



Sample Tenant Survey

Date

Dear Residents of (building/complex/community):

To protect residents from hazards of secondhand smoke, many residential buildings are adopting no smoking policies. In Indiana an increasing numbers of workplaces and numerous recreational facilities have successfully been smoke-free. In order to ensure a healthy living environment where everyone can live and breathe smoke-free air, (name of property) will be addressing the potential adoption of a no smoking policy.

Please respond to the questions below so that we may review this issue with your input.

Please slide responses under the office door (or provide other means of response) by the evening of (due date) so we can consider your comments.

Please circle 'yes' or 'no' and add comments at the bottom.

Are you a smoker? (ie. Cigarettes, e-cigarettes, or vape pens)	Yes	No
If yes, do you smoke in your unit?	Yes	No
Do you allow guests/family members or others to smoke in your unit?	Yes	No
Can you smell tobacco smoke from other units when in your apartment?	Yes	No
Can you smell tobacco smoke when in the hallway/common areas?	Yes	No
Would you be in favor of a smoke-free policy for this building? (meaning smokers can still live in the building but cannot smoke in the building)	Yes	No

Comments:

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RESOURCES: TENANT SURVEYS



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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. There is a growing body of evidence, summarized in the 2006 U.S. Surgeon General report on secondhand smoke, which confirms there is no risk-free level of exposure to secondhand smoke. According to the Surgeon General, secondhand smoke exposure can be particularly dangerous to children, adults and children with asthma, and people with heart or breathing problems.

We have decided to review our smoking policy to determine if it should be revised in light 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 provides guidelines as to where smoking will or will not be permitted. We believe a revised policy will reduce complaints from tenants and between neighbors about drifting secondhand smoke. All answers will be kept confidential.

Please fill in the blanks and circle yes or no where appropriate.

1. Number of years you have been a resident? _____
2. Number of children living in your unit? _____
3. Number of people who smoke that live in your unit? _____
4. Are visitors or workers allowed to smoke in your unit? Yes No
5. Have you experienced secondhand tobacco smoke drifting into your unit? Yes No
If yes: Please describe where smoke is coming from, for example: hallway, adjacent patio, adjoining apartment, etc. _____
6. Would you favor a policy that would make this building smoke-free? Yes No
(meaning smokers can still live in the building but there will be no smoking in any indoor area including common areas and private units)
7. Should there be a designated smoking area outside? Yes No
8. Please list other areas of the building or grounds that you would like to see designated smoke-free:

Name: _____ (please print)

Unit Number: _____

Thank You.

Please slip completed forms under the management office door (or provide another method for return)

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