

Resident Survey

Thank you for participating in this survey. All answers will be kept confidential. There will be no repercussions or rewards for answering these questions a certain way. Please don't put your name or other identification on this form. Please return your response by the first of next month (**in the survey box in the office, in the envelope provided**).

1. How long have you lived in this housing community/residence?

- 0-1 Years 2-5 Years 6-10 Years 11+ Years

2. How many people live in your residence?

- 1-2 3-5 6+

3. Do you or does anyone you live with smoke?

- Yes No

4. In your opinion, is secondhand smoke a serious health hazard?

- Yes No

5. If available, would you prefer to live in smoke-free housing?

- Yes No

6. Does cigarette smoke get in your residence from other units?

- Yes No (Go to #7)

6(a) If yes, does it bother you?

- Yes No

7. Did you know that smoke-free housing policies are legal?

- Yes No

8. Do you, or does someone you live with, have a medical condition, such as allergies, asthma, migraines, diabetes, heart disease or high blood pressure, that is made worse by secondhand smoke?

- Yes No

For more information about Smoke-free Housing, call 1-888-474-4635

