

### Kids Involuntarily Inhaling Secondhand Smoke (KIISS)

What is your zip code? \_\_\_\_\_

Please complete the following demographic information on **yourself**. Please check the appropriate response.

<b>Race/Ethnicity:</b>	<input type="checkbox"/> White	<input type="checkbox"/> African-American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> Alaskan/ American Indian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other	<input type="checkbox"/> MultiRacial
<b>Sex:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female						
<b>Primary Language Spoken in the Home</b>	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other (please tell us what it is):					

Next please fill in the age, sex, ethnicity, primary language and special needs **of your child/children**. If you have questions or need additional paper, please let the presenter know.

**First Child**

<b>Age:</b>	<input type="checkbox"/> Not yet born	<input type="checkbox"/> 0-1 years	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 2-3 years	<input type="checkbox"/> 3-4 years	<input type="checkbox"/> 4-5 years	<input type="checkbox"/> 5-6 years	<input type="checkbox"/> 6 or older
<b>Sex:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female						
<b>Race/Ethnicity:</b>	<input type="checkbox"/> White	<input type="checkbox"/> African-American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> Alaskan/ American Indian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other	<input type="checkbox"/> MultiRacial
<b>Primary Language Spoken in the Home</b>	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other (please tell us what it is):					
<b>Special Needs:</b>	<input type="checkbox"/> Eligible for Part B (619) of IDEA	<input type="checkbox"/> Eligible for Part C of IDEA	<input type="checkbox"/> Mental Health Diagnosis IDEA	<input type="checkbox"/> No special needs diagnosed				

**Second Child**

<b>Age:</b>	<input type="checkbox"/> Not yet born	<input type="checkbox"/> 0-1 years	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 2-3 years	<input type="checkbox"/> 3-4 years	<input type="checkbox"/> 4-5 years	<input type="checkbox"/> 5-6 years	<input type="checkbox"/> 6 or older
<b>Sex:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female						
<b>Race/Ethnicity:</b>	<input type="checkbox"/> White	<input type="checkbox"/> African-American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> Alaskan/ American Indian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other	<input type="checkbox"/> MultiRacial
<b>Primary Language Spoken in the Home</b>	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other (please tell us what it is):					
<b>Special Needs:</b>	<input type="checkbox"/> Eligible for Part B (619) of IDEA	<input type="checkbox"/> Eligible for Part C of IDEA	<input type="checkbox"/> Mental Health Diagnosis IDEA	<input type="checkbox"/> No special needs diagnosed				

**Third Child**

<b>Age:</b>	<input type="checkbox"/> Not yet born	<input type="checkbox"/> 0-1 years	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 2-3 years	<input type="checkbox"/> 3-4 years	<input type="checkbox"/> 4-5 years	<input type="checkbox"/> 5-6 years	<input type="checkbox"/> 6 or older
<b>Sex:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female						
<b>Race/Ethnicity:</b>	<input type="checkbox"/> White	<input type="checkbox"/> African-American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> Alaskan/American Indian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other	<input type="checkbox"/> MultiRacial
<b>Primary Language Spoken in the Home</b>	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other (please tell us what it is):					
<b>Special Needs:</b>	<input type="checkbox"/> Eligible for Part B (619) of IDEA		<input type="checkbox"/> Eligible for Part C of IDEA		<input type="checkbox"/> Mental Health Diagnosis IDEA		<input type="checkbox"/> No special needs diagnosed	

**Fourth Child**

<b>Age:</b>	<input type="checkbox"/> Not yet born	<input type="checkbox"/> 0-1 years	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 2-3 years	<input type="checkbox"/> 3-4 years	<input type="checkbox"/> 4-5 years	<input type="checkbox"/> 5-6 years	<input type="checkbox"/> 6 or older
<b>Sex:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female						
<b>Race/Ethnicity:</b>	<input type="checkbox"/> White	<input type="checkbox"/> African-American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> Alaskan/American Indian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other	<input type="checkbox"/> MultiRacial
<b>Primary Language Spoken in the Home</b>	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other (please tell us what it is):					
<b>Special Needs:</b>	<input type="checkbox"/> Eligible for Part B (619) of IDEA		<input type="checkbox"/> Eligible for Part C of IDEA		<input type="checkbox"/> Mental Health Diagnosis IDEA		<input type="checkbox"/> No special needs diagnosed	

**Fifth Child**

<b>Age:</b>	<input type="checkbox"/> Not yet born	<input type="checkbox"/> 0-1 years	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 2-3 years	<input type="checkbox"/> 3-4 years	<input type="checkbox"/> 4-5 years	<input type="checkbox"/> 5-6 years	<input type="checkbox"/> 6 or older
<b>Sex:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female						
<b>Race/Ethnicity:</b>	<input type="checkbox"/> White	<input type="checkbox"/> African-American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> Alaskan/American Indian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other	<input type="checkbox"/> MultiRacial
<b>Primary Language Spoken in the Home</b>	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other (please tell us what it is):					
<b>Special Needs:</b>	<input type="checkbox"/> Eligible for Part B (619) of IDEA		<input type="checkbox"/> Eligible for Part C of IDEA		<input type="checkbox"/> Mental Health Diagnosis IDEA		<input type="checkbox"/> No special needs diagnosed	

**Sixth Child**

<b>Age:</b>	<input type="checkbox"/> Not yet born	<input type="checkbox"/> 0-1 years	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 2-3 years	<input type="checkbox"/> 3-4 years	<input type="checkbox"/> 4-5 years	<input type="checkbox"/> 5-6 years	<input type="checkbox"/> 6 or older
<b>Sex:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female						
<b>Race/Ethnicity:</b>	<input type="checkbox"/> White	<input type="checkbox"/> African-American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> Alaskan/American Indian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other	<input type="checkbox"/> MultiRacial
<b>Primary Language Spoken in the Home</b>	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other (please tell us what it is):					
<b>Special Needs:</b>	<input type="checkbox"/> Eligible for Part B (619) of IDEA		<input type="checkbox"/> Eligible for Part C of IDEA		<input type="checkbox"/> Mental Health Diagnosis IDEA		<input type="checkbox"/> No special needs diagnosed	

**Seventh Child**

<b>Age:</b>	<input type="checkbox"/> Not yet born	<input type="checkbox"/> 0-1 years	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 2-3 years	<input type="checkbox"/> 3-4 years	<input type="checkbox"/> 4-5 years	<input type="checkbox"/> 5-6 years	<input type="checkbox"/> 6 or older
<b>Sex:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female						
<b>Race/Ethnicity:</b>	<input type="checkbox"/> White	<input type="checkbox"/> African-American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> Alaskan/American Indian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other	<input type="checkbox"/> MultiRacial
<b>Primary Language Spoken in the Home</b>	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other (please tell us what it is):					
<b>Special Needs:</b>	<input type="checkbox"/> Eligible for Part B (619) of IDEA		<input type="checkbox"/> Eligible for Part C of IDEA		<input type="checkbox"/> Mental Health Diagnosis IDEA		<input type="checkbox"/> No special needs diagnosed	

**Eighth Child**

<b>Age:</b>	<input type="checkbox"/> Not yet born	<input type="checkbox"/> 0-1 years	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 2-3 years	<input type="checkbox"/> 3-4 years	<input type="checkbox"/> 4-5 years	<input type="checkbox"/> 5-6 years	<input type="checkbox"/> 6 or older
<b>Sex:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female						
<b>Race/Ethnicity:</b>	<input type="checkbox"/> White	<input type="checkbox"/> African-American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> Alaskan/American Indian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other	<input type="checkbox"/> MultiRacial
<b>Primary Language Spoken in the Home</b>	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other (please tell us what it is):					
<b>Special Needs:</b>	<input type="checkbox"/> Eligible for Part B (619) of IDEA		<input type="checkbox"/> Eligible for Part C of IDEA		<input type="checkbox"/> Mental Health Diagnosis IDEA		<input type="checkbox"/> No special needs diagnosed	

Please circle your answers to the following questions:

**1. Do you or anyone who lives in your home smoke:**

Yes                  No

**2. Do you or anyone who lives in your home smoke in the:**

House:            yes    no  
Garage:           yes    no  
Car:                yes    no  
Outside:          yes    no

**3. Does anyone who visits your home smoke in the:**

House:            yes    no  
Garage:           yes    no  
Car:                yes    no  
Outside:          yes    no

**4. Are your children exposed to secondhand smoke by others outside of your home?**

YES (explain) \_\_\_\_\_ NO (explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Please rank your knowledge about the dangers of second hand smoke (circle the appropriate number):**

<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Not at all Informed</b>	<b>Not Very Informed</b>	<b>Somewhat Informed</b>	<b>Very Well Informed</b>

**6. After the presentation, would you be willing to participate in a follow-up mail survey?**

**If yes, please write your name and address below. For your participation, we will mail you a \$5.00 Jamba Juice certificate.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your participation.  
Please return this completed survey to the presenter.