

As you know, HUD (US Department of Housing and Urban Development) put a new no smoking policy in place last summer for your housing building. We would like to ask you some questions about this. We are not asking for your name. This means the survey is anonymous. No one will ever know how you answered these questions, so please be as honest as possible as you answer the questions. This survey should take about 10 minutes to complete. Thank you.

* 1. Have you taken this survey within the past two months?

☐ Yes

☐ No

* 2. What is your age?

- | | |
|---|-----------------------------------|
| ☐ 17 or younger (please stop. This survey is for people 18 and older) | ☐ 40-49 |
| ☐ 18-20 | ☐ 50-59 |
| ☐ 21-29 | ☐ 60 or older |
| ☐ 30-39 | |

* 3. Where do you live?

- | | |
|--|--|
| ☐ Arlington Court | ☐ Lapham Park |
| ☐ Becher Court | ☐ Locust Court |
| ☐ Cherry Court | ☐ Merrill Park |
| ☐ College Court | ☐ Mitchell Court |
| ☐ Convent Hill | ☐ Olga Court |
| ☐ Highland Gardens | ☐ Parklawn |
| ☐ Highland Homes | ☐ Riverview |
| ☐ Hillside High Rise | ☐ West Lawn Gardens |
| ☐ Hillside Terrace | ☐ Family Housing – Scattered sites |
| ☐ Holton Terrace | ☐ I prefer not to answer |
| ☐ Other (please specify) | |

* 4. The new smoke-free housing policy doesn't allow these products.

	Yes	No	I don't know	I prefer not to answer
All tobacco products	☐	☐	☐	☐
Cigarettes	☐	☐	☐	☐
E-cigarettes (electronic cigarettes)	☐	☐	☐	☐
Chew	☐	☐	☐	☐
Nicotine patch used to quit	☐	☐	☐	☐

* 5. The new smoke-free housing policy doesn't allow tobacco use in these areas.

	Yes	No	I don't know	I prefer not to answer
All residential units	☐	☐	☐	☐
All private patios and balconies	☐	☐	☐	☐
All common areas within the building	☐	☐	☐	☐
Hallways	☐	☐	☐	☐

* 6. The new smoke-free housing policy..

	Yes	No	I don't know	I prefer not to answer
Allows smoking and e-cigarette use up to 25 feet outside the building	☐	☐	☐	☐
Allows smoking and e-cigarette use up to 50 feet outside the building	☐	☐	☐	☐
Applies to guests as well as to residents	☐	☐	☐	☐

* 7. **Before** the smoke free policy started in July, 2018, how often did you smell smoke **in your home** that wasn't from smoking taking place in your home?

- | | |
|---|--|
| ☐ Daily or almost daily | ☐ Once a month |
| ☐ 2 to 4 times a week | ☐ Once in a great while |
| ☐ About once a week | ☐ Never |
| ☐ 2 to 3 times a month | ☐ I prefer not to answer |

* 8. **Before** the smoke free policy started in July, 2018, how often did you smell smoke **in your building, outside your home** that wasn't from smoking taking place in your home?

- | | |
|---|--|
| ☐ Daily or almost daily | ☐ Once a month |
| ☐ 2 to 4 times a week | ☐ Once in a great while |
| ☐ About once a week | ☐ Never |
| ☐ 2 to 3 times a month | ☐ I prefer not to answer |

* 9. **After** the smoke free policy started in July, 2018, how often did you smell smoke **in your home** that came from outside your home?

- | | |
|---|--|
| ☐ Daily or almost daily | ☐ Once a month |
| ☐ 2 to 4 times a week | ☐ Once in a great while |
| ☐ About once a week | ☐ Never |
| ☐ 2 to 3 times a month | ☐ I prefer not to answer |

* 10. **After** the smoke free policy started in July, 2018, how often did you smell smoke **in your building, outside your home?**

- | | |
|---|--|
| ☐ Daily or almost daily | ☐ Once a month |
| ☐ 2 to 4 times a week | ☐ Once in a great while |
| ☐ About once a week | ☐ Never |
| ☐ 2 to 3 times a month | ☐ I prefer not to answer |

* 11. Have you noticed the smell of smoke in your building more this winter than you did this past summer?"

- ☐ No
- ☐ Yes, a little bit more
- ☐ Yes, a lot more
- ☐ I prefer not to answer

* 12. How strongly do you agree or disagree with each of the following statements?

[illegible]

* 13. How strongly do you agree or disagree with each of the following statements?

[illegible]

* 14. How strongly do you agree or disagree with each of the following statements?

[illegible]

* 15. How well is the smoke-free housing policy enforced?

- ☐ It is not enforced enough
- ☐ It is enforced about right
- ☐ It is enforced too much
- ☐ I prefer not to answer

* 16. Is the smoke-free policy enforced fairly?

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ I prefer not to answer

* 17. Do you currently use any tobacco products or products that contain nicotine? (If no skip to Q19)

☐ Yes

☐ No

* 18. Which of the following tobacco products do you use? (check all that apply)

☐ Cigarettes

☐ Dissolvables

☐ Little cigars, cigarillos

☐ Hookah, water pipe

☐ Cigars

☐ Electronic cigarettes, e-cigarettes, juuls

☐ Pipes

☐ Menthol cigarettes

☐ Chew, dip, snus

☐ I prefer not to answer

☐ Other (please specify)

* 19. Are you a:

- ☐ Never smoker (of tobacco) (If Never skip to Q23)
- ☐ Ex-smoker (of tobacco)
- ☐ Current smoker (of tobacco)

* 20. Did you quit smoking tobacco because of the no smoking policy?

☐ Yes

☐ No

* 21. Because of the smoke-free housing policy, I have... (Check all that apply)

- | | |
|---|---|
| ☐ Tried to quit | ☐ Seen a doctor to get help quitting |
| ☐ Reduced my smoking | ☐ Joined the First Breath program |
| ☐ Switched to e-cigarettes | ☐ Established a routine of smoking at least 25 feet from my building |
| ☐ Participated in the Freedom from Smoking Cessation Program | ☐ Made no changes in response to the Smoke-free housing policy |
| ☐ Called the Wisconsin Tobacco Quit Line (1-800-Quit Now) | ☐ I prefer not to answer |
| ☐ Used quit aids such as nicotine patch or cessation medicines | |
| ☐ Other (please specify) | |

* 22. How could the Housing Authority of the City of Milwaukee help you quit? (check all that apply)

- | | |
|---|---|
| ☐ Provide on-site cessation programs | ☐ Sponsor and conduct a housing-wide contest to quit |
| ☐ Provide on-site support groups | ☐ Provide brochures and printed materials on the health risks of smoking |
| ☐ Telling me how to get affordable quit aids such as the nicotine patch, nicotine lozenge, cessation medicines | ☐ Provide written self-help materials about how to quit |
| ☐ Provide quit aids such as the nicotine patch, nicotine lozenge, cessation medicines on-site and at no cost | ☐ Provide peer counselors to help me quit |
| ☐ Enforcing the No-smoking Policy better | ☐ Train residents how to help others quit |
| ☐ Provide incentives/rewards to quit | ☐ I prefer not to answer |
| ☐ Other (please specify) | |

* 23. Which one or more of the following would you say is your race? (check **all** that apply)

☐ White or Caucasian

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ American Indian or Alaskan native

☐ I prefer not to answer

* 24. Are you of Hispanic, latino/a or Spanish origin?

☐ Yes

☐ No (if no skip to Q26)

☐ I prefer not to answer (if prefer not to answer skip to Q26)

* 25. Are you (check **all** that apply)

☐ Mexican, Mexican American, Chicano/a

☐ Another Hispanic, Latina/o or Spanish origin

☐ Puerto Rican

☐ I prefer not to answer

☐ Cuban

* 26. What is the highest grade or year of school you completed?

- | | |
|--|---|
| ☐ Never attended school or only attended kindergarten | ☐ College- 1 to 3 years (Some college or technical school) |
| ☐ Grades 1 through 8 (elementary) | ☐ College- 4 or more years (College graduate) |
| ☐ Grades 9 through 11 (Some high school) | ☐ I prefer not to answer |
| ☐ Grade 12 or GED (High school graduate) | |

* 27. How would you describe yourself?

- ☐ Female
- ☐ Male
- ☐ I prefer not to answer
- ☐ Other (please specify)

* 28. Do you consider yourself:

- | | |
|--------------------------------|--|
| ☐ Straight | ☐ Questioning |
| ☐ Lesbian | ☐ Other |
| ☐ Gay | ☐ I prefer not to answer |
| ☐ Bisexual | |

* 29. Do you have any limitations on your mobility (ability to move around)? Select the statement that best describes your mobility and ability to move around.

- | | |
|---|---|
| ☐ I have no physical limitations on my ability to get around. | ☐ I have significant limitation on my ability to get around. I always or almost always use assistance such as a cane or a walker. |
| ☐ I have a little limitation on my ability to get around, such as some pain when I walk, but I get around without assistance. | ☐ I can only get around by using a wheel chair. |
| ☐ I have moderate limitation on my ability to get around. Occasionally I use assistance like a cane. | ☐ I prefer not to answer |