

[Insert club name] is looking into becoming a smoke free club to create a healthier and cleaner club environment. We want to hear how this may affect you.

To help us develop a fair policy, please take a few minutes to complete this survey and return it to [contact person or location].

Your response is completely confidential, and you do not need to give your name or any other personal details on this form.

1. Do you smoke or vape?

- Yes
 No

2. Are you bothered or affected by tobacco smoke at our club?

- Yes
 No

If 'Yes', please list any ways in which you are bothered or affected including physical symptoms, if relevant.

Three horizontal lines for text input.

If 'Yes', at which places on club grounds are you affected by smoke and aerosol?

Three horizontal lines for text input.

Any further comments?

Four horizontal lines for text input.

3. Do you think the club should adopt a smoke free policy?

- Yes
 No
 I do not know

4. Which locations do you think should be made smokefree? Please check as many as you like.

- Indoor bar area
 Indoor dining areas
 Outdoor covered areas
 Outdoor dining areas
 Within 25 feet of building entrances
 Entire site
 Other: _____

5. How would the club being smokefree affect you?

- Make me want to stay away from the club
 Help me to cut back on smoking or vaping
 Make me happier as I am a non-smoker
 Other:

Three horizontal lines for text input.