

CONDOMINIUM LIVING AND SECONDHAND TOBACCO SMOKE SURVEY

Please DO NOT sign this survey.

Upon completion, please return to _____.

The purpose of this survey is to determine the opinions of people who live in our condominium with regard to tobacco smoke. All responses will be kept anonymous.

	YES	NO	NO OPINION
1. In the last year, have you had tobacco smoke drift into your home?			
2. Have you complained to the condominium board about the tobacco smoke drifting into your home?			
3. Would you prefer to live in a community where smoking is banned from the enclosed common areas such as:			
a. Hallways			
b. Recreation rooms			
c. Laundry rooms			
d. Elevators (Smoking in elevators is prohibited by law)			
4. Would you prefer to live in a community where smoking is banned from certain outdoor areas such as:			
a. Swimming pools			
b. Breezeways			
c. Balconies			
5. Would you prefer to live in a community which has smoking and non-smoking sections including the units?			
6. Would you prefer to live in a building or complex which is totally non-smoking including the units?			
7. Do you think secondhand smoke is harmful to your health?			
8. Does tobacco smoke cause symptoms such as: headaches, make your eyes water or burn, make you cough, or make you feel ill in general?			
9. Do you smoke?			
10. Do you allow smoking in your home?			
11. Do you have children (0-12 years) living with you?			
12. Do you have teenage minors (13-17 years) living with you?			
13. Do you have elderly residents (over 65 years) living with you?			
14. Do you or someone who lives with you suffer from chronic illnesses such as asthma, chronic bronchitis, heart disease, diabetes, arthritis, cancer or a cancer survivor?			
15. Do you--			
a. Rent the unit?			
b. Own and live in the unit?			
c. Own but rent out the unit?			
16. If you are an owner who rents out the unit, did you know that you can require "No Smoking" in the unit?			

Thank you for your participation.