



If available, would you choose to live in a smoke-free apartment?

____ yes ____ no

Does cigarette smoke from other apartments ever bother you?

____ yes ____ no

Do you, or anyone you live with, smoke?

____ yes ____ no

Would you like more information about secondhand smoke or clean air?

____ yes ____ no

To be entered in the prize raffle please list name, address and phone #:

Name: _____

Address: _____

Phone: _____

**THIS IS A CONFIDENTIAL SURVEY FOR INFORMATIONAL
PURPOSES ONLY. IF YOU HAVE ANY QUESTIONS OR
CONCERNS, PLEASE CONTACT US AT ***_****.**