



Head Start Family Smoking Survey

For the Program

Today's date: _____

Child's name: _____ Parent's name: _____

Does your child live with anyone who smokes? YES NO
(cigarettes, cigarillos, cigars, blunts, hookah, e-cigarettes)

If yes, who smokes? _____

Does anyone ever smoke in your home? YES NO 

Does anyone ever smoke in your car? YES NO 

Do you currently smoke? Yes No, quit less than a year ago
No, quit more than a year ago No, never smoked

If you smoke, how interested are you in quitting? Very interested A little interested Not interested

Do you want to learn free ways to help you quit? YES NO I'm not sure

Follow up with family:

_____ **Not ready today** _____ **The person who smokes is not here today**

Tear Here

For the Family

Your Head Start/Early Head Start program can help you protect your children and your family from the harms caused by smoking and using tobacco.

Smoke-free home and car:

_____ **I agree to have a no-smoking rule in my home and car.** One of the best ways to keep your children and the rest of your family healthy is to make sure the air they breathe at home and in the car is safe and clean. Harmful chemicals from smoking and vaping can stay on surfaces and fabrics for a long time after smoke has cleared, so keeping your home and car smoke-free all the time is the healthiest thing for everyone.

Enroll in free program:

You can get free counseling and support by phone, online, or text message.

_____ **Called** Quitline/faxed Quitline form/enrolled in Quitline online

_____ **Enrolled** in Smokefree TXT

Want to Quit? Start Today!

Free Quitline: 1-800-QUIT-NOW
(1-800-784-8669)

Smokefree Txt:
Text "QUIT" (7848) to
IQUIT (47848)

