Form Approved OMB No. 0920-xxxx Exp. Date xx/xx/xxxx

**Resident Pre-Focus Group Demographic and Attitudinal Survey** 

Public reporting burden of this collection of information is estimated to average 5 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)

## RESIDENT PRE-FOCUS GROUP SURVEY QUESTIONS

Please answer the following questions as best you are able. Your answers will be used to learn more about who took part in this focus group. If you do not want to answer a particular question, please leave it blank and continue with the next one. You are not required to answer these questions but the information you provide helps insure our research applies fairly to all groups of people.

	1. 2.	When did you move to this apartment complex?												
				M	ONTH	<del> </del>		_  YEAR	l					
2.			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 <b>EST</b>	9	8	7	6	5	4	3	2	1 WORST		
3.		Would you agree or disagree with the following statements?												
		a.	The n	oonle in t	his anartn	nent comp	olev know	<u>AGREE</u>		SOME DO/ OME DON'T	<u>DISA</u>	<u>GREE</u>		
		a.						1		2		3		
		b.				nent comp	olex care	1		2		3		
4.		Hav	e you s	moked a	t least 100	) cigarette	es in your e	ntire life?						
									_					
5.		Do	you nov	v smoke	cigarettes	every day	y, some da	ys, or not a	t all?					
			SC	ME DAY	S				2					
6.		Dur hom		past 12 r	nonths, w	ere you re	gularly exp	osed to tob	acco :	smoke from o	ther pe	ople at		

1.	Among your close friends, do			
	All of them smoke,			
8.	In what situations is smoking allowed in your residence?			
	a. There are no restrictions about smoking b. Allowed in some places or at some times c. Not allowed at any time	1	NO 2 2 2	<u>DK</u> -8 -8 -8
9.	Has a doctor, nurse, or other health professional <u>ever</u> told you that	you had	d any of th	ne following?
		<u>YES</u>	<u>NO</u>	<u>UNSUR</u>
	a. Asthma?	1	2	<u>E</u> 3
	9a1. Do you still have asthma?			
	YES			
		<u>YES</u>	<u>NO</u>	UNSUR <u>E</u>
	b. COPD, or chronic obstructive pulmonary disease, emphysema, or chronic bronchitis?	1	2	3
	c. Heart attack, also called a myocardial infarction?	1	2	3
	d. Angina or coronary heart disease?	1	2	3
10.	What is your sex?			
	MALE			
11.	What is your age?			
	18-29			

12.	How ma	ny	children less than 18 years of age live in your household?
		NU	MBER OF CHILDREN  _
13.	Are you	of I	_atino or Hispanic origin?
			S
			(s) do you identify with? (Respondent may select one or more from a-e; f is a interviewer user only)
		a.	White?
			Black/African-American? □
		C.	Asian?
		d.	Native Hawaiian or Pacific Islander? $\square$
		e.	American Indian or Alaska Native? □
		f.	Other race?