

Smoke Free for Me

You are being asked to fill out this survey by your child's doctor to help us provide the best care for your baby. If you do not have a child in your home between 0-1 year of age, you do not need to fill out this survey. If you have more than one child being seen for a visit today, you only need to fill out one survey per household. All of your responses are private and none of your personal information will be shared with others. The survey takes about 5 minutes and your answers will not affect the care your child will receive at this office visit

Please use a blue or black ball point pen or pencil and make a clear check (✓) in the box.

Below is the correct way to fill in a response:



Yes

Below are incorrect ways to fill in a response:



No



No



American Academy
of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
Ohio Chapter