**Sample Resident Surveys**

Pre-Implementation of Smokefree Policy:

Date

Dear Residents:

Smokefree policies help provide a safe and healthy community for residents and guests. Secondhand smoke is harm to everyone’s health. Smoking can also cause apartment damage and extra cleaning costs.

We want to hear your thoughts on making our community smokefree. Please fill out the short survey below and give it back to (name of office, etc.) by X date. We thank you and appreciate your thoughts.

Sincerely,

***(Apartments Owner or Manager’s name)***

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(Return survey to rental office)

**Do you or anyone in your household smoke in your apartment?**

* Yes
* No

**What best describes the rules you have for smoking inside your apartment?**

* No one is allowed to smoke anywhere in my apartment.
* Smoking is allowed in some places or at some times.
* Smoking is permitted anywhere inside my apartment.

**Can you smell smoke in your apartment that comes from another apartment?**

* Yes, and it bothers me
* Yes, and it does not bother me
* No

**Are you or others living in your apartment thinking about quitting smoking?**

* Yes
* No

**Would you prefer to live on a property:**

* Where smoking is allowed everywhere on the property
* Where smoking is allowed in apartments, but not in indoor common areas
* Where smoking is allowed outdoors, but not in apartments or indoor common areas (Smokefree Building)
* Where smoking is NOT allowed anywhere, indoors and outdoors (Smokefree Property)
* Where smoking is only allowed 25ft away from any entry way or balcony
* Where smoking is only allowed a designated smoking area

**Comments:**

|  |
| --- |
| Source: American Lung Association in Iowa |

Post-Implementation of Smokefree Policy:

Subject: Smoke-free Policy Feedback

Date:

Dear Residents,

Thank you for choosing [PROPERTY NAME]. On [DATE], we implemented a smokefree policy to protect the health and safety of our residents.

As you are aware, secondhand smoke is a health hazard, especially for children, the elderly, and persons with chronic illnesses. Our smoke-free policy also reduces the risk of fire, further protecting the safety of our residents and their belongings.

Our smokefree policy applies to: [EDIT AND INCLUDE NO MORE THAN TWO BULLETS -- ONE REGARDING UNITS AND ONE REGARDING OUTDOOR SPACES.]

* All units in [all buildings] [buildings 1, 2, 3 & 4], including balconies and patios
* All units in [all buildings] [buildings 1, 2, 3 & 4], not including balconies and patios
* All outdoor areas
* All outdoor areas except the designated smoking areas
* All outdoor areas within a 25-foot perimeter of each smoke-free building

We would like to hear what you think about our new smokefree rules. This will help us determine the effectiveness of the policy and help us better educate our residents. Please complete the survey below and return it to [LOCATION] by [DATE].

Sincerely,

[Apartment Owner or Manager’s Name]

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**Since [DATE], have you witnessed (seen or smelled) smoking in any of the areas mentioned above? (Check one.)**

 No.  Yes, I witnessed smoking at/in/on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Have you mentioned the smokefree policy to anyone who was smoking? (Check all that apply.)**

 No. I did not have the opportunity to do so.

 No. Doing so would have been uncomfortable.

 Yes. I pointed out a sign in my building.

 Yes. I pointed out a sign in an outdoor area.

 Yes. I mentioned the policy in the lease.

**In your own words, what do you think about the smokefree policy?**

**Do you have any suggestions regarding education or enforcement?**