

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)

7. Among your close friends, do...

- All of them smoke,..... 1
- Most of them smoke,..... 2
- Most of them do not smoke, or..... 3
- None of them smoke?..... 4

8. In what situations is smoking allowed in your residence?

- | | <u>YES</u> | <u>NO</u> | <u>DK</u> |
|---|------------|-----------|-----------|
| a. There are no restrictions about smoking..... | 1 | 2 | -8 |
| b. Allowed in some places or at some times..... | 1 | 2 | -8 |
| c. Not allowed at any time..... | 1 | 2 | -8 |

9. 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>UNSUR</u> |
|-----------------|------------|-----------|---------------|
| a. Asthma?..... | 1 | 2 | <u>E</u>
3 |

9a1. Do you still have asthma?

- YES..... 1
- NO..... 2
- NEVER HAD ASTHMA..... 3

- | | <u>YES</u> | <u>NO</u> | <u>UNSUR</u> |
|--|------------|-----------|---------------|
| b. COPD, or chronic obstructive pulmonary disease,
emphysema, or chronic bronchitis?..... | 1 | 2 | <u>E</u>
3 |

10. What is your sex?

- MALE..... 1
- FEMALE..... 2

11. What is your age?

- 18-29..... 1
- 30-39..... 2
- 40-49..... 3
- 50-59..... 4
- 60-69..... 5
- 70 or older..... 6

12. How many children less than 18 years of age live in your household?

NUMBER OF CHILDREN.....|_|_|

13. Do you consider yourself to be ...?

HISPANIC OR LATINO..... 1
NOT HISPANIC OR LATINO..... 2

14. Do you consider yourself to be...? (You may select one or more responses.)

	<u>YES</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>
a) White or Caucasian?.....	1	2	-7	-8
b) Black or 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 – DO NOT READ, RECORD	1	2	-7	-8
ANSWER.....				
(SPECIFY)				