s) has evidence of a leak, water damage, or water staining (such as a darkened area) over a small area (less than 4 square feet)..... 2	2	2	2
No water stains/water damage..... 3	3	3	3
UNABLE TO OBSERVE.....-7	-7	-7	-7

	Common Area 1	Common Area 2	Common Area 3
	(Location)	(Location)	(Location)
Waters Stains/Water Damage - Floors			
≥4 square feet: A large portion of one of more floors (more than 4 square feet) has been substantially saturated or damaged by water, mold, or mildew. Cracks, mold, and flaking are seen; the floor surface may have failed.....	1	1	1
<4 square feet: Evidence of a water stain (such as a darkened area) over a small area of floor (less than 4 square feet). Water may or may not be seen. Less than 10% of the floors are affected.....	2	2	2
No water stains/water damage.....	3	3	3
UNABLE TO OBSERVE.....	-7	-7	-7
Waters Stains/Water Damage - Walls			
≥4 square feet: A large portion of one of more walls (more than 4 square feet) has been substantially saturated or damaged by water, mold, or mildew. Cracks, mold, and flaking are seen; the wall may have failed.....	1	1	1
<4 square feet: Evidence of a water stain (such as a darkened area) over a small area of wall (less than 4 square feet). Water may or may not be seen. Less than 10% of the walls are affected.....	2	2	2
No water stains/water damage.....	3	3	3
UNABLE TO OBSERVE.....	-7	-7	-7

	Common Area 1	Common Area 2	Common Area 3
	(Location)	(Location)	(Location)
Mold			
≥4 square feet visible mold present or musty odor detected: Any one ceiling, floor, or wall has visible mold over a large area (4 square feet or more) R-A musty odor is detected.....	1	1	1
<4 square feet visible mold present: Any one ceiling, floor, or wall has visible mold over a small area (less than 4 square feet).....	2	2	2
No mold observed or musty odor detected.....	3	3	3
UNABLE TO OBSERVE.....	-7	-7	-7

**RESIDENT SURVEY VISUAL ASSESSMENT
PART C: EXTERIOR ASSESSMENT
(TO BE COMPLETED AFTER RESIDENT INTERVIEW)**

1. Address:

Street		
City	State	Zip

2. Type of Building in which Unit is Located:

- Duplex..... 1
- Triplex..... 2
- Townhome..... 3
- Low-rise (1–3 floors)..... 4
- High-rise (4+ floors)..... 5

3. Number of Units in Building: *(Count mailboxes if necessary)*

Number of Units:

4. Building's Proximity to Traffic:

- Building borders on busy highway..... 1
- Building borders on busy public street..... 2
- Building borders on quiet public street..... 3
- Building has private entrance..... 4

5. Building Foundation Cracks/Gaps:

- ≥1/8 inches wide × 1/8 inches deep × 6 inches long: Cracks more than 1/8 inch wide by 1/8 inch deep by 6 inches long OR-Large pieces—many bricks, for example - are separated or missing from the wall or floor OR-Large cracks or gaps (a possible sign of a serious structural problem) – OR-Cracks run the full depth of the wall, providing opportunity for water penetration -OR-Sections of the wall or floor are broken apart..... 1
- <1/8 inches wide × 1/8 inches deep × 6 inches long: Cracks smaller than these dimensions..... 2
- No cracks/gaps: No signs of deterioration 3

6. Window Panes:

- One or more missing or broken: A glass pane is missing -OR-A glass pane is cracked or broken AND sharp edges are seen..... 1
- Both broken and missing: More than one window has broken and missing glass panes.... 2
- One or more cracked: A glass pane is cracked but no sharp edges are seen..... 3
- None broken, cracked, or missing..... 4