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HEALTHY FAMILIES CAREGIVER BASELINE ASSESSMENT

Participant Name: _____

Today's Date: _____

Smoking History Questions

1. How are you (caregiver) related to the child being treated in the Emergency Department? _____

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Mom | <input type="checkbox"/> Aunt |
| <input type="checkbox"/> Dad | <input type="checkbox"/> Uncle |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Grandfather | <input type="checkbox"/> |

2. How many cigarettes do you smoke on a typical day? _____

3. How many cigars (not including Black and Milds) do you smoke on a typical day? _____

4. How many Black and Milds do you smoke on a typical day? _____

5. Do you smoke any other tobacco products? No Yes If yes, please specify type and amount _____

6. How many minutes after you wake up in the morning do you usually smoke your first cigarette or tobacco product?

- Within 5 minutes
- 6-30 minutes
- 31 to 60 minutes
- After 60 minutes

7. Mark the number that shows how you feel about quitting.

No thought of quitting now		Should consider quitting someday		Should quit but not quite ready		Thinking about cutting down or quitting		Have cut down and seriously considering quitting		Ready to quit
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10

8. How many times have you tried to quit smoking and gone at least 24 hours without smoking in the past year? _____ times

9. Please select any methods you have used to quit smoking in the past (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Cold turkey | <input type="checkbox"/> Wellbutrin (Zyban) |
| <input type="checkbox"/> Nicotine patch | <input type="checkbox"/> Chantix (Varenicline) |
| <input type="checkbox"/> Nicotine gum | <input type="checkbox"/> Electronic cigarettes |
| <input type="checkbox"/> Nicotine lozenge | <input type="checkbox"/> Acupuncture |
| <input type="checkbox"/> Nicotine inhaler | <input type="checkbox"/> Hypnosis |
| <input type="checkbox"/> Nicotine nasal spray | <input type="checkbox"/> Other method _____ |
| <input type="checkbox"/> None/Never Quit | |

10. Has a doctor or nurse told you to quit smoking in the past year?

- Yes
- No

Secondhand Smoke Questions

For the next 3 questions, please think about a typical/usual day during the past week.

11. Which of the following people who were around your child smoked cigarettes (even a puff) during the past week:

Child's Mother	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable
Child's Father	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable
Caregiver's Significant Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Not Applicable
Child's Brother	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable
Child's Sister	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Not Applicable
Child's Relatives (Aunt)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable
Child's Relatives (Uncle)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Not Applicable
Child's Relatives (Cousin, Niece, Nephew)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable
Child's Grandmother	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Not Applicable
Child's Grandfather	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable
Other regular household member, friend, visitor, or relative	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable
Babysitter, daycare, or before or after school worker	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable
Other regular household member, friend, visitor, or relative	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable
Other regular household member,	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable

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friend, visitor, or relative

Other regular household member, friend, visitor, or relative	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable
Other regular household member, friend, visitor, or relative	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable

12. [For only those indicated in the previous question; options will also include “unknown.”]

Approximately how many cigarettes did each person smoke on a typical/usual day during the past week?

	<u>Inside the home (include your home and their home)</u> # cigarettes/day	<u>Outside the home (include the patio, balcony, yard, etc.)</u> # cigarettes/day	<u>Car or other vehicle (Include your car and their car)</u> # cigarettes/day
Child’s Mother			
Child’s Father			
Caregiver’s Significant Other			
Child’s Brother			
Child’s Sister			
Child’s Relatives (Aunt)			
Child’s Relatives (Uncle)			
Child’s Relatives (Cousin, Niece, Nephew)			
Child’s Grandmother			
Child’s Grandfather			
Babysitter, daycare, or before or after school worker			
Other regular household member, friend, visitor, or relative			

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Other regular household member, friend, visitor, or relative			
Other regular household member, friend, visitor, or relative			
Other regular household member, friend, visitor, or relative			
Other regular household member, friend, visitor or relative			

13. [For only those indicated in question 7; options will also include “unknown.”]
 Approximately how many cigarettes did each person smoke **around your child** on a typical/usual day during the past week?

	<u>Inside the home</u> <u>(include your home and their home)</u> # cigarettes/day when child present	<u>Outside the home</u> <u>(include the patio, balcony, yard, etc.)</u> # cigarettes/day when child present	<u>Car or other vehicle</u> <u>(Include your car and their car)</u> # cigarettes/day when child present
Child’s Mother			
Child’s Father			
Caregiver’s Significant Other			
Child’s Brother			
Child’s Sister			
Child’s Relatives (Aunt)			
Child’s Relatives (Uncle)			
Child’s Relatives (Cousin, Niece, Nephew)			
Child’s Grandmother			
Child’s Grandfather			
Babysitter, daycare, or before or after school worker			

Other regular household member, friend, visitor, or relative

Other regular household member, friend, visitor, or relative			
--	--	--	--

Other regular household member, friend, visitor, or relative

Other regular household member, friend, visitor, or relative			
--	--	--	--

Other regular household member, friend, visitor, or relative

14. Which of the following people who were around your child smoked Black and Milds (even a puff) during the past week:

Child's Mother	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable
Child's Father	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable
Caregiver's Significant Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Not Applicable
Child's Brother	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable
Child's Sister	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Not Applicable
Child's Relatives (Aunt)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable
Child's Relatives (Uncle)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Not Applicable
Child's Relatives (Cousin, Niece, Nephew)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable
Child's Grandmother	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Not Applicable
Child's Grandfather	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable
Other regular household member, friend, visitor, or relative	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable

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Babysitter, daycare, or before or after school worker	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable
Other regular household member, friend, visitor, or relative	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable
Other regular household member, friend, visitor, or relative	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable
Other regular household member, friend, visitor, or relative	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable
Other regular household member, friend, visitor, or relative	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable

15. [For only those indicated in the previous question; options will also include “unknown.”]

Approximately how many Black and Mild puffs did each person take on a typical/usual day during the past week?

	<u>Inside the home (include your home and their home)</u> # Black and Mild puffs /day	<u>Outside the home (include the patio, balcony, yard, etc.)</u> # Black and Mild puffs/day	<u>Car or other vehicle (Include your car and their car)</u> # Black and Mild puffs/day
Child’s Mother			
Child’s Father			
Caregiver’s Significant Other			
Child’s Brother			
Child’s Sister			
Child’s Relatives (Aunt)			
Child’s Relatives (Uncle)			
Child’s Relatives (Cousin, Niece, Nephew)			
Child’s Grandmother			

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Child's Grandfather			
Babysitter, daycare, or before or after school worker			
Other regular household member, friend, visitor, or relative			
Other regular household member, friend, visitor, or relative			
Other regular household member, friend, visitor, or relative			
Other regular household member, friend, visitor, or relative			

16. [For only those indicated in question 7; options will also include "unknown."]
 Approximately how many Black and Mild puffs did each person take **around your child** on a typical/usual day during the past week?

	<u>Inside the home (include your home and their home)</u> # Black and Mild puffs /day when child present	<u>Outside the home (include the patio, balcony, yard, etc.)</u> # Black and Mild puffs /day when child present	<u>Car or other vehicle (Include your car and their car)</u> # Black and Mild puffs /day when child present
Child's Mother			
Child's Father			
Caregiver's Significant Other			
Child's Brother			
Child's Sister			
Child's Relatives (Aunt)			
Child's Relatives (Uncle)			

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Child's Relatives (Cousin, Niece, Nephew)			
Child's Grandmother			
Child's Grandfather			
Babysitter, daycare, or before or after school worker			
Other regular household member, friend, visitor, or relative			
Other regular household member, friend, visitor, or relative			
Other regular household member, friend, visitor, or relative			
Other regular household member, friend, visitor, or relative			

17. Which of the following people who were around your child smoked cigars (even a puff) during the past week:

Child's Mother	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable
Child's Father	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable
Caregiver's Significant Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Not Applicable
Child's Brother	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable
Child's Sister	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Not Applicable
Child's Relatives (Aunt)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable
Child's Relatives (Uncle)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Not Applicable
Child's Relatives (Cousin, Niece, Nephew)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable

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Child's Grandmother	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Not Applicable
Child's Grandfather	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable
Other regular household member, friend, visitor, or relative	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable
Babysitter, daycare, or before or after school worker	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable
Other regular household member, friend, visitor, or relative	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable
Other regular household member, friend, visitor, or relative	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable
Other regular household member, friend, visitor, or relative	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable
Other regular household member, friend, visitor, or relative	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not Applicable

18. [For only those indicated in the previous question; options will also include "unknown."]

Approximately how many cigar puffs did each person take on a typical/usual day during the past week?

	<u>Inside the home (include your home and their home)</u> # cigar puffs /day	<u>Outside the home (include the patio, balcony, yard, etc.)</u> # cigar puffs/day	<u>Car or other vehicle (Include your car and their car)</u> # cigars puffs/day
Child's Mother			
Child's Father			
Caregiver's Significant Other			
Child's Brother			
Child's Sister			

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Child's Relatives (Aunt)			
Child's Relatives (Uncle)			
Child's Relatives (Cousin, Niece, Nephew)			
Child's Grandmother			
Child's Grandfather			
Babysitter, daycare, or before or after school worker			
Other regular household member, friend, visitor, or relative			
Other regular household member, friend, visitor, or relative			
Other regular household member, friend, visitor, or relative			
Other regular household member, friend, visitor, or relative			
Other regular household member, friend, visitor, or relative			

19. [For only those indicated in question 7; options will also include "unknown."] Approximately how many cigar puffs did each person take **around your child** on a typical/usual day during the past week?

	<u>Inside the home (include your home and their home)</u> # cigar puffs /day when child present	<u>Outside the home (include the patio, balcony, yard, etc.)</u> # cigar puffs /day when child present	<u>Car or other vehicle (Include your car and their car)</u> # cigar puffs /day when child present
Child's Mother			
Child's Father			
Caregiver's Significant Other			
Child's Brother			
Child's Sister			

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Child's Relatives (Aunt)			
Child's Relatives (Uncle)			
Child's Relatives (Cousin, Niece, Nephew)			
Child's Grandmother			
Child's Grandfather			
Babysitter, daycare, or before or after school worker			
Other regular household member, friend, visitor, or relative			
Other regular household member, friend, visitor, or relative			
Other regular household member, friend, visitor, or relative			
Other regular household member, friend, visitor, or relative			

20. How many smokers live in your child's home? _____

21. Is smoking allowed anywhere in your child's home?

- Yes
- Yes, but only when the child is not present
- Sometimes
- No, no one is allowed to smoke anywhere in my home at any time

22. If no one is allowed to smoke anywhere in your home at any time, how long has this been for:

- 1 week or less
- 2-4 weeks
- 4-8 weeks
- 8-12 weeks
- 12 weeks or more
- There has never been any smoking allowed in my home at any time.

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23. Is smoking allowed in the car or other vehicle in which your child rides?

- Yes, people are allowed to smoke anytime in my car
- Yes, but only when the child is not present
- Sometimes
- No, no one is allowed to smoke in my car at any time

24. What type of home do you live in?

- Single-family house
- Apartment building
- Multi-family house (including houses that are attached to each other)
- Other (Please describe): _____

25. How often is your house cleaned by you or someone else?

- Every day
- Once a week
- Several times/week
- Less than once a week

If you live in a single-family home, please skip questions 26-31

26. Does your apartment, townhouse, or condo complex allow tobacco smoking inside the units?

- Yes, all residents are allowed to smoke inside their units
- Yes, long-time residents are allowed to smoke inside their units but new residents are not
- No, tobacco smoking is not allowed in any units

27. Does your apartment, townhouse, or condo complex allow use of electronic cigarettes or vaping inside the units?

- Yes, all residents are allowed to use electronic cigarettes inside their units
- Yes, long-time residents are allowed to use electronic cigarettes inside their units but new residents are not
- No, use of electronic cigarettes is not allowed in any units

28. Does your apartment or townhouse or condo complex allow tobacco smoking on balconies or porches?

- Yes
- No
- Don't know/ Not applicable

29. Does your apartment or townhouse or condo complex allow use of electronic cigarettes or vaping on balconies or porches?

- Yes
- No

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Don't know/Not applicable

30. What are the rules about smoking tobacco in the indoor common areas of your complex, if any? This includes an indoor lobby, clubhouse, meeting or events room, rental office, laundry room, and indoor hallways, stairwells, and elevator areas.

- Tobacco smoking is allowed anywhere in the indoor common areas
- Tobacco smoking is allowed in most of the indoor common areas, with a few restrictions
- Tobacco smoking is allowed in most of the indoor common areas, with a few exceptions
- Tobacco smoking is banned in all of the indoor common areas.
- Not applicable (your complex does not have any indoor common areas)

31. What are the rules about smoking tobacco in the outdoor common areas of your complex, if any? This includes an outdoor pool, lawn, or recreation area, parking lots, and any other outdoor common areas.

- Tobacco smoking is allowed anywhere in the outdoor common areas
- Tobacco smoking is allowed in most of the outdoor common areas, with a few restrictions
- Tobacco smoking is allowed in most of the outdoor common areas, with a few exceptions
- Tobacco smoking is banned in all of the outdoor common areas.
- Not applicable (your complex does not have any indoor common areas)

The following questions are related to the illness that you brought your child to the Emergency Room for today:

32. How concerned are you that your smoking will affect your child's health?

- Not concerned at all
- A little concerned
- Somewhat concerned
- Very concerned

33. How much do you believe that your smoking is **related** to your child's health?

- Not at all
- A little
- Somewhat
- Very much

34. How much do you believe that your smoking **increases** how often your child gets sick?

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- Not at all
- A little
- Somewhat
- Very much

35. How much do you believe that your smoking **affects the severity** of your child's symptoms (like coughing, sneezing, watery eyes, earaches) like he/she has today?

- Not at all
- A little
- Somewhat
- Very much

36. How much do you believe that your smoking **increases** the chance that your child will have to go to the Emergency Room or be hospitalized for illness?

- No increase at all
- A little increase
- An increase
- A large increase

37. If someone **stopped smoking**, how much do you think that would **prevent** their child from getting sick?

- Would not prevent at all
- Would prevent a little
- Would prevent
- Would prevent a lot

38. If someone **stopped smoking**, how much do you think that would **decrease** how often their child gets sick?

- Not at all
- A little
- Somewhat
- A lot

39. If someone **stopped smoking**, how much do you think that would **decrease** how bad their child's symptoms are (coughing, sneezing, watery eyes) when he or she is sick?

- Not at all
- A little
- Somewhat
- A lot

40. If someone **stopped smoking**, what are the chances that their child's health would get better?

- Not at all
- A little
- Somewhat
- A lot

41. If someone **stopped smoking**, how much would it **decrease** the chance that their child would have to go to the Emergency Room or be hospitalized for illness?

- Not at all
- A little

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- Somewhat
- A lot

E-Cigarette Questions

The next several questions are about the use of e-cigarettes or other vaping devices (e.g., vape mods) to vape e-juice with or without nicotine (we are NOT interested in your vaping of THC, marijuana, hash oil, hookah, etc). We will use the general term “e-cigarettes” to refer to the use of all types of vaping devices.

42. Have you ever tried e-cigarettes (vaping)?

- Yes (**If yes, go to 43**)
- No (**If no, go to 49**)

43. If yes, why did you first start using e-cigarettes?

- To quit smoking
- To cut down on smoking cigarettes
- To keep my children away from cigarette smoke
- For fun
- Out of curiosity
- Because I can use it in places where I can't smoke
- Other reason. Please state why: _____

44. Do you currently use e-cigarettes?

- Yes, daily No
- Yes, sometimes

If yes, how many puffs do you take a day? _____

If yes, how much e-liquid do you use a day? _____ (ml)

/ other amount _____

45. Did e-cigarettes help you cut down on the number of cigarettes you smoke?

- Yes
- No

46. Have you experienced any bad health effects from using e-cigarettes?

- Yes
- No

47. If yes, check all that apply:

- Cough
- Chest tightness
- Shortness of breath
- Wheezing
- Chest pain
- Fast breathing
- Other: _____

48. Since you've started e-cigarettes, do you feel that your health has

- Improved
 Stayed the same
 Worsened

49. On a scale from 0 to 10, where 0 = "not at all harmful" and 10 = "extremely harmful", how harmful to your health do you think **e-cigarettes** are?

Not harmful at all										Extremely Harmful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10

50. On a scale from 0 to 10, where 0 = "not at all harmful" and 10 = "extremely harmful", how harmful to your health do you think **cigarettes** are?

Not harmful at all										Extremely Harmful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10

Marijuana Use Questions

The following questions refer to marijuana, which is also called "pot" and is sometimes smoked together with tobacco. Think specifically about the past 30 days, including today.

51. During the past 30 days, on how many days did you smoke marijuana or pot, even one puff? _____

52. During the past 30 days, on how many days did you smoke marijuana or pot **in your home**, even one puff?

53. Of the people living in your home, how many smoke marijuana or pot regularly or occasionally, even one puff?

54. During the past 30 days, on how many days did others who live with you smoke marijuana or pot **in your home**, even one puff?

Lifestyle Questions

55. How many servings of fruits and vegetables does your child eat a day (a serving equals the size of your child's fist)?

- 0
 1-2
 3-4
 5 or more

56. Does your child have his/her own:

- Yes No Television

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- Yes No Tablet (e.g., iPad, Kids Tablet, Kindle eBook reader)
- Yes No Smartphone
- Yes No iPod
- Yes No Video game console (e.g., Xbox, PlayStation, Nintendo Wii, Kinex)
- Yes No Computer (laptop or desktop)

57. How many hours of “screen time” does your child spend a day during an average week day? This includes: non-school related computer time, child/educational videos, television, videogames, phone time (like texting, playing games), Xbox, PlayStation, Wii, an iPod, an iPad or other tablet, a smartphone, streaming movies or shows (like Netflix, Hulu, Crackle, Amazon Prime), YouTube, Facebook, SnapChat, Instagram, Vine, Twitter, other social networking tools, and the Internet.

- 0 Less than 1 hour 1 hour
- 2 hours 3 hours 4 hours or more per day

58. How many times per day does your child drink one or more of the following?

	0	1	2	3	4 or more
100% fruit juice (orange juice, apple juice, grape juice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit flavored drink (punch, Kool-Aid, Capri Sun)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport drink (Gatorade, Powerade)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonfat (skim) milk, low-fat (1%) milk, or reduced-fat (2%) milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baby Formula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast Milk (please indicate number of times per day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soda (Coke, Pepsi, Sprite)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

59. How many minutes a day does your child spend in active play (faster breathing, faster heart rate, sweating)?

- 0
- 1-30
- 31-60
- 61-90
- 91 and above
- N/A- child is under age 2

The next set of questions asks you about money issues in your house.

60. How difficult is it for you to live on your total household income right now?

Not at all difficult				Extremely Difficult
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

61. In the next two months, how likely is it that you and your family will experience actual hardships such as inadequate housing, food, or medical attention?

Not at all likely				Extremely Likely
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

62. In the next two months, how likely is it that you and your family will have to reduce standard of living to the bare necessities of life?

Not at all likely					Extremely Likely
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	

Please click “submit” and hand tablet to study staff.

CAREGIVER BASELINE POST INTERVENTION ASSESSMENT

1. Please tell us which of the following the study staff did at this visit: (check all that apply)

- Advised you to quit smoking?
- Asked how ready you were to quit smoking?
- Helped you find ways to quit smoking?
- Told you about the harms of smoking on your child?
- Told you about how to make a total home/car smoking ban?
- Advised you to help your child eat 5 fruits/vegetables a day?
- Advised you to help your child get 2 hours or less of screen time a day?
- Advised you to give your child less or no sugary drinks?
- Helped you figure out ways to help your child stay healthy?
- Told you about the harms of an unhealthy diet, lack of exercise, or too much screen time?

2. How helpful was the information that you received from the study staff?

Very unhelpful	Unhelpful	Neither unhelpful nor helpful	Helpful	Very helpful
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Did you expect to receive this information in the ER today?

- Yes No

Please indicate how much you agree or disagree with the following statements:

4. The Emergency Room is an appropriate place to address smoking.

strongly disagree	somewhat disagree	neither agree nor disagree	somewhat agree	strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. The Emergency Room is an appropriate place to address healthy lifestyle.

strongly disagree	somewhat disagree	neither agree nor disagree	somewhat agree	strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>