**SAMPLE SMOKE-FREE HOUSING SURVEY**

[Date]

Dear Residents:

We are conducting a survey to help understand the needs of residents around cigarette smoking in the buildings. It’s important that all residents participate in the survey so our information reflects the experience and needs of everyone who lives in the building. Your answers to these questions will be kept entirely confidential. Please fill out the survey below and return it to [name] by [date] so we may consider your views.

Sincerely,

The Management

1. Do you or someone in your household smoke?

* Every day ❑ Some days ❑ Not at all

2. Which of the following statements best describes the rules about smoking inside your home?

* No one is allowed to smoke
* Smoking is allowed in some places or at some times
* Smoking is allowed

3. In the last year, have you smelled tobacco smoke in your home that comes from another unit or from outside?

* Yes ❑ No

4. Would you prefer to live in a building where there is a no-smoking rule inside all units?

* Yes ❑ No

5. Would you prefer to live in a building where there is a no-smoking rule on the outside property (for example, on balconies, entryways, lawns, and parking lots)?

* Yes ❑No

6. Does your household include members that are babies, children, or elderly?

* Yes ❑ No

7. Does any member of your household have asthma, heart disease, chronic bronchitis, diabetes, arthritis, or cancer?

* Yes ❑ No

Please provide any additional comments:

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**THANK YOU**

**Please put this in the pre-stamped envelope and drop in the mail.**