

The Rochester Housing Authority in partnership with the Smoking & Health Action Coalition of Monroe County (SHAC) is conducting a short survey of tenants about tobacco and smoking rules in their buildings. Participation in the survey is voluntary and answers to the survey questions are **anonymous.** If you have any questions about this survey, contact your property manager or Sue Cringoli of SHAC at 442-4260 ext. 112, email scringoli@alany.org. **If you have any questions about participating in a research project, contact Tony Watson, NYS Department of Health, Institutional Review Board, 518-474-8539 or tmw05@health.state.ny.us**

Please circle your response.

1. Which statement best describes the rules that your landlord or property manager has set regarding smoking tobacco inside the residential units in your building?
2. Smoking is allowed in all residential units
3. Smoking is only allowed in some residential units
4. Smoking is not allowed in any residential units
5. Don’t know/Not sure
6. Which statement best describes the rules that you have set in your own residential unit about smoking tobacco?
7. Smoking is always allowed inside my residential unit
8. Smoking is sometimes allowed inside my residential unit
9. Smoking is never allowed inside my residential unit
10. Don’t know/Not sure
11. How often does someone smoke tobacco inside your own residential unit? Include yourself, household members and visitors.
12. Everyday b) A few times a week c) A few times a month d) Rarely or never e) Don’t know/Not sure
13. How often does tobacco smoke drift into your own residential unit from somewhere else in or around your building?
14. Everyday b) A few times a week c) A few times a month d) Rarely or never e) Don’t know/Not sure
15. How much are you (or would you be) bothered by tobacco smoke drifting into your own residential unit from somewhere else in or around your building?
16. A lot b) A little c) Not at all d) Don’t know/Not sure
17. **Do you think that breathing tobacco smoke from someone else’s cigarettes is:**
18. **Very harmful to ones’ health**
19. **Somewhat harmful to one’s health**
20. **Not very harmful to one’s health**
21. **Not harmful at all to one’s health**
22. **Don’t know/Not sure**
23. Would you (or do you) favor or oppose a policy that bans smoking tobacco in your building including in residential units and common areas?
24. Favor b) Oppose c) Don’t know/Not sure
25. Do you or anyone else who lives with you smoke in your home?
26. Yes b) No
27. How many children under age 18 live in your own residential unit? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
28. **Do you now smoke cigarettes everyday, some days, or not at all?**
29. **Everyday**
30. **Some days**
31. **Not at all**
32. **Don’t know/Not sure**
33. **How often do you smell smoke in your unit?**
34. **Everyday**
35. **A few times a week**
36. **A few times a month**
37. **Rarely or never**
38. **Don’t know/Not sure**
39. **How often do you smell smoke in the hallway?**
40. **Everyday**
41. **A few times a week**
42. **A few times a month**
43. **Rarely or never**
44. **Don’t know/Not sure**
45. If RHA adopted an indoor smoking ban, where would you suggest people smoke:
46. The sidewalk b) The parking lot c) Other outdoor location, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_
47. If RHA passed a no smoking policy in the units, how long should it be before all residents are required to follow the new policy?
48. Immediately b) Less than 3 months c) 3 – 6 months d) More than 6 months
49. How many people in your unit have a chronic illness such as asthma, chronic bronchitis, heart disease, diabetes, cancer or is a cancer survivor?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
50. If your building became non-smoking (including the units), what would you do?

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1. If you smoke, would you be interested in having smoking cessation classes or information made available to you?
2. Yes b) No
3. What is the Street Address of the Property where you currently live \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for participating in this survey. Please mail in the enclosed envelope or drop off at your property management office. Please return by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**