**Sample Pre-Policy Resident Survey  
For Use by Minnesota Public Housing Providers**

**[Date]**

Dear Residents,

To provide a safer, healthier community for residents and guests, the United States Department of Housing and Urban Development (HUD) has decided to make all public housing, including **[building/property name]** completely smoke free. This means that use of prohibited tobacco products (including cigarettes, cigars, pipes, and hookah) will not be allowed in individual units, common areas, offices, or within 25 feet of the building(s) **[if applicable, list additional prohibited tobacco products or prohibited areas]**.

HUD created this rule for several reasons. Secondhand smoke, the smoke that is released from a lit cigarette or exhaled by a smoker, is harmful to your health. According to the US Surgeon General, there is no safe level of secondhand smoke exposure. Smoking can cause property damage and extra cleaning costs. It can also lead to fire deaths and damage.

We value what you think! Please fill out the short survey below and return it to **[name of office, etc.]**.

Sincerely,

**[Apartment Manager’s name]**

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**Do you currently allow smoking in your apartment?**

* Yes  No

**Can you smell cigarette smoke in your apartment? (Check all that apply)**

* Yes→ The smoke smell bothers me and/or makes me ill
* No, I cannot smell secondhand smoke coming into my apartment

**Do you think the smoke-free policy for our building should also include any of the following? (Check all that apply)**

* E-Cigarettes  Playgrounds Pool All outdoor areas
* Incense Parking lot Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Would you like to help plan how the smoke-free rule will be implemented at our building?**

* Yes No

**Are you or others living in your apartment interested in quitting or cutting back on smoking? (Check all that apply)**

* Yes→ I would like to receive information on free quit-smoking help
* No→  No one living in my apartment smokes

**Comments:**

**Optional Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt #: \_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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