## **Tenant Survey**

1. What is your age?			
2. What is your gender?	nale 🗆 Male		
3. Are you a □ Current tobacco user →Do you currently use □ Cigarettes □ Former tobacco user □ Chewing tobacco □ Non- tobacco user □ Cigars or pipes			
4. Does the smoke from other people's □ A lot □ Somewhat		] Not at all	
<ul> <li>5. Do you think that breathing smoke from other people's cigarettes is</li> <li>Very harmful to one's health</li> <li>Somewhat harmful to one's health</li> <li>Not very harmful to one's health</li> <li>Not harmful at all to one's health</li> </ul>			
6. Does anyone who lives with you now smoke? □ Yes □ No			
<ul> <li>7. Which statement best describes the rules about smoking inside your apartment? (CHECK ONE)</li> <li>Smoking is not allowed anywhere inside your apartment</li> <li>Smoking is allowed in some places or at some times</li> <li>Smoking is allowed everywhere inside your apartment</li> <li>There are no rules about smoking inside your apartment</li> </ul>			
8. Please indicate what kind of tobacco policies you would <u>support</u> at your apartment/condominium complex: (CHECK ONLY ONE ANSWER FOR EACH LOCATION)			
INDOOR COMMON AREAS  Ban smoking Limit smoking to a designated area Have no restrictions on smoking Other	OUTDOOR COMMON AR Ban smoking Limit smoking to a desig Have no restrictions on Other	☐ Ban smoking in all units gnated area ☐ Ban smoking in certain buildir	

Comments: