

Tenant Survey

Please answer these questions to help find out what people who live in this building think about secondhand smoke (smoke created when other people smoke). Results of this survey will be shared with property management, but no one will know your answer to these questions.

1. How often does tobacco smoke from other apartments in the building drift into your apartment?
 Never Rarely Sometimes Often All the time
2. How often does tobacco smoke from outdoors drift into your apartment?
 Never Rarely Sometimes Often All the time
3. How much does secondhand smoke bother you?
 Never Rarely Sometimes Often All the time
4. How much do you think secondhand smoke harms your health?
 Never Rarely Sometimes Often All the time
5. Would you prefer to live in a smoke-free unit?
 Yes No
6. Would you prefer to live in an apartment complex free of smoking in the following outdoor common areas?
(Check all that apply)
 Entry ways Outdoor parking lot Balconies/Patios Outdoor walkways
 Green areas
7. Would you prefer to live in an apartment building complex that is entirely non-smoking? (inside and out)
 Yes No
8. How long have you lived in this apartment? _____
9. Do children under the age of 18 years live in your unit?
 Yes No
10. Does anyone over the age of 65 live in your unit?
 Yes No
11. Do you or others who live in your apartment have a medical condition that gets worse when around secondhand smoke? (Check all that apply)
 No one I do Others do
12. Have you smoked a cigarette within the last 30 days?
 Yes No
13. How often do you, others who live with you, or guests smoke in your apartment, including your patio and/or balcony?
 Never Rarely Sometimes Often All the time
14. How old are you?
 18-24 25-34 35-44 45-54 55-64 65 or older
15. What is your gender?
 Male Female

Thank you!