

SAMPLE TENANT SURVEY

Dear Valued Tenant:

The **[name of building management or property]** is interested in the safety and comfort of tenants, and providing an enjoyable living experience for all. According to the U.S. Surgeon General there is no risk-free level of exposure to secondhand smoke. Exposure to secondhand smoke can be particularly dangerous to children, adults and children with asthma, and to people with heart or breathing problems. Exposure to secondhand smoke is linked to higher rates of obesity and diabetes, and puts people at a greater risk for strokes.

We have decided to review our smoke/vape-free policy to determine if it should be revised in consideration of these findings. We value your tenancy and would appreciate your input so that we can design a policy that is equitable to our residents, and that provides guidelines as to where smoking will or will not be permitted. We believe a policy will reduce complaints from tenants and between neighbors about drifting secondhand smoke or vape emissions. All answers will be kept confidential.

PLEASE FILL IN THE BLANKS AND CIRCLE "YES" OR "NO" WHERE APPROPRIATE.

- How many years have you lived here? _____
- How many children under 18 years live in your home? _____
- How many people living in your home use tobacco products (i.e. cigarettes, e-cigarettes or vapes)? _____

- Do you allow visitors or workers (like repair professionals) to smoke or vape in your home? YES NO

If you answered "Yes": Please describe where the smoke or vape emissions are coming from (like a hallway, or a neighbor's home, porch or patio):

- Has secondhand tobacco smoke or vape emissions drifted into your home? YES NO
- Do you support making this building smoke/vape-free (i.e. cigarettes, cigars, e-cigarettes or vapes)? YES NO

Note: People who smoke or use e-cigarette or vape pens are still welcome to live here. Making the property smoke- and vape-free just means that they can't smoke or use vapes indoors, including in common areas and private homes.

- Do you think we should have a designated area outside where residents and guests can go to smoke and vape? YES NO

- Please list other areas of the building or grounds that you would like to see designated smoke- and vape-free:

Your name (please print): _____ Your unit number: _____

Please slip completed forms under the management office door **[or provide another method for return]**. Thank you.