**Sample Resident Survey - Smoke-Free Policy**

[Date]

Dear Valued Residents,

We are pleased that you have chosen to reside at [name of apartment community]! In recent years, many apartment community owners have decided to promote smoke-free living environments. As a result, we have begun studying the management effects these changes have caused within those communities.

Apartment community owners adopt smoke-free policies, or rules governing smoking, for a number of reasons. Secondhand smoke is a known health hazard for which there is no safe exposure. Additionally, materials used for smoking cause or contribute to thousands of home fires each year.

To ensure the health and safety of all community residents, we are considering the adoption of a smoke-free policy for [name of apartment community]. We would like to hear from you! Please share your thoughts with us about enacting rules for tobacco use inside buildings and other areas of our community. Please complete the short survey below and return it to your residential office by [**date**].

Sincerely,

[Property Manager Name]

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**Do you or someone in your household smoke inside your apartment?**

* No, I do not smoke or allow others to smoke inside my apartment.
* Yes, I or someone in my household smokes inside my apartment.

**Can you smell secondhand smoke inside your apartment? (Check all that apply)**

* No, I don’t smell secondhand smoke inside my apartment.
* Yes, I can smell secondhand smoke inside my apartment.
* Yes, the secondhand smoke concerns me.
* Yes, the odor of secondhand smoke makes me feel ill.
* Yes, I am worried about the effects of secondhand smoke on the health of my household.

**If offered a choice, would you prefer to live in a smoke-free apartment community?**

**(Check all that apply)**

* Yes, I would like my apartment community to be smoke-free, including the units.
* No, I would like my apartment community to continue to allow smoking in units.
* I have no preference.

**Comments:**

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**Optional Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Unit #:\_\_\_\_\_\_ Telephone number: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_