

Sample cooperative-member survey questions

The purpose of this survey is to gather information concerning the opinions and experiences of residents in our co-op complex about second-hand smoke. We are aware of a number of residents who are suffering from second-hand smoke infiltrating their homes from neighbouring units, and it may be time to explore the option of adopting a smoke-free bylaw that would restrict or prohibit smoking in the complex. Indicating your suite number is optional.

Please return your completed survey to <indicate name and/or location>.

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/waterpipe?

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

If yes, 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:

- Smoking is **not allowed anywhere** in my home or on the balcony/porch/patio
- Smoking is **only allowed outside** on the balcony/porch/patio
- Smoking is **allowed only in certain rooms** inside my home
- Smoking is **allowed anywhere** inside my home
- Other (specify) _____

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

- Never
- Occasionally
- Very often
- Always

If you smell smoke in your home, has the smoke impacted your health (i.e.; does it give you headaches, make your eyes water or burn, make you cough, or make you feel ill in any way)?

- Yes
- No

If you smell smoke in your home, where does it most often come from?

- From someone smoking outside on a neighbouring balcony/porch/patio
- From someone smoking inside in a neighbouring unit
- From someone smoking outside on the building property
- From some other location (specify) _____

If you smell smoke, have you ever filed a complaint about it?

- Yes
- No
- Other (specify) _____

4. Does anyone living in your unit suffer from chronic illnesses such as asthma, chronic bronchitis, chronic obstructive pulmonary disease (COPD), heart disease, diabetes, arthritis or cancer?

- Yes
- No
- Maybe
- Don't know

5. Are any of the members who currently live in your unit:

- children younger than the age of 12?
- seniors older than the age of 65?

6. Do you think second-hand smoke is harmful to people's health?

- Yes
- No
- Don't know

7. Do you:

- rent your unit?
- own and live in your unit?
- own but rent out your unit?

8. Would you be interested in living in a building where all smoking was completely banned, including inside private units, on patios, balconies and on all property grounds?

- Yes
- No
- Don't know



If no, which spaces would you like to see included in a ban (check all that apply)?

- inside private units
- on patios
- on porches
- on balconies
- on outdoor property ground
- all of the above but only related to certain floors or wings of the building
- I don't want to see smoking banned anywhere.
- Other (specify) _____

Please note: In compliance with Alberta laws, smoking is currently not allowed in the common areas of our building, including hallways and elevators. The law also prohibits smoking in any enclosed common patios, pools, other recreation areas and enclosed parking garages. There are five metre smoke-free buffers around doorways, air intakes or public windows that can be opened. These areas will remain smoke-free by law regardless of the outcome of this survey.

9. Are you opposed to or supportive of adopting some form of smoke-free bylaw for our building?

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

Comments:

Optional: Floor number _____ Unit number _____

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