

**Attachment A-3**

**Smoke-Free Work Places and Businesses  
Survey**

[Note: This is usually done as a telephone survey]

**Date:**

**Type of business or work place:**

**Name:**

**Address:**

**City**

**Zip**

**County**

**Contact Person** \_\_\_\_\_ **Contact Phone** \_\_\_\_\_

1. Does the establishment have a policy regulating smoking? (Y) (N) If no, proceed to question # 5.

2. How would you describe the smoking policy of your establishment?

☐ 100% Smoke Free

☐ permit smoking in designated areas only

3. If your business is smoke-free are no-smoking signs posted? (Yes) (No) (Does not apply)

4. If smoking is allowed in designated areas only, are people smoking only within the designated smoking section? (Yes) (No) (Does not apply)

5. Are employees protected from high levels of tobacco smoke? (Yes) (No)

6. How would you perceive support for a smoke-free policy for your establishment.

☐ High

☐ Medium

☐ Low

7. Would you like more information about the benefits of a smoke-free policy or implementing a policy that separates smokers from non-smokers?

☐ yes

☐ no

(Agency Contact Information should be listed here)

