1. Your County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Your Age: □ 18-25 □ 26-35 □ 36-45 □ 46-55 □ 55+

3. Race and/or Ethnic Background (check all that apply):

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

4. Do you currently use any form of tobacco? (including cigarettes, cigars, cigarillos, chewing tobacco, smokeless pouches, and/or e-cigarettes/vapes? □ 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/vape 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/vape 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/vapor in the past 6 months (including today)?  □ Yes □ No

*If YES:* Who provided the tobacco education? (check all that apply)

□ Tobacco Specialist in my County □ Head Start/Early Head Start □ WIC □ Healthy Families □ Nurse Family Partnership □ Other Non-Profit Organization □ Health Department □ Healthcare Provider □ Health Insurance □ School □ Quit Now Indiana □ Internet/Social Media □ Community Event □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 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 Walmart Gift Card, please complete the following information *(optional):*** Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_