



Model Resident Survey on Smoking

(Community Name) Tobacco Smoke Survey

To meet the needs of all residents in our community, we would like to hear your opinions about smoking in the building where you live. The results will be used to help management determine the best way to provide the safest and healthiest housing for all residents.

Your privacy is important so please do **NOT** write your name on the survey. Your responses to this survey will be kept confidential and anonymous. You can answer most of the questions by putting an X in the box next to your answer. Please return your survey to ([add additional instructions here](#)).

Your opinion is very important. Thank you for your help!

1. Do you smoke tobacco products (cigarettes, cigars, or pipes)?

Yes No

2. Does anyone else smoke tobacco products where you live?

Yes No

3. Do you let people smoke where you live?

Yes No

If Yes, why do you allow smoking where you live?

- Do not want to smoke outside.
- Do not want to ask our guests to smoke outside.
- Not bothered by tobacco smoke.
- Other (please explain):

If No, why don't you allow smoking where you live?

- Do not smoke.
- Want to protect myself or other household members from being harmed by tobacco smoke.
- Concerned about how tobacco smoke or smoking affects our health.
- Do not like the smell of tobacco smoke.
- Do not want children to be around people smoking or to be influenced by it.
- Concerned about the risk of fires caused by discarded cigarettes.
- Other (please explain):

4. Does anyone where you live have a medical condition of any type that is made worse by being around tobacco smoke?

Yes No

(Examples are heart disease, lung disease, asthma, allergies, eye irritation, and emphysema, breathing difficulties)

5. Have you ever noticed the smell of tobacco smoke coming into the place you live from another unit or from the outside?

Yes No

6. To protect all residents from secondhand tobacco smoke, should no-smoking rules be implemented in the following?

6a. Inside all individual units?

Yes No

6b. On balconies and patios of your building?

Yes No

6c. Within 15 to 25 feet of all outside entrances?

Yes No

6d. Anywhere on the grounds of the property?

Yes No

7. Do you support having no-smoking rules for your building including all common areas and units?

Yes No

8. Do you support having no-smoking rules for all building entrances, balconies, and patios?

Yes No

9. Do you support having allowing smoking outside in one or more specific areas on the property that is away from any building?

Yes No

10. What would you do if your building implements no-smoking rules for the entire building, including all individual units?

Would not change anything.

Would smoke outside.

Would consider moving.

Would try to quit smoking.

Other (please explain):

11. In your opinion, should (name of agency/complex) adopt no-smoking rules for all its buildings?

Yes No

12. Would you be interested in getting help quitting smoking at no cost to you?

Yes No

The following questions are optional and help us collect some basic survey information.

How many years have you lived here? _____

How many people, including yourself, live with you? _____

Is anyone living with you under 18? Yes No

Is anyone living with you over 55? Yes No

Are you either a Male or Female?

Are there any comments about this survey you would like to share?

Thank you for your help with our survey!

** This survey was created before marijuana was legalized in Colorado and vaping became more prominent. These questions could be modified to include marijuana and vaping.

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