Attachment A-3

Smoke-Free Work Places and Businesses Survey [Note: This is usually done as a telephone survey]

iote: This is usu ate:	ally done as a telephone s	surveyj			
pe of busines	s or work place:				
ame:					
ddress:					
ity	Zip	County	County		
ontact Person		Contact Phone			
Does the estaluestion # 5.	blishment have a policy re	gulating smoking? (Y) (N) If no, procee	ed to		
•	•	•			
If your busines	ss is smoke-free are no-sn	noking signs posted? (Yes) (No) (Does	not		
	<u> </u>	, , ,	the		
Are employees	s protected from high leve	Is of tobacco smoke? (Yes) (No)			
How would yo	u perceive support for a sr	moke-free policy for your establishment			
High					
Medium					
Low					
yes	no				
	(Agency Contact Informa	ation should be listed here)			
	Are employees How would you Are employees How would you Are employees How would you Are designated smoking Are employees How would you Would you like aplementing a possipplementing a possipple Are employed Are employees	pe of business or work place: ame: ddress: aty Zip ontact Person Does the establishment have a policy restion # 5. How would you describe the smoking person poly) If your business is smoke-free are no-snoply) If smoking is allowed in designated area resignated smoking section? (Yes) (No) (Example Are employees protected from high leve) How would you perceive support for a simple Medium Low Would you like more information about the plementing a policy that separates smokely yes no	Are employees protected from high levels of tobacco smoke? (Yes) (No) Are employees protected from high levels of tobacco smoke? (Yes) (No) How would you perceive support for a smoke-free policy or a smok		