



## Sample Tenant Survey Questions

Landlords can use these questions to customize your own tenant survey about smoking and second-hand smoke in your building(s). Conducting a survey is an effective way to gather information to help you choose the appropriate building for designating as smoke-free or, if you know which building(s) you will be making smoke-free, to identify tenant support for your new policy. The survey can either be anonymous, or you can ask tenants to specify their apartment number to identify which units allow smoking.

Offering an incentive to submit the survey will increase your response rate.

**Attention Renters: Please check the answer that best describes you and your situation.**

**1. Do you or anyone else in your household smoke cigarettes, cigars, a pipe or hookah 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, deck or patio
- 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 usually come from?**

- From someone smoking outside on a neighbouring balcony, deck 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
- Don't Know

**5. Do you think second-hand 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 balconies, decks and patios
- Where smoking is only allowed on individual unit balconies, patios and decks, NOT in any units)
- Where smoking is allowed anywhere indoors and on the outside property
- Don't have a strong preference
- Other (Specify) \_\_\_\_\_

**7. If your building became non-smoking (including the units), what would you do?**

- I would thank my landlord
- It would not affect me (I don't smoke)
- It would not affect me (I smoke, but only smoke outside)
- I would take my smoking outside
- I would want to move
- Other (Specify) \_\_\_\_\_

**8. Are you opposed or supportive of converting our building(s) to be non-smoking?**

- Strongly opposed
- Opposed
- Supportive
- Strongly supportive
- Other (Specify) \_\_\_\_\_

**9. Comments:**

**Optional:**

Floor Number \_\_\_\_\_  
Unit Number \_\_\_\_\_

**Thank you for completing this survey – we value your input.**  
*For more tools and help increasing options for smoke-free living visit*  
[www.smokefreehousingns.ca](http://www.smokefreehousingns.ca)