



Sample Tenant Survey Questions

The purpose of this anonymous survey is to assess the level of interest among tenants in having the choice to live in a smoke-free environment. Any future no-smoking policy that might be adopted would only apply to new tenants and would prevent smoking in designated areas only. It would not result in tenants being evicted for being smokers, would not force anyone to quit smoking and would not prevent smokers from renting accommodation.

Please check the answer that best describes you and your situation.

1. Do you or anyone else in your household smoke cigarettes, cigars or a pipe?

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

→ If yes to Question 1, do you or any household members smoke indoors?

- Yes
- No

2. Which of the following statements best describes the rules about smoking inside your home:

- No one is allowed to smoke anywhere inside your home
- Smoking is allowed in certain rooms only inside the home
- Smoking is permitted anywhere inside your home
- Smoking is allowed only on the outside balcony
- Other (specify) _____

3. How often have you smelled tobacco smoke in your home that comes from another apartment or from outside?

- Never
- Occasionally
- Very Often
- Always

→ If you smell smoke in your home, does it bother you?

- Yes
- No

→ If you smell smoke in your home, where does it mostly come from?

- From someone smoking outside on a neighbouring balcony or patio
- From someone smoking inside in a neighbouring unit
- From someone smoking outside on the building property
- From some other source (Specify) _____

→ If you smell smoke, have you complained to your Landlord?

- Yes
- No
- Other (Specify) _____

4. Do you or someone who lives with you suffer from chronic illnesses such as asthma, chronic bronchitis, heart disease, diabetes, arthritis, cancer?

- Yes
- No
- Maybe
- Don't Know

5. Do you think secondhand smoke is harmful to people's health?

- Yes
- No
- Don't know

6. Would you prefer to live in a building (please select your top choice):

- Where smoking is not allowed anywhere, including individual units and patios
- Where smoking is allowed anywhere indoors and on outside property
- Where smoking is only allowed in designated parts of building or on designated floors
- Don't have a strong preference
- Other (Specify) _____

7. Would you be interested in moving to the non-smoking section or the non-smoking building if it existed?

- Yes
- No
- Unsure/Depends (Specify) _____

9. Are you opposed or supportive of converting some of our units or buildings to be non-smoking?

- Strongly opposed
- Opposed
- Supportive
- Strongly supportive
- Other (Specify) _____

Comments:

Optional:

Floor Number _____
Unit Number _____

Thank you for completing this survey – we value your input.

For more tools and help going smoke-free, visit www.smokefreehousingbc.ca