

Worksite Survey: Support for Smoke Free Policy

1. Please indicate the extent to which you are bothered by secondhand smoke.

- Frequently bothered
- Occasionally bothered
- Seldom bothered
- Never bothered

2. If you are bothered by secondhand smoke at work, in what way are you bothered? (Check all that apply)

- Eye, nose and throat irritation
- Headaches
- Concern for your long term health
- Pregnancy related concerns
- Interference with work performance
- Other, please specify _____

3. What is your opinion of secondhand smoke?

- Definitely harmful
- Probably harmful
- Not harmful
- Not sure

4. What is your opinion of a smoking policy for the workplace?

- Worksite premises should be entirely smoke free
- The building should be entirely smoke free
- Smoking should be allowed in rooms with separate ventilation, dedicated only to smoking. Please specify a location

5. Would you support the implementation of a smoke free policy for the worksite?

- Yes
- No
- Not sure

6. Please indicate your current smoking status

- Currently smoke cigarettes
- Currently smoke pipe/cigar
- Used to smoke
- Never smoked

For current smokers only

7. Would you attend a worksite-sponsored program to help to stop smoking?

- Yes
- No
- Maybe

8. If smoking were banned in the workplace, how would this affect the amount you currently smoke?

- It would not affect it
- I would smoke more at home
- I would smoke less
- I would try to quit

Please return the completed survey to

_____ by _____.

Thank you for your cooperation.