

Secondhand Smoke and Vape Screening Questions



Children:

Does anyone who cares for your child smoke or vape?	<input type="checkbox"/> Smoke	<input type="checkbox"/> Vape	<input type="checkbox"/> Neither
Does anyone smoke or vape inside your home?	<input type="checkbox"/> Smoke	<input type="checkbox"/> Vape	<input type="checkbox"/> Neither
Does anyone smoke or vape inside your car?	<input type="checkbox"/> Smoke	<input type="checkbox"/> Vape	<input type="checkbox"/> Neither

Adults/Adolescents:

Does anyone smoke or vape around you?	<input type="checkbox"/> Smoke	<input type="checkbox"/> Vape	<input type="checkbox"/> Neither
Does anyone smoke or vape inside your home?	<input type="checkbox"/> Smoke	<input type="checkbox"/> Vape	<input type="checkbox"/> Neither
Does anyone smoke or vape inside your car?	<input type="checkbox"/> Smoke	<input type="checkbox"/> Vape	<input type="checkbox"/> Neither
Is smoking or vaping allowed in your workplace?	<input type="checkbox"/> Smoke	<input type="checkbox"/> Vape	<input type="checkbox"/> Neither