

# Tenant Survey

1. What is your age? \_\_\_\_\_
2. What is your gender?  female  male
3. Are you a ....  Current tobacco user  Former tobacco user  Non- tobacco user → Do you currently use  Cigarettes  Chewing tobacco  Cigars or pipes
4. Does the smoke from other people's cigarettes bother you?  
 A lot  Somewhat  A little  Not at all
5. Do you think that breathing smoke from other people's cigarettes is...  
 Very harmful to one's health  
 Somewhat harmful to one's health  
 Not very harmful to one's health  
 Not harmful at all to one's health
6. Does anyone who lives with you now smoke?  Yes  No
7. Which statement best describes the rules about smoking inside your apartment? (CHECK ONE)  
 Smoking is not allowed anywhere inside your apartment  
 Smoking is allowed in some places or at some times  
 Smoking is allowed everywhere inside your apartment  
 There are no rules about smoking inside your apartment
8. Please indicate what kind of tobacco policies you would support at your apartment/condominium complex: (CHECK ONLY ONE ANSWER FOR EACH LOCATION)
- | INDOOR COMMON AREAS   | OUTDOOR COMMON AREAS  | RESIDENTIAL UNITS   |
|---|---|---|
| <input type="checkbox"/> Ban smoking                        | <input type="checkbox"/> Ban smoking                        | <input type="checkbox"/> Ban smoking in all units         |
| <input type="checkbox"/> Limit smoking to a designated area | <input type="checkbox"/> Limit smoking to a designated area | <input type="checkbox"/> Ban smoking in certain buildings |
| <input type="checkbox"/> Have no restrictions on smoking    | <input type="checkbox"/> Have no restrictions on smoking    | <input type="checkbox"/> Have no restrictions on smoking  |
| <input type="checkbox"/> Other _____                        | <input type="checkbox"/> Other _____                        | <input type="checkbox"/> Other _____                      |

Comments:

Source: Utah Department of Health, Tobacco Prevention and Control Program.