



Sample Tenant Follow Up Survey

Date

Dear Residents of *(building/complex/community)*:

Our building adopted a smoke-free policy last year to protect residents from the dangers of secondhand and thirdhand smoke.

Please answer the questions below so that we may review how this policy has affected you.

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.

Have you quit smoking or vaping since the new policy was adopted? **YES NO**

If not, have you cut down on the number of cigarettes you smoke or the amount you vape? **YES NO**

Is your health or your family's health better since the policy was adopted? **YES NO**

(Examples: less or milder asthma attacks, better heart health, fewer earaches and colds)

If yes, what health benefits have you or people in your home noticed?

Can you smell smoke or vape aerosol from other units when in your apartment? **YES NO**

Can you smell smoke or vape aerosol when in the hallway/common areas? **YES NO**

Do you support the current smoke-free policy for this building? **YES NO**

(meaning people who smoke can still live in the building but cannot smoke in rental units and common areas)

Comments: