

Smoking Questionnaire

_____ is working to create a healthy living environment for all residents. As part of this effort we are exploring a smoke-free building. We would like to learn your opinions on the issue. Please complete the survey below and return it to _____.

NAME: _____

UNIT #: _____

1.	Do any residents of your unit smoke cigars or cigarettes inside the unit?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
2.	In the past year, has tobacco smoke gotten into your unit from somewhere else in or around the building? If NO, SKIP QUESTION 3	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
3.	If yes, does the tobacco smoke bother you or make you feel sick?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> SOMETIMES
4.	Did you know that secondhand smoke is bad for your health?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT SURE
5.	Does anyone in your unit have a chronic illness such as asthma, chronic bronchitis, heart disease, diabetes, cancer or is a cancer survivor?	<input type="checkbox"/> NO individuals have a chronic condition	<input type="checkbox"/> ONE individual has a chronic condition	<input type="checkbox"/> MORE THAN ONE individuals have a chronic condition
6.	Would you prefer to live in a building that is completely smoke-free (does not allow smoking in any of the units, common areas, or other indoor spaces)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT SURE
7.	Would you attend a meeting to hear the results of this survey and learn more about this topic?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT SURE

Comments:

Thank you. The results of this survey will help us decide how to best address this issue.