



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?
 - a) Smoking is allowed in all residential units
 - b) Smoking is only allowed in some residential units
 - c) Smoking is not allowed in any residential units
 - d) Don't know/Not sure

2. Which statement best describes the rules that you have set in your own residential unit about smoking tobacco?
 - a) Smoking is always allowed inside my residential unit
 - b) Smoking is sometimes allowed inside my residential unit
 - c) Smoking is never allowed inside my residential unit
 - d) Don't know/Not sure

3. How often does someone smoke tobacco inside your own residential unit? Include yourself, household members and visitors.
 - a) Everyday
 - b) A few times a week
 - c) A few times a month
 - d) Rarely or never
 - e) Don't know/Not sure

4. How often does tobacco smoke drift into your own residential unit from somewhere else in or around your building?
 - a) Everyday
 - b) A few times a week
 - c) A few times a month
 - d) Rarely or never
 - e) Don't know/Not sure

5. 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?
 - a) A lot
 - b) A little
 - c) Not at all
 - d) Don't know/Not sure

6. **Do you think that breathing tobacco smoke from someone else's cigarettes is:**
 - a) **Very harmful to ones' health**
 - b) **Somewhat harmful to one's health**
 - c) **Not very harmful to one's health**
 - d) **Not harmful at all to one's health**
 - e) **Don't know/Not sure**

7. Would you (or do you) favor or oppose a policy that bans smoking tobacco in your building including in residential units and common areas?
 - a) Favor
 - b) Oppose
 - c) Don't know/Not sure

8. Do you or anyone else who lives with you smoke in your home?
 - a) Yes
 - b) No

9. How many children under age 18 live in your own residential unit? _____

10. **Do you now smoke cigarettes everyday, some days, or not at all?**

- a) **Everyday**
- b) **Some days**
- c) **Not at all**
- d) **Don't know/Not sure**

11. **How often do you smell smoke in your unit?**

- a) **Everyday**
- b) **A few times a week**
- c) **A few times a month**
- d) **Rarely or never**
- e) **Don't know/Not sure**

12. **How often do you smell smoke in the hallway?**

- a) **Everyday**
- b) **A few times a week**
- c) **A few times a month**
- d) **Rarely or never**
- e) **Don't know/Not sure**

13. If RHA adopted an indoor smoking ban, where would you suggest people smoke:

- a) The sidewalk
- b) The parking lot
- c) Other outdoor location, please specify_____

14. 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?

- a) Immediately
- b) Less than 3 months
- c) 3 – 6 months
- d) More than 6 months

15. How many people in your unit have a chronic illness such as asthma, chronic bronchitis, heart disease, diabetes, cancer or is a cancer survivor?_____

16. If your building became non-smoking (including the units), what would you do?

17. If you smoke, would you be interested in having smoking cessation classes or information made available to you?

- a) Yes
- b) No

18. 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 _____