Smoking Questionnaire

\_\_\_\_\_\_\_\_\_\_\_\_\_ is working to create a healthy living environment for all residents. As part of this effort we are exploring a smoke-free building. We would like to learn your opinions on the issue. Please complete the survey below and return it to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UNIT #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Do any residents of your unit smoke cigars or cigarettes inside the unit? | □ YES | □ NO |  |
|  | In the past year, has tobacco smoke gotten into your unit from somewhere else in or around the building? If NO, SKIP QUESTION 3 | □ YES | □ NO |  |
|  | If yes, does the tobacco smoke bother you or make you feel sick? | □ YES | □ NO | □ SOMETIMES |
|  | Did you know that secondhand smoke is bad for your health? | □ YES | □ NO | □ NOT SURE |
|  | Does anyone in your unit have a chronic illness such as asthma, chronic bronchitis, heart disease, diabetes, cancer or is a cancer survivor? | □ NO individuals have a chronic condition | □ ONE individual has a chronic condition | □ MORE THAN ONE individuals have a chronic condition |
|  | Would you prefer to live in a building that is completely smoke-free (does not allow smoking in any of the units, common areas, or other indoor spaces)?  | □ YES | □ NO | □ NOT SURE |
|  | Would you attend a meeting to hear the results of this survey and learn more about this topic? | □ YES | □ NO | □ NOT SURE |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Thank you. The results of this survey will help us decide how to best address this issue.*