

LHA Letterhead

Smoke Free Housing Survey

Please respond to all questions . Please circle yes or no and provide additional information.

Yes No	A.	Do you support a smoke free housing development?
Yes No	B.	Do you smoke?
Yes No	C.	Does anyone in your household smoke? How Many? _____
Yes No	D.	If you or anyone in your household smokes would you (they) be willing and able to comply with a smoke-free policy at your development?
Yes No	E.	Do you have guests or service providers that smoke in your apartment?
Yes No	F.	Are you or anyone in your household affected by drifting tobacco smoke?
Yes No	G.	Do you have any other comments or suggestions you want us to consider?
Yes No	H.	Do you believe a smoke-free policy would be a serious issue for your household, please tell us why.

Signature: _____ Date: _____
Tenant (Head of Household)