

# Tobacco use at [HEALTHCARE FACILITY]

[HEALTHCARE FACILITY] implemented a tobacco-free policy on [DATE]. We are interested in learning more about workforce tobacco use and exposure to second-hand smoke during work hours in the areas the policy affects. Your confidential response to this questionnaire will help us to evaluate the tobacco-free policy.

Please answer the following questions by clicking your answer(s) with an ✓ unless specified otherwise.

1. Where do you typically spend your work hours?

- |  |  |
|--|--|
| <input type="checkbox"/> [Address or building 1] | <input type="checkbox"/> [Address or building 4] |
| <input type="checkbox"/> [Address or building 2] | <input type="checkbox"/> [Address or building 5] |
| <input type="checkbox"/> [Address or building 3] | <input type="checkbox"/> [Address or building 6] |

2. Are you aware of the tobacco-free policy?

- Yes       No

3. Using the scale from 1 to 5 how would you rate your support for the tobacco-free policy **now**?

- |                       |   |   |   |   |                     |
|-----------------------|---|---|---|---|---------------------|
| Strongly unsupportive |   |   |   |   | Strongly supportive |
| 1                     | 2 | 3 | 4 | 5 |                     |

The following questions pertain to **AFTER** the tobacco-free policy was implemented on [DATE].

4. Which of the following statements best describes your **current** behavior during your work hours? (Check all that apply.)

- I smoke cigarettes during my work hours
- I smoke cigars or pipes during my work hours
- I use chewing tobacco during my work hours
- I do **not** use any tobacco products during my work hours
- I do **not** use any tobacco products. (Skip to number 6 if you marked this answer.)

5. How many times a day do you use tobacco products?

- 1-3 times a day    4-6 times a day    7 + times a day

6. Are you exposed to second-hand smoke during your work hours? (Secondhand smoke is the smoke from the burning end of a cigarette, pipe, or cigar *and* the smoke exhaled by a smoker.)

- Yes       No, skip to question #9

7. Where are you currently being exposed to second-hand smoke during your work hours? (Check all that apply.)
- Near the entrance and exit doors of [address or building]
  - Near the entrance and exit doors of [address or building 2]
  - In the entry ways of [address or building]
  - At bus stop waiting areas near [address or building]
  - Walking on the side walks on or near [your healthcare facility]
  - Parking lots designated for the use of [your healthcare facility employees]
  - Other (specify) \_\_\_\_\_

8. How often are you exposed to second-hand smoke during your work hours?

Rarely (seldom)

Frequently (often)

1

2

3

4

5

The following questions pertain to **BEFORE** the tobacco-free policy was implemented on [DATE]

9. Were you employed by [healthcare facility] before the tobacco-free policy implementation on [date]?

Yes

No (**Skip to question number 15 if you answered no.**)

10. Were you exposed to second-hand smoke at [health care facility] **before** [date of policy implementation]?  
*(Second-hand smoke is defined as smoke from another person's cigarette/ cigar or pipe.)*

Yes

No, skip to question #12

11. Where were you exposed to second-hand smoke before [date of policy implementation] (Check all that apply.)

Near the entrance and exit doors of [address or building]

Near the entrance and exit doors of [address or building 2]

In the entry ways of [address or building]

At bus stop waiting areas near [address or building]

Walking on the side walks on or near [healthcare facility]

Parking lots designated for the use of [healthcare facility] employees

Other (specify) \_\_\_\_\_

I was not exposed to secondhand smoke prior to [policy implementation date]. (Skip to question 12 if you marked this answer)

12. On a scale from 1 to 5, how often were you exposed to second-hand smoke before November 16, 2006 during your work hours?

Rarely (seldom)

Frequently (often)

1

2

3

4

5

13. Before [date of policy implementation] which of the following statements best describes your tobacco use during your work hours? (Check all that apply.)

- I smoked cigarettes during work hours
- I smoked cigars or pipes during the work hours
- I used chewing tobacco during the work hours
- I do **not** use any tobacco products during work hours
- I did **not** use any tobacco products (If you marked this answer, skip to question number 15.)

14. How many times a day did you use tobacco products?

- 1-3 times a day
- 4-6 times a day
- 7 + times a day

15. Please mark tobacco cessation service(s) that you have utilized in the past 12 months:

- Individual or group smoking cessation counseling from [local or tribal] cessation programs
- Alaska's Tobacco Quit Line, 1-(888)-842-QUIT (7848)
- Nicotine Anonymous
- Nicotine replacement therapy (patches, lozenges, gum or prescription medications)
- Other, please list \_\_\_\_\_
- I have not utilized cessation services
- Does not apply

16. What is your age in years?

- Under 20
- 20-39
- 40-59
- 60 & over

17. What is your gender?

- Male
- Female

***Thank you for completing this questionnaire!***