

Survey to parents of hospitalized children:

This survey is to be completed by one of the parents of children hospitalized in Paediatrics. Please mark with an x the appropriate answer.

Age: _____

Gender: Feminine Masculine

Marital Status: Single Married Divorced Widower

Education: Up to 9th Grade Up to 12th Grade Higher Education

Employment status: Employed Unemployed Other

Partner employment status: Employed Unemployed Other

Did you smoke during pregnancy of your child? Yes No

Do you currently smoke? Yes No

If you answered yes:

How many cigarettes a day? _____

How many years have you smoked? _____

At what age did you smoke your first cigarette? _____

Do you smoke indoors? Yes No

Do you smoke in the car? Yes No

Do you smoke on the street or at home near your child? Yes No

How long after waking up do you smoke your first cigarette:

5 minutes 6-30 minutes 31-60 minutes >60 minutes

Have you made any attempts to quit smoking in the past year? Yes No

Do you intend to quit smoking within one month? Yes No

Are there any other adults who smoke indoors? Yes No

If yes, who is it? Spouse Other person

About your child who is hospitalized:

Age: _____ **Gender:** Feminine Masculine

Reason for hospitalization: _____

Diagnosis: _____

Have your child been hospitalized in 2020? Sim Não

Portuguese national line to stop smoking: 808 24 24 24

Survey to parents of children seen in a Paediatric Consultation:

This survey is to be completed by one of the parents of children seen in a Paediatric Consultation. Please mark with an x the appropriate answer.

Age: _____

Gender: Feminine Masculine

Marital Status: Single Married Divorced Widower

Education: Up to 9th Grade Up to 12th Grade Higher Education

Employment status: Employed Unemployed Other

Partner employment status: Employed Unemployed Other

Did you smoke during pregnancy of your child? Yes No

Do you currently smoke? Yes No

If you answered yes:

How many cigarettes a day? _____

How many years have you smoked? _____

At what age did you smoke your first cigarette? _____

Do you smoke indoors? Yes No

Do you smoke in the car? Yes No

Do you smoke on the street or at home near your child? Yes No

How long after waking up do you smoke your first cigarette:

5 minutes 6-30 minutes 31-60 minutes >60 minutes

Have you made any attempts to quit smoking in the past year? Yes No

Do you intend to quit smoking within one month? Yes No

Are there any other adults who smoke indoors? Yes No

If yes, who is it? Spouse Other person

About your child who is hospitalized:

Age: _____ **Gender:** Feminine Masculine

Main reason for consultation: _____

Has your child ever had/has episodes of wheezing or shortness of breath?

Yes No

If yes, at what age? <12 months 1-5 years 5-10 years >10 years

At some point, your child has/had the following infections:

Recurrent acute otitis media (≥ 3 episodes in 6 months or ≥ 4 episodes in a year):

Yes No

Recurrent acute tonsillitis (More than 5 episodes in 1 year or 3 per year in 3 years in a row):

Yes No

Recurrent pneumonia (2 episodes in 1 year or ≥ 3 episodes in the lifetime):

Yes No

Portuguese national line to stop smoking: 808 24 24 24