

What do you think about tobacco smoke where you live?

As an apartment resident, you share the air with other people who live at your complex. This is a survey on what people think about cigarette smoke in apartments. Your opinion on this is important. Sharing in this survey is voluntary. Your name will not be used to identify you with your answers. This information will be combined with other residents' and used to tell the manager what renters want.

1. **Have you ever smelled other people's tobacco smoke (cigarettes, cigars, pipe, hookah, etc.) coming into your apartment?** ₁ No ₂ Yes ₃ Not sure
2. **Do you think smoke from other people's tobacco is bad for you?** ₁ No ₂ Yes ₃ Not sure
3. **How many people living in these apartments do you think smoke?**
₁ none ₂ not that many ₃ about half ₄ a lot ₅ everyone
4. **Are there any "no smoking" rules at your apartment complex?** ₁ No ₂ Yes ₃ Not sure

a. If you answered yes or not sure to question #4, are any of the following areas "no smoking"?

Laundry room	<input type="checkbox"/> ₁ No	<input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₃ Not sure
Pool area	<input type="checkbox"/> ₁ No	<input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₃ Not sure
Playground	<input type="checkbox"/> ₁ No	<input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₃ Not sure
Entryways	<input type="checkbox"/> ₁ No	<input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₃ Not sure
All the apartment buildings	<input type="checkbox"/> ₁ No	<input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₃ Not sure
Some of the apartment buildings	<input type="checkbox"/> ₁ No	<input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₃ Not sure
Some designated units only	<input type="checkbox"/> ₁ No	<input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₃ Not sure

5. Would you like any of the following areas to be "no smoking" areas?

Laundry room	<input type="checkbox"/> ₁ No	<input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₃ Not sure
Pool area	<input type="checkbox"/> ₁ No	<input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₃ Not sure
Playground	<input type="checkbox"/> ₁ No	<input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₃ Not sure
Entryways	<input type="checkbox"/> ₁ No	<input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₃ Not sure
All the apartment buildings	<input type="checkbox"/> ₁ No	<input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₃ Not sure
Some of the apartment buildings	<input type="checkbox"/> ₁ No	<input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₃ Not sure
Some designated units only	<input type="checkbox"/> ₁ No	<input type="checkbox"/> ₂ Yes	<input type="checkbox"/> ₃ Not sure

Other areas, such as: _____

6. **Do you smoke tobacco (cigarettes, cigars, pipe, hookah, etc)?** ₁ No ₂ Yes
7. **Do you allow smoking in your home?** ₁ No ₂ Yes
8. **Are there any children living in your home?** ₁ No ₂ Yes

Do you have any comments?



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Thank you for your participation!