

HOUSING AUTHORITY OF THE COUNTY OF BUTTE

*In partnership with the Butte County Public Health Department Tobacco Education Program*

## Smoke Free Multi-Unit Housing Survey

**Date: 10-18-17**

**To: All Public Housing Residents**

Dear Residents: We are interested in knowing your experience with tobacco smoke/aerosol in your apartment home. This information will help the HACB Public Housing Staff understand what is needed to make the transition to a smoke/vape-free complex as smooth as possible. Your answers will be kept confidential and anonymous. Names and addresses will not be attached to this survey form and your answers will not affect your housing in any way.

Please fill out the survey below and return it to **the HACB by 11-7-17** so that we may understand your views.

For each question, please select the answer that best describes you and your situation.

1. How long have you lived in this building?  
 Less than 1 year     1-2 years     3-5 years     More than 5 years
  
2. Is smoking/vaping allowed in your apartment community?     Yes     No     Sometimes
  
3. Is smoking/vaping allowed in your balcony or patio?     Yes     No     Sometimes
  
4. Do you believe that it is bad for people's health to breathe secondhand tobacco smoke/aerosol, which is the smoke from someone else's cigarette?  
 Yes     No
  
5. Have you ever breathed secondhand tobacco smoke/aerosol in any of the following areas of your apartment community?

Lobby/entrance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Does not apply
Elevator	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Does not apply
Stairs/hallway	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Does not apply
Recreation area/courtyard	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Does not apply
Laundry room	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Does not apply
Balcony/patio	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Does not apply
Driveway/parking lot	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Does not apply
  
- 6a. In the last year, has secondhand tobacco smoke/aerosol ever drifted into your apartment?  
 Yes (go to Question 6b)     No (go to Question 7a)
  
- 6b. Where did the secondhand tobacco smoke/aerosol drift in? (Mark all that apply.)  
 Door     Window     Patio     Air vents     Not sure

6c. What did you do when the secondhand smoke/aerosol drifted into your home? (Mark all that apply.)

- Nothing
- Complained to the smoker
- Complained to the management
- Tried to keep the smoke from coming into your unit (e.g., by closing doors/windows)
- Other (please explain) \_\_\_\_\_
- Never had smoke drift to my apartment or patio/balcony

7a. Would you like to live in an apartment building where all commons areas outside are non-smoking?

- Yes (go to Question 7b)
- No (go to Question 8)

7b. If yes, which areas should be non-smoking?

- |                           |                              |                             |   |
|---------------------------|------------------------------|-----------------------------|---|
| Recreation area/courtyard | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Does not apply |
| Swimming pool area        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Does not apply |
| Balcony/patio             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Does not apply |
| Garage/parking structure  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Does not apply |
| Other (where?) _____      |                              |                             |   |

8. Would you prefer to live in a “no smoking” apartment community?

- Yes
- No

9. Would you prefer to live in a completely non-smoking apartment building where all of the units were smoke-free?

- Yes
- No

10. Do you believe tenants who have signed a lease for a non-smoking unit should be required to move out if they continue to smoke/vape in the apartment or smoke-free common area?

- Yes
- No

*Now we would like to ask a couple of questions about you.*

11. Do any of the following live in your apartment? (Mark all that apply)

- Children 0-5 years
- Children 6-18 years
- Senior Citizens (65 and older)
- None of the above

12. Do you or anyone you live with have a medical condition such as allergies, asthma, migraines, diabetes, heart disease, or high blood pressure?

- Yes
- No

13. Do you or anyone else in your household smoke cigarettes, cigars, a pipe or use electronic smoking devices?

- Yes, regularly (daily or weekly)       Yes, occasionally (less than weekly)       No

14. If you smoke or anyone you live with smokes, would you be interested in any of the following resources? (Check all that apply)

- Group quit smoking classes provided onsite at your apartment complex  
 Information regarding nicotine replacement therapy options (e.g., the patch or gum)  
 Other (please specify) \_\_\_\_\_  
 I don't smoke nor does anyone I live with

15. What is your gender?

- Female     Male

16. What is your age?

- 18-29       30-45       46-59       60 or over

17. Which race/ethnicity do you identify yourself as? (Mark only one)

- African American/Black                       Asian/Pacific Islander  
 Hispanic/Latino                                   White/Non-Hispanic  
 Native American/Alaskan Native           Other \_\_\_\_\_

18. If you would like to expand on any of your responses above or add anything else, please use the space below.

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**Thank you for participating in this survey!**

**A self-addressed stamped envelope is enclosed for this survey's return or you can drop off at HACB main office at 2039 Forest Ave, Chico Ca.**