Smoke Free for Me

Unless otherwise noted, please place a ✓ on 1 box per question.

1) Have you completed this form at a previous visit?
- No
- Yes

2) Baby's date of birth (MM/DD/YYYY): _____ /____ /____

3) Your home zip code: ___________

4) Today's date: _____ /____ /____

5) Baby's race (Please place ✓ on all boxes that apply):
- African American or Black
- White
- Hispanic or Latino
- Asian
- American Indian or Alaska Native
- Other: _______________

6) Your age:
- 15-20
- 26-30
- 36-40
- 46-50
- 56-60
- 21-25
- 31-35
- 41-45
- 51-55
- 61+

7) What is your relationship to the baby? Please answer for only one person completing this form.
- Mother
- Foster Parent
- Aunt/Uncle
- Other: _______________
- Father
- Grandparent
- Brother/Sister

8) What kind of health insurance do **<u>YOU</u>**, the caregiver of the baby, currently have? (Please place ✓ on all boxes that apply)
- Medicaid/Public health insurance
- Private health insurance
- Medicare/Public health insurance
- I do not have health insurance now

9) I **ALWAYS** place my baby to sleep for a nap or at nighttime, on their back, in a crib or pack-n-play, and with **NOTHING ELSE** in their sleep space. YES NO

10) Do **YOU** currently smoke or vape? YES NO

11) Do **OTHERS** who live in the home with the baby currently smoke or vape? YES NO

If you answered "No" to both questions 10 and 11, STOP completing this form.

If you answered "Yes" to question 10 or 11, CONTINUE to the questions on the back of this form.

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12) On a scale from 0-10, what number shows your thoughts about quitting? I do not smoke/vape

No thought of quitting now		Should consider quitting someday		Should quit but not quite ready		Thinking about cutting down or quitting		Have cut down and seriously considering quitting		Ready to quit
0	1	2	3	4	5	6	7	8	9	10

13) How much have you or others living in the home smoked or vaped in the past 7 days?
For each product below, please fill in 00 if you or others do not smoke that product.

	You			Others		
Cigarettes /Cigars/ Black & Milds	**A)** Please write in the box below the number of cigarettes ***you*** smoked per day in the past week.			**B)** Please write in the box below the number of cigarettes ***all others living in the home with the baby*** smoked per day in the past week.		
	Cigarettes you smoke			Cigarettes others smoke		
E-Cigs/ Juul/ Vape Pens	**C)** Please write in the box below the **number of pods or cartridges *you*** used in e-cigarettes, Juul or vape pens in the past week.			**D)** Please write in the box below the **number of pods or cartridges** that ***others living in the home with the baby*** used in e-cigarettes, Juul or vape pens in the past week.		
	Pods you use			Pods others use		

14) Recently, (in the last few weeks), have you or others living in the home tried to quit or have smoked/vaped less? (Please place ✓ on all boxes that apply)

I have...	Generally, others in the house have...
Never smoked/vaped	Never smoked/vaped
Tried smoking/vaping less around the baby	Tried smoking/vaping less around the baby
Tried to quit smoking/vaping	Tried to quit smoking/vaping
Successfully quit smoking/vaping	Successfully quit smoking/vaping
No changes to my smoking/vaping amount or where I smoke/vape	No changes to my smoking/vaping amount or where I smoke/vape

STOP SURVEY

Smoke Free for Me – Healthcare Provider Data MD

	Nurse/MA to Complete		
If "No" response to Q9:	If "Yes" response to Q10:	If Q12 Indicates 2-10:	If "Yes" response to Q11:
MD Should Discuss Safe Sleep? Yes No	MD Should Discuss Caregiver Smoking/Vaping? Yes (Handouts #: 1,3) No	MD Should Refer to Quitline? Yes (Handouts #: 2,5,6) No (Handout #: 2)	MD Should Discuss Other(s) Smoking/Vaping? Yes (Handouts #: 2,6) No

		MD to Complete		
Provider Initials 123 456 789 ABC DEF GHI	Step I: ADVISE	MD Addressed Safe Sleep Yes No	MD Attempted to Discuss Caregiver Smoking Based on Readiness to Change Yes No	MD Attempted to Discuss Other(s) Smoking/Vaping Yes No
	Step II: Assist	Caregiver Smoking Resources (Handouts) Offered Yes, accepted handouts Yes, declined handouts No		Other(s) Living in the Home Resource Packet (Handouts #2 & 6) Offered Yes No
	Step III: Arrange	MD Offered Referral: Yes, accepted to Quitline Yes, declined Quitline	Yes, accepted to other referral Yes, declined other referral	No