Tenant Survey

1. What is your age? _____

2. What is your gender? ☐ Female ☐ 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 cigarettes bother you?
☐ A lot ☐ Somewhat ☐ A little ☐ Not at all

5. Do you think that breathing smoke from other people's cigarettes is…
☐ Very harmful to one's health
☐ Somewhat harmful to one's health
☐ Not very harmful to one's health
☐ Not harmful at all to one's health

6. Does anyone who lives with you now smoke? ☐ Yes ☐ No

7. Which statement best describes the rules about smoking inside your apartment? (CHECK ONE)
☐ Smoking is not allowed anywhere inside your apartment
☐ Smoking is allowed in some places or at some times
☐ Smoking is allowed everywhere inside your apartment
☐ There are no rules about smoking inside your apartment

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	OUTDOOR COMMON AREAS	RESIDENTIAL UNITS
☐ Ban smoking	☐ Ban smoking	☐ Ban smoking in all units
☐ Limit smoking to a designated area	☐ Limit smoking to a designated area	☐ Ban smoking in certain buildings
☐ Have no restrictions on smoking	☐ Have no restrictions on smoking	☐ Have no restrictions on smoking
☐ Other _____	☐ Other _____	☐ Other _____

Comments: