Appendix 2: Baseline Questionnaire

1. **Personal information**

Firstly, can I take your full name and contact details, and take a note of your address please?

Full name:

Address (including postcode):

Phone number: **Email address:**

Allocate each client an ID number here: _____

2. **House Type**

Bungalow - 1 Level	
Detached	
Semi-detached/Terraced building	
Apartment/flat - Ground Level with adjoined garden	
Apartment/flat - Ground level without adjoined garden	
Apartment/Flat - Above ground level (level 1-3) - Own entrance/front door to home.	
Apartment/Flat - Above ground level (level 1-3) - Shared entrance/front door to home.	
Apartment/Flat - Above ground level (level 4+)	

3. **Current smoking routines**

a. At present, how long after waking do you wait before having your first cigarette?

[ ] Within 5 minutes [3 points]
[ ] 6-30 minutes [2 points]
[ ] 31-60 minutes [1 point]
[ ] over 60 minutes [0 points]

b. How many cigarettes per day do you smoke? (note whether roll ups or factory made cigarettes)

[ ] 10 or less [0 points]
[ ] 11-20 [1 point]
[ ] 21-30 [2 points]
[ ] 31 or more [3 points]

c. Roughly how many cigarettes do you smoke in the home a day?

d. Where is smoking allowed inside your home (tick all that apply)?

Smoking is allowed in certain places only	☐
Smoking is only allowed when no children are present	☐
Smoking is only allowed on special occasions	☐
Smoking is only allowed when children are in bed	☐
Smoking is only allowed when the weather is bad	☐
Smoking is allowed anywhere in the home	☐
Other (please specify) _____	

e. If smoking is allowed in certain places only, could you tell us where (tick all that apply)?

Kitchen/utility room	☐	Living room/lounge	☐
Dining room	☐	Your bedroom	☐
Attached garage	☐		
Other (please specify)	☐	_____	

f. Do you and/or other household members currently vape/use an e-cigarette?

	Client	Other household members
Daily	☐	☐
Often	☐	☐
Sometimes	☐	☐
Occasionally	☐	☐
Never	☐	☐

g. Is vaping allowed inside your home? Yes/No

h. Can you tell us about the people (adults and children) you share your home with and if other household members smoke, please estimate how many cigarettes, *on average,* they might smoke in the home each day:

Person Number	Relationship to You (and age of children)	Average number of cigarettes they smoke in the home each day **(Tick appropriate box)**
1		Non-smoker☐ < 5☐ 5 - 10☐ 10 – 20☐ > 20☐ Don't know☐
2		Non-smoker☐ < 5☐ 5 - 10☐ 10 – 20☐ > 20☐ Don't know☐
3		Non-smoker☐ < 5☐ 5 - 10☐ 10 – 20☐ > 20☐ Don't know☐
4		Non-smoker☐ < 5☐ 5 - 10☐ 10 – 20☐ > 20☐ Don't know☐
5		Non-smoker☐ < 5☐ 5 - 10☐ 10 – 20☐ > 20☐ Don't know☐

i. Do you have any regular visitors who smoke in the home? (for example, relatives who regularly care for your children in the home). If yes, please tell us more about how often they visit and if known, how often/where they smoke in the home:

j. Have you ever considered making your home smoke-free before? **YES/NO**

If yes, how did it go/what led to smoking in the home again? If no, why is that?

- Consent to contact you: Mobile/home phone Text Email Letter

  If we cannot reach you, can we: Leave a message Send you a letter

- **Data confidentiality and security**

  The information provided by you will be held within a secure environment in accordance with the General Data Protection Regulation and other relevant Data Protection legislation. The information will only be used for this intervention, and no details will be passed to any organisation outside of this group.