

## TENANT SURVEY

Please check the answer that best describes you and your situation.

1. Has someone, including yourself, smoked cigarettes, cigars or pipes anywhere inside your home in the past 30 days?  
 Yes       No
  
2. Which one of the following statements best describes the rules about smoking inside your home?  
 No one is allowed to smoke anywhere inside my home.  
 Smoking is allowed in some places or at some times.  
 Smoking is permitted anywhere inside my home.
  
3. Do you think secondhand smoke is harmful to people's health?  
 Yes       No       I don't know
  
4. Have you smelled tobacco smoke in your home that comes from another apartment or from outside?  
 Yes       No
  
- 4a. If yes, does smelling tobacco smoke in your home bother you?  
 Yes       No
  
5. Do you or someone who lives with you suffer from an illness such as asthma, chronic bronchitis, heart disease, diabetes, or cancer?  
 Yes       No       I don't know
  
6. Would you support rules that prohibit smoking inside units in *your* building?  
 Yes       No
  
7. Would you support rules that prohibit smoking on the outside property of your building (for example, on lawns and parking lots)?  
 Yes       No
  
8. Would you prefer to live in a community where smoking is prohibited inside all apartments?  
 Yes       No
  
9. Would you prefer to live in a community where smoking is allowed outside of the property only and only in certain areas?  
 Yes       No
  
10. Do you think our *community* should ban smoking in all of its buildings and on its outside properties?  
 Yes       No

Additional comments:

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