Smoke-free Outdoor Entryways
Public Opinion Survey

Hello. I am conducting a survey on behalf of the (fill in: “County Health Department,” “Name of organization”). May I ask you a few questions about your experience and opinion regarding smoking near entrances of public buildings? It will take about 3 minutes of your time.

1. Do you live in this city (county)?

   __ yes __ no

I will ask you some questions about secondhand smoke. Secondhand smoke is tobacco smoke in the air that a person breathes because someone else is smoking or has been smoking nearby.

2. Do you think secondhand smoke may be harmful to your health?

   __ yes __ no __ don’t know

3. Have you ever noticed secondhand smoke in building entrances, for instance while waiting in line or while going into or coming out of a building?

   __ yes __ no __ don’t know

4. While being near a building entrance, have you ever had to do any of the following (Read each choice and mark all that apply):

   __ Move to another location
   __ Leave the area earlier than planned
   __ Ask someone who was smoking to stop or move away
   __ Anything else you had to do because of secondhand smoke? (specify)
       ________________________________
   __ None of the above
   __ I don’t recall

5. If you experience secondhand smoke in public building entrances regularly, how often would you say that happens?

   __ More than once a week
   __ About once a week
   __ About once or twice a month
   __ Don’t know
   __ I have not experienced secondhand smoke in entrances
6. Would you support a law that makes it illegal to smoke near public building entrances?
   __ yes __ no __ don’t know

7. If we had a law like this, how could we make sure that people would follow it? (Read the choices and mark all that apply):
   __ No-smoking signs
   __ Announcements in the newspaper
   __ Announcements on television
   __ Fines
   __ None of the listed options
   __ Don’t know
   __ What other options might be effective? (specify) _______________

8. Have you used any of the following products during the past 30 days? (Read the choices and mark all that apply):
   __ Cigarettes
   __ Herbal cigarettes
   __ Cigars
   __ Hookah Pipes
   __ Blunts (a mix of tobacco and marihuana)?
   __ Any other tobacco products? (Specify) ________________
   __ None

9. Mark the approximate age
   __ under 18
   __ 18 to 30
   __ 30 to 50
   __ above 50

10. Mark the sex
    __ m __ f

11. Is there a particular race or ethnicity that you identify with? (Choose only one):
    __ African American
    __ Hispanic/Latino
    __ Native American/Alaska Native
    __ Asian/Pacific Islander
    __ White/Non-Hispanic
    __ Mixed/Multiracial

12. What part of town (the county) do you live in?
    ________________

    Thank you for your time!