

English Español

Estimated time to complete this survey is 5 minutes.

1. List the name and address of the apartment complex in which you live. You do not need to include your individual apartment number. If you do not live in an apartment complex, please discontinue.

Characters Remaining: 500

2. Are you at least 18 years of age?

- Yes
- No. If selected, please discontinue.

3. Is smoking allowed inside your home?

- Yes
- No
- Don't know

4. Who smokes in your home? Check all that apply.

- I do
- Other members of household
- Guests
- No one
- Don't know

5. Regardless of whether you have set rules about smoking in your home, has your landlord or property manager set any rules about smoking on the property either inside or outside?

- Yes
- No
- Don't know

6. How would you describe the limitations placed on smoking at your community? Check all that apply.

- Smoking is not allowed anywhere in the community where I live
- There are no restrictions placed on smoking
- Smoking is allowed outside but not inside
- Smoking is allowed inside but not outside
- Smoking is allowed outside but not in common areas, hallways or breezeways
- Smoking is not allowed on patios or porches
- Don't know

7. **Secondhand smoke is smoke from someone else's cigarette, cigar or pipe that you breathe. When you experience secondhand smoke would you say that it typically bothers you a lot, a little, or not at all?**

- A lot
- A little
- Not at all

8. How often, if at all, do you experience secondhand smoke drifting into your home from outside or from nearby apartments or homes. Would you say you experience that

- Every day
- A few times a week
- A few times a month
- Rarely
- Never (Skip to question #10)

9. If you experience secondhand smoke drifting into your home or if someone in your home smokes, what is the age of the youngest person in your household?



10. How would you feel if the place where you live adopted a smoke-free policy?
Choose one of the following:

- I would welcome the policy and stay in my home
- I would not like the policy but I would continue to live here
- I would find a new place to live
- I would hire a lawyer
- Don't know
- Other (Please specify)

11. Which of the following common areas would you like to be smoke free? Check all that apply.

- Pool
- Exercise room
- Clubhouse
- Breezeway
- Laundry room
- None of the above

12. Which of the following private areas would you like to be smoke free? Check all that apply.

- Certain apartment units only
- Certain buildings only
- Entire complex
- None of the above

13. Would you be willing to pay more to live in a place that is smoke-free?

- Yes
- No

- I don't want to live in a place that is smoke-free
- Don't know

14. Do you agree or disagree with the following statements?

	Agree or Disagree	
	Agree	Disagree
People have a right to smoke wherever they want	<input type="radio"/>	<input type="radio"/>
Secondhand smoke can cause or contribute to illness	<input type="radio"/>	<input type="radio"/>
Smoking adds to the cost of maintaining a home	<input type="radio"/>	<input type="radio"/>
Smoking is a leading cause of fire deaths	<input type="radio"/>	<input type="radio"/>
Secondhand smoke can move from one apartment to another through small cracks, electrical outlets and other openings.	<input type="radio"/>	<input type="radio"/>
Secondhand smoke is not a problem if I am outside	<input type="radio"/>	<input type="radio"/>
It is OK for landlords to prohibit tenants from smoking on decks, porches and patios as a way to keep secondhand smoke out of other tenants' homes	<input type="radio"/>	<input type="radio"/>

15. How would you describe your smoking habits?

- I do not smoke at all (Skip to question #18)
- I smoke every day
- I smoke on some days

16. How would you describe your smoking behavior? Check all that apply.

- I smoke indoors
- I smoke outdoors only
- I smoke indoors and outdoors

I smoke in the presence of others

17. How would you describe your desire to quit smoking?

- I'm not interested in quitting
- I would be interested in quitting if I had help
- I want to quit now
- I will quit when I'm ready

18. How long have you lived in your current home?

- Less than a year
- One to three years
- More than three years
- Don't know/can't remember

19. How many people live in your household?

20. How many children under 13 live in your home?

21. How many people over age 65 live in your home?

22. What is your gender?

- Male
- Female

23. What is your age?

- 18-25
- 26-35
- 36-45
- 46-55
- 56 and older

24. How do you identify yourself? Check all that apply.

- a. White (non-Hispanic)
- b. Hispanic or Latino
- c. African American /Black
- d. Asian
- Other (Please specify)

25. What is the highest level of education that you completed?

- Some high school
- High school diploma or GED
- Some college
- 2-year college degree
- Trade or technical school
- 4-year college degree
- Post graduate studies
- Post graduate degree

26. What is your total household income?

- Under \$15,000
- \$15,000 -\$24,999
- \$25,000 -\$34,999
- \$35,000 -\$49,999
- \$50,000 -\$74,999
- \$75,000 or over

27. What is your zip code?

28. Would you like to include your mailing information and be entered into a drawing to receive a \$10 gift card? Your survey answers will be kept anonymous.

- Yes
 No

[Clear answers on page](#)

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