

Intervention Tenant

Pre-Screening Survey

Participant ID

First name

Last name

Date of birth

Phone number

Email

Agency

- CHP
- Swords to Plowshares (STP)
- DISH
- ABODE Services (AB)
- LifeLong
- LifeMoves

County

- San Francisco
- Alameda
- San Mateo
- Santa Clara
- Santa Cruz

Property name

By checking this box, I certify that I am at least 18 years old and that I give my consent freely to participate in this survey.

- I consent

Section A: Knowledge of current no-smoking policy (all participants)

Please tell us if you think these things are allowed or not allowed under your building's current no-smoking policy.

	Allowed	Not allowed	Don't know
Smoking inside your apartment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking in indoor shared areas, like hallways or entryways.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking outdoors on porches, patios, or balconies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking in other outdoor areas of the property like the parking lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section B: Secondhand smoke exposure (all participants)

How often in the PAST MONTH did you smell or breathe secondhand smoke in the following places around your apartment building?

	Never	Hardly ever	A few times a month	A few times a week	Everyday
Inside your apartment (smoke that comes in from outside or someone else's apartment).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In indoor shared areas like hallways.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outdoor shared areas like porches or patios.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other outdoor areas like the parking lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section C: Attitudes toward smoke-free policies (all participants)

Tell us your attitudes toward smoke-free policies in your apartment building.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I believe this property should have an outside area where smoking is NOT allowed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I support a smoking ban where smoking is not allowed in ANY indoor areas of the property, including my apartment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Banning smoking in the property would improve the health of tenants.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Banning smoking in the property would reduce smoking among tenants.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe this property should have an outside area where smoking IS allowed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section D: Smoking screening question (all participants)

Have you smoked at least 100 cigarettes in your lifetime? Yes
 No

Section E: Smoking history (current and former smokers)

The next set of questions is about your cigarette smoking.

Do you smoke everyday, some days, or not at all? Not at all
 Some days
 Everyday

What is your brand of cigarettes? Menthols
 Non-menthols

If there were no smoking restrictions on you, how soon after you wake up would you smoke your first cigarette? Within 5 minutes
 6-30 minutes
 31-60 minutes
 After 60 minutes

In the PAST MONTH, about how frequently have you smoked a cigarette in a place where you were not supposed to? Never
 Rarely
 Sometimes
 Often

What best describes your intention to quit smoking?

- Never expect to quit
 May quit in the next 6 months
 Will quit in the next 6 months
 Will quit in the next month

During the past 12 months, have you stopped smoking for 1 day or longer because you were trying to quit?

- Yes
 No

What is the longest time you were able to stop smoking during your last quit attempt? (DAYS)

What is the longest time you were able to stop smoking during your last quit attempt? (MONTHS)

Did you smoke any cigarettes in the past 7 days?

- Yes
 No

How many of the past 7 days did you smoke cigarettes?

In the past 7 days, on the days that you did smoke, about how many cigarettes did you smoke per day?

Section F: Adherence to the no-smoking policy (current smokers)

This question is for those who reported smoking at the time of this survey.

When you are at home, where is the most likely place that you smoke?

- In my apartment.
 Outside on the porch, patio, or balcony.
 Outside in other outdoor areas of the property.
 Outside in the designated smoking area.

Section G: Attitudes toward no-smoking policies (current smokers)

This question is for those who reported smoking at the time of this survey. Tell us your attitudes toward a no-smoking policy that does not allow you to smoke in indoor areas of the property.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I would support such a policy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would try to move to another property that allows smoking indoors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would try to cut down on my smoking because of the policy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would try to quit smoking for a short time because of the policy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I would try to stop smoking completely because of the policy.

Section H: Cigarette purchasing (current smokers)

The next set of questions is about how you obtain cigarettes.

What is your usual source of cigarettes?

- Buy from a store
 Buy from a friend
 Ask a friend or stranger

The last time you bought cigarettes, how many did you buy?

- 1 cigarette
 2-19 cigarettes
 20 cigarettes (one pack)
 Multiple packs
 A carton
 Other

If other, then please list.

What price did you pay for your last loose cigarette ("loosie")? Please report the cost after using discounts or coupons.

What price did you pay for your last pack of cigarettes? (One pack = 20 cigarettes). Please report the cost after using discounts and coupons.

How much did you spend on cigarettes IN THE PAST WEEK?

How much do you USUALLY spend on cigarettes?

- \$0-\$5
 \$6-\$10
 \$11-\$20
 \$21-\$30
 \$31-\$40
 \$41-\$50
 \$51-\$60
 \$61-\$70
 >\$71

How often do you smoke cigarette butts or filters?

- Never
 Rarely
 Sometimes
 Often

Section I: Other tobacco and nicotine product use (all participants)**The next set of questions is about other (non-cigarette) tobacco and nicotine product use.**

Have you ever used any form of tobacco other than cigarettes? (For example: cigars, pipes, chew, snuff, dip, or e-cigarettes.) Yes
 No

Have you ever tried cigars even once? Yes
 No

Have you ever tried little cigars (i.e., cigarillos) even once? Yes
 No

Have you ever tried chewing tobacco even once? Yes
 No

Have you ever tried roll-your-own tobacco even once? Yes
 No

Have you ever tried hookah or water pipe even once? Yes
 No

Have you ever tried dissolvable tobacco (i.e., Ariva, Stonewall, or Camel) even once? Yes
 No

Have you ever tried electronic cigarettes or other vaping devices even once? Yes
 No

Have you ever tried blunts (i.e., marijuana rolled in a tobacco leaf) even once? Yes
 No

Have you ever tried any other non-cigarette tobacco/nicotine even once? Yes
 No

If other then please list.

Did you use cigars in the past 30 days? Yes
 No

Did you smoke your last cigar in your apartment? Yes
 No

Did you use little cigars (i.e., cigarillos) in the past 30 days? Yes
 No

Did you smoke your last little cigar in your apartment? Yes
 No

Did you use chewing tobacco in the past 30 days? Yes
 No

Did you use roll-your-own tobacco in the past 30 days? Yes
 No

Did you smoke your last roll-your-own tobacco in your apartment? Yes
 No

Did you use hookah or water pipe in the past 30 days? Yes
 No

Did you smoke your last hookah or water pipe in your apartment? Yes
 No

Did you use dissolvable tobacco (i.e., Ariva, Stonewall, or Camel) in the past 30 days? Yes
 No

Did you use electronic cigarettes or other vaping devices in the past 30 days? Yes
 No

Did you vape/use your last electronic cigarette in your apartment? Yes
 No

Did you use blunts (i.e., marijuana rolled in a tobacco leaf) in the past 30 days? Yes
 No

Did you smoke your last blunt in your apartment? Yes
 No

Did you use any other non-cigarette tobacco in the past 30 days? Yes
 No

If other, then please list.

Section J: Alcohol and/or substance use (all participants)

The next set of questions is about alcohol and/or substance use.

Have you ever used alcohol and/or other drugs? Yes
 No

Have you ever used alcohol? Yes
 No

Have you ever used marijuana? Yes
 No

Have you ever used cocaine and/or crack cocaine? Yes
 No

Have you ever used opiates (Rx and/or illicit, i.e., heroin, methadone, Buprenorphine, oxycodone)? Yes
 No

Have you ever used amphetamines (i.e., meth, ecstasy?) Yes
 No

Have you ever used sedatives, hypnotics, and/or anxiolytics (i.e., Valium, Klonopin, Xanax)? Yes
 No

Have you ever used other substances? Yes
 No

If other, then please list. _____

Did you use alcohol in the past 30 days? Yes
 No

Did you use marijuana in the past 30 days? Yes
 No

Within the past 30 days, did you use marijuana in your apartment? Yes
 No

Did you use cocaine and/or crack cocaine in the past 30 days? Yes
 No

Did you use opiates (Rx and/or illicit, i.e., heroin, methadone, Buprenorphine, Oxycodone) in the past 30 days? Yes
 No

Did you use amphetamines (i.e., meth, ecstasy) in the past 30 days? Yes
 No

Did you use sedatives, hypnotics, and/or anxiolytics (i.e., Valium, Klonopin, Xanax) in the past 30 days? Yes
 No

Did you use other substances in the past 30 days? Yes
 No

If other, then please list. _____

Section K: Smoking cessation among former smokers

The next set of questions is for those who reported not smoking at all at the time of this survey.

About how long as it been since you completely quit smoking cigarettes? (DAYS) _____

About how long as it been since you completely quit smoking cigarettes? (MONTHS) _____

About how long has it been since you completely quit smoking cigarettes? (YEARS) _____

Did you quit smoking in the past 3 months? Yes
 No

Within the past 3 months, what role do you believe the intervention played in helping you quit? It did not help at all.
 It played part of a role.
 It helped me quit completely.

Which component(s) of the intervention did you find helpful? Please check all that apply.

- None of them
- Smoke-free pledges
- Signs/stickers
- Brochures
- Guides
- Counseling with staff
- Being referred to other community resources
- Cash incentive
- Room repair incentive
- Pizza party
- Other

If other, then please list.

The last time you quit smoking in the past 3 months, did you switch to another form of tobacco to help you quit?

- Yes
- No

Which form of other tobacco did you use to help you quit cigarette smoking? Please check all that apply.

- Electronic cigarettes
- Little cigars
- Smokeless tobacco
- Chewing tobacco
- Other

If other, then please list.

What methods (not related to the intervention) did you use to quit smoking in the past 3 months? Please check all that apply.

- Used a nicotine aid
- Used medications
- Called the quit line
- Participated in a cessation class or clinic
- Talked to my primary care provider
- Quit on my own (cold turkey)
- Cut down on my smoking
- Other

If other, then please list.

Section L: Adoption of a smoke-free home (all participants)

The next set of questions is to explore your attitudes and attempts toward making your home/apartment smoke-free.

Which statement best describes the CURRENT rules about smoking inside your home/apartment?

- There are no rules around smoking in my home.
- Smoking is allowed ANYWHERE in my home.
- Smoking is allowed in SOME places in my home.
- Smoking is NOT ALLOWED anywhere in my home.

Which statement best describes how you feel about making your home/apartment smoke-free?

- I'm not interested in making my home smoke-free.
- I'm thinking about making my home smoke-free.
- I've decided to make my home smoke-free.
- My home is ALREADY smoke-free.

During the past 7 days, on how many days have you and/or other people smoked in your home in your presence? _____

In the past 3 months, have you or anyone else previously tried to establish a smoke-free rule in your home/apartment? (Meaning: smoking is not allowed any time or any place in the home.)

- Yes
 No

In the past 3 months, have you attempted to not smoke in your apartment even if it was for one day?

- Yes
 No

For how many days were you smoke-free? _____

Section M: Barriers to implementing a smoke-free apartment (all participants)

The next set of statements is to explore what you believe might make it challenging or difficult to make your home/apartment smoke-free. Please indicate your level of agreement with the following statements.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I don't want to quit smoking right now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have young children; I can't leave them alone to go outside to smoke.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bad weather (like rain, wind, cold) makes me not want to go outside to smoke.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't feel safe going outside, especially at night.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The building doesn't have porches, yards, or other outdoor areas where I can go smoke.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not the head of household, so I cannot make the rules for my home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have visitors (friends, family, etc.) who want to smoke inside.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think it's okay to smoke in a separate room as long as the door is closed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- I'm so used to smoking in my home that it's a habit. Even taking it outside would be too difficult.
- I have physical disabilities that prevent me from going outside during the day.
- My neighbors also smoke in their homes. It's just part of the culture at this building.

Section N: Attitudes around warning labels (all participants)

The next set of statements and questions is to explore your thoughts and opinions around the visual warning labels that are part of the intervention.

In the past 3 months, how often have you looked at the warning labels that were given to you?

- Never
 Rarely
 Sometimes
 Often

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I think the warning labels provided useful information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The warnings helped me become more aware of smoking-related harms. I learned new facts that I didn't know.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The warnings would help me quit smoking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The warnings made me want to take action to quit my smoking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The warnings were visually appealing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt shocked and horrified when I looked at the warnings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt angry when I looked at the warnings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt disgusted when I looked at the warnings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt hopeful when I looked at the warnings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt indifferent when I looked at the warnings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| These warnings are trying to manipulate me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| These warnings annoy me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The health effects on these warnings are overblown. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Of the different tobacco-related topics covered in the warnings, which topic made the MOST impact on you? Please select ONE.

- None of them
- Secondhand smoke
- Third hand smoke
- E-cigarettes
- Smoking and pets
- Smoking and children
- Smoking's impact on the body (lungs, etc.)
- How much smoking costs

To what extent, if any, do the warning labels make you think about the health risks of smoking?

- Not at all
- Rarely
- Sometimes
- Occasionally
- Often
- Very often

To what extent, if any, would you reduce your cigarette consumption if the images appeared on the cigarette/tobacco brand that you normally purchase?

- Not at all
- Rarely
- Sometimes
- Occasionally
- Often
- Very often

Demographics

Gender

- Female
- Male
- Transgender

Ethnicity

- Hispanic/Latino
- NOT Hispanic/Latino
- Unknown/not reported

Race

- American Indian/Alaska Native
- Asian
- Native Hawaiian/Pacific Islander
- Black/African-American
- White
- Other
- More than one race
- Unknown/not reported

Age

Education

- Less than high school
- High school or GED
- Some college
- College or other professional training

Do you currently live in transitional housing (i.e., temporary housing for 3 months to 2 years) or permanent supportive housing?

- Transitional
 Permanent supportive

Did you have to show proof of homelessness before signing your lease?

- Yes
 No

Do any children live in your household?

- Yes
 No

Do any children under 12 years of age live in your household?

- Yes
 No

Are you currently employed?

- Yes
 No

Including salary, pensions, interests (and your spouse's or partner's income if applicable), which of the following comes closest to your YEARLY household income before taxes (including SSI, Disability, and other public assistance benefits)?

- Less than \$15,000
 \$15,000 - \$30,000
 \$30,000 - \$60,000
 More than \$60,000
 Don't know
 Refused to disclose

Including salary, pensions, interests (and your spouse's or partner's income if applicable), which of the following comes closest to your MONTHLY household income before taxes (including SSI, Disability, and other public assistance benefits)?

How long have you stayed at the current facility? (DAYS)

How long have you stayed at the current facility? (MONTHS)

How long have you stayed at the current facility? (YEARS)

Have you ever been diagnosed with depression?

- Yes
 No

Have you ever been diagnosed with anxiety disorder?

- Yes
 No

Have you ever been diagnosed with schizophrenia or schizoaffective disorder?

- Yes
 No

Have you ever been diagnosed with post-traumatic stress disorder (PTSD)?

- Yes
 No

Have you ever been diagnosed with diabetes?

- Yes
 No

Have you ever been diagnosed with high blood pressure (hypertension)?

- Yes
 No

Have you ever been diagnosed with coronary artery disease (CAD)? Yes
 No

Have you ever been diagnosed with stroke? Yes
 No

Have you ever been diagnosed with asthma? Yes
 No

Have you ever been diagnosed with COPD? Yes
 No

Have you ever been diagnosed with bronchitis? Yes
 No

Have you ever been diagnosed with cancer? Yes
 No

Completion Data

Has the participant completed the questionnaire? Yes
 No

Has the participant completed the in-depth, semi-structured interview? Yes
 No

Has the participant completed the study? Yes
 No

Put a date if participant withdrew from study.

Reason participant withdrew from study.

Date of last visit:

Comments:
