

Property managers/owners: You can use these questions to create your own resident survey about smoking and secondhand smoke.

## Healthy Air Survey

Residents: Please circle the answer that best describes you and your situation.

1. Do you or anyone else in your household smoke cigarettes, cigars or a pipe?
  - a. Yes, regularly (daily or weekly)
  - b. Yes, occasionally (less than weekly)
  - c. No

If answered “yes” to Question 1, do you or any household members smoke indoors?

- a. Yes
  - b. No
2. Which of the following statements best describes the rules about smoking inside your home?
  - a. No one is allowed to smoke anywhere inside my home
  - b. Smoking is allowed in some places or at some times
  - c. Smoking is permitted anywhere inside my home

Residents: Please circle the answer that best describes you and your situation.

If answered “a” to Question 2, why don’t you allow smoking in your home? Circle all that apply.

- a. The smoke makes someone in my home sick
- b. I don’t like the smell
- c. I am worried about fires
- d. I don’t want my children to be around people smoking
- e. Other (Please explain) \_\_\_\_\_  
\_\_\_\_\_

If answered “b” or “c” to Question 2, why do you allow smoking in your home? Circle all that apply.

- a. I don’t want to smoke outside
- b. I don’t want to ask others to smoke outside
- c. The smoke from cigarettes doesn’t bother me
- d. Other (Please explain) \_\_\_\_\_  
\_\_\_\_\_

3. Do you have children or teenage minors (0-17 years) living with you?

- a. Yes
- b. No

4. Do you have elderly residents (over 65 years) living with you?

- a. Yes
- b. No

Residents: Please circle the answer that best describes you and your situation.

5. Do you, or someone who lives with you, suffer from chronic illnesses such as asthma, chronic bronchitis, emphysema, heart disease, diabetes, arthritis, cancer or are a cancer survivor?

- a. Yes
- b. No
- c. Maybe
- d. Don't know

6. Do you think secondhand smoke is harmful to people's health?

- a. Yes
- b. No
- c. Maybe
- d. Don't know

7. Have you smelled tobacco smoke in your home that comes from another unit or from outside?

- a. Yes
- b. No
- c. Maybe

If answered "yes" to Question 7, does smelling tobacco smoke in your home bother you?

- a. Yes
- b. No

Residents: Please circle the answer that best describes you and your situation.

If answered “yes” to Question 7, have you expressed your concern to management about the tobacco smoke drifting into your home?

- a. Yes
- b. No
- c. Maybe
- d. Does not apply

8. Would you prefer to live on a property:

- a. Where smoking is allowed everywhere on the property
- b. Where smoking is allowed in apartments, but not in indoor common areas
- c. Where smoking is allowed outdoors, but not in apartments or indoor common areas (Smokefree Building)
- d. Where smoking is NOT allowed anywhere, indoors and outdoors (Smokefree Property)

9. If your property became non-smoking (including the units), what would you do?

- a. I would thank my landlord!
- b. I would not be affected (I don't smoke)
- c. I would take my smoking outside
- d. I would want to move
- e. Don't know

This is the end of the survey. Thank you for your feedback.