

Multi Unit Housing Complex Observation Form

Observation Date: ____ / ____ / ____ Start Time: _____ End Time: _____

Observer Name: _____ # of Units in Complex _____

Name of Complex: _____

Address of Location: _____

1. Number of pieces of cigarette/tobacco litter	Total # _____
a. What types of litter? (check all that apply) <input type="checkbox"/> ₁ Cigarette butts <input type="checkbox"/> ₃ Matchbooks <input type="checkbox"/> ₅ Smokeless tobacco containers <input type="checkbox"/> ₂ Cigarette packs <input type="checkbox"/> ₄ Lighters <input type="checkbox"/> ₆ Other: _____	
2. Number of people present at complex	Total # _____
3. Number of people smoking at complex	Total # _____
a. Where are they smoking? (check all that apply) <input type="checkbox"/> ₁ Parking area <input type="checkbox"/> ₃ Hallways/Corridors <input type="checkbox"/> ₅ Other: _____ <input type="checkbox"/> ₂ Entrances <input type="checkbox"/> ₄ Balcony (pool, courtyard, sidewalks, laundry, BBQ, play areas)	
4. Are children present where smoking is observed? <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes If yes, where? _____	
5. How many cigarette ash cans are there?	Total # _____
a. Where are they? (check all that apply) <input type="checkbox"/> ₁ Parking area <input type="checkbox"/> ₃ Hallways/Corridors <input type="checkbox"/> ₅ Other: _____ <input type="checkbox"/> ₂ Entrances <input type="checkbox"/> ₄ Balcony (pool, courtyard, sidewalks, laundry, BBQ, play areas)	
6. Is there a designated area for smokers? <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes If yes, where? _____	
7. Do you see any no smoking signage in the complex? <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes, approx. # _____	
a. Where are they? (check all that apply) <input type="checkbox"/> ₁ Parking area <input type="checkbox"/> ₃ Hallways/Corridors <input type="checkbox"/> ₅ Other: _____ <input type="checkbox"/> ₂ Entrances <input type="checkbox"/> ₄ Balcony (pool, courtyard, sidewalks, laundry, BBQ, play areas)	
b. Are the signs easily seen? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No, describe _____	

Additional Tobacco-Related Observations: _____



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Thank you for your participation!