Tenant Survey Questions

Please Circle your answers

1.Has someone, including yourself, smoked cigarettes, cigars or pipes anywhere inside your home in the past 30 days?

* YES
* NO

2. Which of the following statements best describes the rules about smoking inside your home?

* No one is allowed to smoke anywhere inside my home

* Smoking is allowed in some places or at some times

* Smoking is permitted anywhere inside my home

3. Do you think secondhand smoke is harmful to people’s health?

* Yes
* No
* Don’t Know

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

* YES
* NO

5. Does smelling tobacco smoke in your home bother you?

* Yes
* NO

6. Do you or someone who lives with you suffer from an illness such as asthma, chronic bronchitis, heart disease, diabetes or cancer?

* Yes
* No
* Don’t Know

7. Would you support rules that prohibit smoking inside units in your building?

* Yes
* No

8. Would you support rules that prohibit smoking on the outside property of your building? (for example, on lawns and parking lots)?

* Yes
* No

9. Would you prefer to live in a building where smoking is prohibited inside all apartments?

* Yes
* No

10. Would you prefer to live in a building where smoking is prohibited on outside property?

* Yes
* No

11. Do you think your building should ban smoking in all of its buildings and on its outside properties?

* Yes
* No

12. What would you do if we made our building smoke free?