

SAMPLE SMOKE-FREE HOUSING SURVEY

[Date]

Dear Residents:

Many apartment building owners are exploring strategies to create healthier environments within their buildings. Some are choosing to adopt smoke-free policies for a number of reasons: People who already suffer from an illness, such as asthma, chronic bronchitis, heart disease, diabetes or cancer, are particularly susceptible to the effects of secondhand tobacco smoke. Young children are also especially vulnerable to the dangers of breathing secondhand smoke, and on average are exposed to more of it than adults. In addition, smoking materials are a leading cause of residential fires in New York.

To better ensure the health and safety of all persons living here, we are considering adopting a smoke-free rule at the [building/complex]. We would like to hear from you!

Please fill out the survey below and return it to [name] by [date] so we may consider your views.

Sincerely,

The Management

Cut here ✂ -----

1. Do you now smoke cigarettes or other tobacco products every day, some days or not at all?
 Every day Some days Not at all
2. Do you allow people, including yourself, to smoke tobacco products in your apartment?
 Yes No
3. Have you smelled tobacco smoke in your home that comes from another apartment or outside?
 Yes No
4. Does smelling tobacco smoke in your home bother you?
 Yes No
5. Are you concerned about the health effects of secondhand tobacco smoke on you or someone you live with?
 Yes No
6. Would you like this building to be smoke-free? (Meaning no smoking indoors, including in apartments.)
 Yes No
7. If yes to the above, would you prefer that smoking is prohibited everywhere on the property—both inside and outside?
 Yes No

Comments:

(Optional) Name _____ **Phone** _____ **Apartment #** _____