

Policy Attitude Survey

You are invited to take part in a survey conducted by GROUP or PERSON ADMINISTERING SURVEY. In this survey we hope to learn about students' views on tobacco and secondhand smoke. Your participation in this survey is completely voluntary and confidential. Confidential means that there is no identifier or personal information requested so please remember to not identify yourself on the survey. Reports resulting from this survey will not identify you as a participant so feel free to answer honestly. An overall summary of survey results will be made available and shared with the campus.

Please clearly check the box that represents your answer.

1. You attend: ☐ Day classes only ☐ Evening classes only ☐ Both day & evening
2. You live in: ☐ Residence Hall ☐ Off campus home or apartment
3. Is secondhand smoke on campus a concern or an annoyance for you?
☐ Yes, a concern/annoyance ☐ Not a concern/annoyance ☐ I don't know

Comment:

4. Where do you see smoking occur on campus? (Check all that apply)
- | | |
|--|---|
| <input type="checkbox"/> I don't see anyone smoke on campus | <input type="checkbox"/> Near Library Building |
| <input type="checkbox"/> Near Classroom Buildings | <input type="checkbox"/> Sports Fields/Stadiums |
| <input type="checkbox"/> Near Cafeteria and other food areas | <input type="checkbox"/> Parking Lots/garage |
| <input type="checkbox"/> Open, outdoor areas (i.e. quad) | <input type="checkbox"/> Breezeways (areas between buildings) |
| <input type="checkbox"/> Other (identify): | |

5. Do you have any allergy/sensitivity (i.e. asthma, sneezing, watery eyes, etc.) that are triggered by exposure to either indoor and/or outdoor tobacco smoke?
☐ Yes ☐ No

6. How important is it to you that your campus adopt a **smoke-free campus policy**?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Important	Somewhat Important	No Opinion	Somewhat Unimportant	Very Unimportant

7. How important is it to you that your campus adopt a minimum "**no smoking with the exception of designated areas**" policy?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Important	Somewhat Important	No Opinion	Somewhat Unimportant	Very Unimportant

8. How important is it to you that your campus enforce existing **smoking regulations (e.g., no smoking within 20 feet of buildings)**?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Important	Somewhat Important	No Opinion	Somewhat Unimportant	Very Unimportant

9. How do you feel about the sale of tobacco products in campus stores and on campus property?

☐ Allow the sale

☐ Prohibit the sale

☐ No Opinion

10. Should tobacco companies be allowed to sponsor campus events or distribute tobacco products or tobacco-related promotional items on campus?

☐ Yes

☐ No

☐ No Opinion

11. Your age?

☐ under 18

☐ 18-19

☐ 20-21

☐ 22-25

☐ 26-29

☐ 30+

Additional Comments:

THANK YOU VERY MUCH FOR YOUR PARTICIPATION IN THIS SURVEY!!