

## MODEL FORM

# Distribute Resident Survey to Assess Support for Smoke-Free Policies

Adapt the following form to gather information and assess the level of support among residents for a smoke-free policy. You can use the information gathered in this survey for making the case to residents and staff that a smoking ban is a good idea. With this survey, you'll gather information about current smoking behaviors in your site's units, smoking among survey responders, and attitudes toward a smoke-free policy.

## RESIDENT SURVEY

1. How long have you lived in your apartment? \_\_\_\_\_ yrs.
2. Including yourself, how many people currently live in your apartment (including children, adults, and elderly)?  
\_\_\_\_\_ Total people living in apartment.

### Smoke-Free Rules in Your Home:

3. Which of the following statements best describes the rules about smoking inside YOUR home (residential unit)? Do not include decks, porches, patios, or garages.
  - Smoking is NOT allowed anywhere inside the home.
  - Smoking is allowed in some places inside the home, or at some times.
  - Smoking is allowed anywhere inside the home.
  - Don't know/not sure.
4. Do you allow smoking on your balcony or patio?
  - Yes.
  - No.
  - I do not have a balcony or patio.
5. How often does somebody smoke tobacco inside your home (this includes cigarettes, cigars, or pipes)? Include yourself, household members, and visitors.
  - Everyday.
  - Sometimes.
  - Never.
  - Don't know/not sure.

### Personal Smoking Behaviors:

6. Have you smoked at least 100 cigarettes in your ENTIRE LIFE?
  - Yes.
  - No.
  - Don't know/not sure.
7. Do you NOW smoke cigarettes every day, some days, or not at all?
  - Every day.
  - Some days.
  - Not at all.
  - Don't know/not sure.

### Attitudes Toward Smoke-Free Policy:

8. To what extent do you support a no-smoking policy in YOUR building for all individual apartments?
  - Support.
  - Do NOT support.
  - Don't know/not sure.
9. To what extent do you support a no-smoking policy in YOUR building for all indoor common areas (such as hallways, lobby, laundry room, stairwells, garage, or lounge)?
  - Support.
  - Do NOT support.
  - Don't know/not sure.
10. To what extent do you support a no-smoking policy in YOUR building for all outdoor areas (such as courtyards, yards, swimming pools, and children's play areas)?
  - Support.
  - Do NOT support.
  - Don't know/not sure.

### Health Outcomes and Exposure to Secondhand Smoke:

11. How often does tobacco smoke enter your own apartment from somewhere else in or around your building?
  - Everyday.
  - Sometimes.
  - Never.
  - Don't know/not sure.
12. How much are you bothered by tobacco smoke that enters your own apartment from somewhere else in or around your building?
  - A lot.
  - A little.
  - Not at all.
  - Don't know/not sure.
13. Does anyone living in your apartment have any of the following illnesses?
  - Asthma.
  - Lung Disease (such as chronic bronchitis or COPD).
  - Heart Disease.
  - Cancer.