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 o | did you m | nove to this | s apartme | ent complex | x? | | | | |
|----|----------|-------------|-------------------|------------|------------------|--------------|--------------|--------------|---------|-----------------------|-------------------|---|
| | | | | M | ONTH | | <u> </u> | YEAR | l | | | |
| 2. | | On a | | of 1 to 10 | O, how wo | uld you ra | ate this apa | artment con | nplex a | is a place to li | ve? 10 is best, 1 | |
| | | | 10 E ST | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 1 WORST | - |
| 3. | | Wou | ıld you | agree or | disagree v | with the fo | ollowing sta | atements? | | | | |
| | | 0 | Thon | oonlo in t | hic anartm | ont com | olov know | AGREE | | SOME DO/ OME DON'T | <u>DISAGREE</u> | |
| | | a. | | | his apartm I | | | 1 | | 2 | 3 | |
| | | b. | - | | his apartm er | | olex care | 1 | | 2 | 3 | |
| 4. | | Hav | e you s | moked a | t least 100 | cigarette | es in your e | entire life? | | | | |
| | | | | | | | | | | | | |
| 5. | | Do y | ou nov | v smoke | cigarettes | every da | y, some da | ys, or not a | at all? | | | |
| | | | SC | ME DAY | S | | | | . 2 | | | |
| 6. | | Duri hom | | past 12 r | nonths, we | ere you re | egularly exp | oosed to to | bacco | smoke from o | ther people at | |
| | | | | | | | | | | | | |

| 7. | 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 ever told you that | t you ha | d any of th | e following? |
| | | <u>YES</u> | <u>NO</u> | <u>UNSUR</u> <u>E</u> |
| | a. Asthma? | 1 | 2 | 3 |
| | 9a1. Do you still have asthma? | | | |
| | YES | | | |
| | | <u>YES</u> | <u>NO</u> | UNSUR E |
| | COPD, or chronic obstructive pulmonary disease, emphysema, or chronic bronchitis? | 1 | 2 | 3 |
| 10. | What is your sex? | | | |
| | MALE | | | |
| 11. | What is your age? | | | |
| | 18-29 | | | |

| 12. | How many children less than 18 years of age live in your ho | usehold? | | | |
|-------------|--|------------|-----------|----------------------------------|----------------------------------|
| | NUMBER OF CHILDREN _ | _l | | | |
| 13. | Do you consider yourself to be? | | | | |
| | HISPANIC OR LATINONOT HISPANIC OR LATINO | | | | |
| | | | | | |
| 1 4. | Do you consider yourself to be? (You may select one or n | nore respo | onses.) | | |
| 1 4. | | nore respo | <u>NO</u> | <u>RE</u> | <u>DK</u> |
| 14. | a) White or Caucasian? | <u>YES</u> | <u>NO</u> | <u>RE</u> <mark>-7</mark> | <u>DK</u> <mark>-8</mark> |
| 14. | a) White or Caucasian? b) Black or African-American? | <u>YES</u> | <u>NO</u> | <u>RE</u> -7 -7 | <u>DK</u> -8 -8 |
| 14. | a) White or Caucasian?b) Black or African-American? | <u>YES</u> | <u>NO</u> | RE -7 -7 -7 | <u>DK</u> -8 -8 |
| 14. | a) White or Caucasian? b) Black or African-American? | <u>YES</u> | <u>NO</u> | RE -7 -7 -7 -7 | DK -8 -8 -8 |
| 14. | a) White or Caucasian?b) Black or African-American? | <u>YES</u> | <u>NO</u> | RE -7 -7 -7 -7 -7 | DK -8 -8 -8 -8 |
| 14. | a) White or Caucasian? b) Black or African-American? c) Asian? d) Native Hawaiian or Pacific Islander? | • | | RE -7 -7 -7 -7 -7 | DK -8 -8 -8 -8 |
| 14. | a) White or Caucasian? | <u>YES</u> | <u>NO</u> | RE -7 -7 -7 -7 -7 | DK -8 -8 -8 -8 -8 |