What Is Your Opinion about Smoking at Restaurants?

Please take a moment to share your thoughts about tobacco use at restaurants in your city/county. Your responses will help local health departments, community organizations and area restaurants understand public opinion about tobacco use in outdoor dining areas.

1. **How many times in the last month did you eat at a restaurant?**
   - [ ] 0 times
   - [ ] 1 time
   - [ ] 2-4 times
   - [ ] 5 or more times

2. **Have you ever been bothered by tobacco smoke while in an outdoor dining area of a restaurant?**
   - [ ] Yes
   - [ ] No
   - [ ] I’m not sure/have no opinion

3. **What do you usually do when people are smoking in the outdoor dining area of a restaurant?**
   *(Mark all that apply)*
   - [ ] Nothing, smoke doesn’t bother me
   - [ ] Go to another restaurant
   - [ ] Ask to sit inside
   - [ ] Move to another table (outside)
   - [ ] Complain to the restaurant staff
   - [ ] Leave the restaurant earlier than planned
   - [ ] Ask the person to stop smoking
   - [ ] Other action (specify) ____________________________

Please show if you agree or disagree with each of the statements below by marking **one** of the choices:

4. **As long as you are outside, it is not harmful to your health to sit near someone who is smoking.**
   - [ ] I agree
   - [ ] I disagree
   - [ ] I’m not sure/have no opinion

5. **A restaurant would attract more customers by having a no-smoking policy in outdoor dining areas.**
   - [ ] I agree
   - [ ] I disagree
   - [ ] I’m not sure/have no opinion

6. **Customers should be able to smoke outdoors at restaurants.**
   - [ ] I agree
   - [ ] I disagree
   - [ ] I’m not sure/have no opinion

7. **I prefer to visit restaurants that have non-smoking outdoor dining areas.**
   - [ ] I agree
   - [ ] I disagree
   - [ ] I’m not sure/have no opinion

For classification purposes only:

8. **What is your home zip code?** _____________

9. **What is your gender?**
   - [ ] female
   - [ ] male
   - [ ] transgender

10. **How old are you?**
    - [ ] 18-25 years
    - [ ] 26-49 years
    - [ ] 50-64 years
    - [ ] 65 and older
11. Do you have children under the age of 18?  ☐ Yes  ☐ No  ☐ I’m pregnant

12. What is your race/ethnicity?  ☐ Asian/Pacific Islander  ☐ Black/African American  
☐ Hispanic/Latino  ☐ Indian/Native American  ☐ White/Caucasian  ☐ Other ________________________

13. Do you currently use tobacco?  
☐ Yes, on a regular basis  ☐ Yes, but only once in a while  
☐ No, but I am a former tobacco user  ☐ No, I have never used tobacco

Thank you for your time.

Adapted by TCEC from Fresno County TC, 12/08