

Smoke-Free Apartment Survey for Residents

[Date]

Dear Residents:

We are pleased that you have chosen to reside at [name of building/property]. To ensure the health and safety of all persons living here, we recently adopted a smoke-free policy for our building. We would like to hear if the policy is successful! Please help us evaluate the smoke-free policy by filling out the short survey below and returning it to [name of office, etc.] by [due date].

Sincerely,

[Apartment Manager's name]

Cut here  -----

Did you live in this building prior to [date policy went into effect], which is when the smoke-free policy went into effect?

Yes

If yes, could you smell secondhand smoke in your unit before the smoke-free policy?

Yes

No

No

If no, was the smoke-free policy one of your reasons for moving into the building?

Yes

No

Can you currently smell smoke in your unit even though the building is smoke free?

Yes, I can smell secondhand smoke coming into my unit from another unit

Yes, I can smell secondhand smoke coming into my unit from outdoors

No, I cannot smell secondhand smoke

Do you like living in a smoke-free building?

Yes

No

I have no preference

Comments:

Optional Information:

Name: _____ Unit #: _____ Phone: _____