

Date _____	The University of Georgia Cooperative Extension Service Putting Knowledge to Work Housing & Near Environment INDOOR AIR QUALITY: Secondhand Smoke	# _____
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<u>Checking My Knowledge...</u>	True	False
• Secondhand smoke is the smoke expelled by a smoker and inhaled by another person	<input type="checkbox"/>	<input type="checkbox"/>
• Secondhand smoke can cause acute and chronic health problems. Exposure increases irritation of the eyes, nose and throat.	<input type="checkbox"/>	<input type="checkbox"/>
• In 1986 the American Academy of Pediatrics estimated that 9-12 million children age 5 and under were exposed to secondhand smoke in their own home.	<input type="checkbox"/>	<input type="checkbox"/>
• Health risks of children who are regularly exposed to secondhand smoke include bronchitis, pneumonia, impaired lung function, asthma, ear infections, and hearing problems.	<input type="checkbox"/>	<input type="checkbox"/>
• Infants of women smokers have an increased risk of Sudden Infant Death Syndrome (SID).	<input type="checkbox"/>	<input type="checkbox"/>
• Secondhand smoke exposure to children causes lung and nasal sinus cancer, as well as heart disease	<input type="checkbox"/>	<input type="checkbox"/>

<u>Taking Charge...</u>	Yes, I'll Start	I already do this
When I go home, I plan to:		
• Talk to my health care provider about the risks to my family of secondhand smoke.	<input type="checkbox"/>	<input type="checkbox"/>
• Tell my family about the problems associated with secondhand smoke.	<input type="checkbox"/>	<input type="checkbox"/>
• Create a no smoking rule in the house and the car.	<input type="checkbox"/>	<input type="checkbox"/>
• Ask smokers to refrain from smoking around my family and myself.	<input type="checkbox"/>	<input type="checkbox"/>
• Investigate smoking policies of places where my children spend time.	<input type="checkbox"/>	<input type="checkbox"/>

WORKSHOP TITLE

Overall, this workshop was....

Not Helpful 1 2 3 4 5 Very Helpful

Other Topics

I would have enjoyed this workshop more if:

One thing I will do as a result of this workshop is:

I would like to have more information on:

The best time and place for another workshop is:

Name (optional)

Receive Food Stamps?

Yes ___ No ___

Receive Housing Assistance?

Yes ___ No ___

Ethnic Background

White ___ Black ___

Hispanic/Latino ___

Multi-Cultural ___ American Indian ___

Asian/Pacific Islander ___