1. Your County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Your Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Race/Ethnic Background (Check all that apply):

□ White □ Black □ Latino □ Asian/Pacific Islander   
□ Native American □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Do you smoke, chew tobacco, or use e-cigarettes/vape? □ Yes □ No

*If YES*, Are you interested in resources to help you quit? □ Yes □ No

5. Is your child exposed to tobacco smoke and/or e-cigarette vapor in the home or car?

□ Yes □ No

6. How often does anyone smoke in your HOME?

□ Never □ A few times a year □ Once a month   
□ Once a week □ Several days a week □ Daily

7. How often does anyone smoke in your CAR?

□ Never □ A few times a year □ Once a month   
□ Once a week □ Several days a week □ Daily

8. Has your child ever been diagnosed with asthma or another chronic respiratory illness? □ Yes □ No

9. Have you received education about the dangers of tobacco and secondhand smoke in the past 3 months (including today)?  □ Yes □ No

*If YES:* Who provided the tobacco education? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
How helpful was the tobacco education? □ Very Helpful □ Somewhat Helpful □ Neutral □ Not Very Helpful □ Extremely Unhelpful

Additional comments or questions you wish to share: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you would like to be entered to win a $50 Gift Card, please complete the following information *(optional):***

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_