

Questions on smoking in the home environment in the past month (SiCET, Smoking in Children’s Environment Test)

The purpose of these questions is to gain as accurate a description as possible of how much tobacco smoke may have been present in the home environment/home over the past month. Try to state as accurately as you can *how many* cigarettes have been smoked on an average weekday and on weekends. Then try and state *how often* someone has smoked in the situations given as examples. Try also to state *how important* it is for the person smoking to do so in the manner described.

1. **How many people have smoked in the home environment over the past month?**
(By home environment we mean both indoors and outdoors on the balcony, terrace, patio or similar).

2. **Roughly how many cigarettes a day have been smoked in total by all smokers in your home environment over the past month?**
(Include everyone who lives in your household, as well as relatives, friends and other visitors)

On weekdays		On weekends	
0	<input type="checkbox"/>	0	<input type="checkbox"/>
1-5	<input type="checkbox"/>	1-5	<input type="checkbox"/>
6-10	<input type="checkbox"/>	6-10	<input type="checkbox"/>
11-15	<input type="checkbox"/>	11-15	<input type="checkbox"/>
16-20	<input type="checkbox"/>	16-20	<input type="checkbox"/>
21-40	<input type="checkbox"/>	21-40	<input type="checkbox"/>
41-60	<input type="checkbox"/>	41-60	<input type="checkbox"/>
Over 60	<input type="checkbox"/>	Over 60	<input type="checkbox"/>

3. **Has anyone smoked a pipe, waterpipe, cigars or cigarillos in the home?**

No Yes

Roughly how many a day? _____

4. **Approximately how often does anyone (including visitors) smoke in the following places in the home or car?** (Please answer by placing a *cross* in the appropriate square on *each row*)

	Several times a day	Once a day	At least once a week	At least once a month	Never, or less often than once a month
Anywhere indoors	<input type="checkbox"/>				
At the dinner table	<input type="checkbox"/>				
In front of the TV	<input type="checkbox"/>				
By an open balcony/outer door or open window	<input type="checkbox"/>				
By the extractor fan	<input type="checkbox"/>				
Outside with the door closed	<input type="checkbox"/>				
Outside with the door closed followed by change of clothes	<input type="checkbox"/>				
In the car	<input type="checkbox"/>				
Other places in the home, such as: _____	<input type="checkbox"/>				

5. Is it important for any of the smokers in the household to be able to smoke in the following places?

(Please answer by placing a *cross* in the appropriate square on *each row*)

	Yes, definitely	Yes, maybe	No
Anywhere indoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At the dinner table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In front of the TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By an open balcony/outer door or open window	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By the extractor fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside with the door closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside with the door closed followed by change of clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other places in the home, such as: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How long have the smoking habits in the home been like this?

(i.e. have the *same number* of people smoked all the time; have they smoked the *same amount* as they do now and in the *same places* in the home environment).

6 months 12 months Over 12 months

7. Do any of the child's grandparents smoke?

Maternal grandmother Maternal grandfather
 Paternal grandmother Paternal grandfather

8. How often is your child exposed to tobacco smoke outside the home?

Never Rarely Every week Every day

If your child is exposed to tobacco smoke outside the home, where does this happen?

(Several alternatives possible)

9. Is there anything you would like to change about the situation you have described in order to protect your child from passive smoking?

Yes, definitely Yes, maybe No

10. Any other comments:

