

# Workplace Smoking Policy Survey

Tobacco-Free Marion County

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## INTRO

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Hello, my name is \_\_\_\_\_. I am a member of the (Club name). Our club is conducting a short telephone survey about Marion County workplaces. It will take 5 to 7 minutes. In our survey, we are trying to learn more about smoking in Marion County workplaces. We would really appreciate it if someone at your company would help us complete this survey. I wonder if I might speak to the owner, manager, or personnel manager?

1 YES – CONTINUE (repeat intro when speaking with new person)

name: \_\_\_\_\_

2 NO – With whom would I need to talk regarding your workplace's smoking policies?  
(repeat intro when speaking with new person)

name: \_\_\_\_\_

3 REFUSED – Thank you anyway.

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## CONFIRM

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IF THEY DON'T STATE THE BUSINESS NAME WHEN ANSWERING THE PHONE,

Could you please confirm that the name of your business is:

\_\_\_\_\_ .

IF THIS IS NOT A BUSINESS, TERMINATE AND CIRCLE NOT A BUSINESS

- 1 YES - THAT IS THE CORRECT NAME
- 2 NO - THE NAME HAS CHANGED (SPECIFY NEW NAME)
- 3 DON'T KNOW / REFUSED
- 4 NOT A BUSINESS

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Q1

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And what is your position with this company?

- 1 OWNER
- 2 HUMAN RESOURCES DIRECTOR
- 3 MANAGER
- 4 PERSONNEL MANAGER
- 5 PRESIDENT
- 6 OTHER, SPECIFY \_\_\_\_\_
- 7 DON'T KNOW
- 9 REFUSED

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Q2

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On a typical day, including yourself, how many people work at your company at this location? Please include all full-time, part-time, and seasonal employees.

ENTER NUMBER OF EMPLOYEES:  
777 = DON'T KNOW  
999 = REFUSED

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(READ): For these questions, the word "smoking" refers to any smoked tobacco products, including cigarettes, cigars and pipes.

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Q3

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Does your workplace have an official policy that limits smoking in any way?

- 1 YES -->SKIP TO QUESTION 5 'which of the following best describes the smoking policy'
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

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Q4

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Does your workplace have an unofficial policy or verbal agreement that limits smoking in any way?

- 1 YES
- 2 NO --> (SKIP TO Q14 'IF THERE WERE TO BE A POLICY')
- 7 DON'T KNOW
- 9 REFUSED

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Q5

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Which of the following best describes the smoking policy for indoor public areas, such as lobbies, customer areas, rest rooms and lunch rooms?

- (READ)
- 1 SMOKING IS NOT ALLOWED IN ANY PUBLIC AREAS
  - 2 IT IS ALLOWED IN SOME PUBLIC AREAS
  - 3 IT IS ALLOWED IN ALL PUBLIC AREAS
  - 7 DON'T KNOW/NOT SURE
  - 9 REFUSED

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Q6

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Which of the following best describes the smoking policy for indoor work areas?

(READ)

- 1 SMOKING IS NOT ALLOWED IN ANY WORK AREAS
- 2 IT IS ALLOWED IN SOME WORK AREAS
- 3 IT IS ALLOWED IN ALL WORK AREAS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

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Q7

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Which of these statements best describes the smoking policy for indoor non-work areas, such as employee lounges or break rooms?

(READ)

- 1 SMOKING IS NOT ALLOWED IN ANY EMPLOYEE NON-WORK AREAS
- 2 IT IS ALLOWED IN SOME EMPLOYEE NON-WORK AREAS
- 3 IT IS ALLOWED IN ALL EMPLOYEE NON-WORK AREAS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

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Q8

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Which of these statements best describes the smoking policy for outdoor areas?

(READ)

- 1 SMOKING IS NOT ALLOWED IN ANY OUTDOOR AREAS
- 2 IT IS ALLOWED IN SOME OUTDOOR AREAS
- 3 IT IS ALLOWED IN ALL OUTDOOR AREAS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

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Q9

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Is smoking allowed in company vehicles?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 8 NOT APPLICABLE, NO COMPANY VEHICLES
- 9 REFUSED

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Q10

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Companies have different reasons for having policies or agreements that restrict smoking. Can you give me the main reasons that your workplace decided to restrict smoking?

(DON'T READ. SELECT ALL THAT APPLY):

- 1 EMPLOYEE PREFERENCES/REQUESTS
- 2 PARENT COMPANY/FRANCHISE DECISION
- 3 COMPANY IMAGE
- 4 INCREASING WORKER PRODUCTIVITY
- 5 CONCERN FOR EMPLOYEE HEALTH
- 6 REDUCING HEALTH INSURANCE or other insurance COSTS
- 7 COMPLAINTS ABOUT EXPOSURE TO SECONDHAND SMOKE
- 8 INCREASING WORKPLACE CLEANLINESS
- 9 WORKPLACE SAFETY (FIRES, ETC.)
- 10 FEAR OF LEGAL ACTION
- 11 DON'T KNOW/NOT SURE
- 12 REFUSED
- 13 OTHER:SPECIFY \_\_\_\_\_

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Q11

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To your knowledge, have there ever been violations of the current smoking policy?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

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Q12

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(if yes), How were those incidents resolved?

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Q13

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Who set the current smoking policy?

- 1 RESPONDENT
- 2 OWNER
- 3 HUMAN RESOURCES DIRECTOR
- 3 MANAGER
- 4 PERSONNEL MANAGER
- 5 PRESIDENT
- 6 OTHER MANAGEMENT: SPECIFY \_\_\_\_\_
- 7 DON'T KNOW
- 8 PARENT COMPANY
- 9 REFUSED
- 10 CONSENSUS OF EMPLOYEES/MANAGEMENT
- 11 OTHER: SPECIFY \_\_\_\_\_
- 12 NO ONE: VERBAL AGREEMENT

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Q14 (ONLY IF THERE IS NO CURRENT POLICY AT THIS WORKPLACE)

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If there were to be a smoking policy in the future, who would set that policy?

- 1 RESPONDENT
- 2 OWNER
- 3 HUMAN RESOURCES DIRECTOR
- 3 MANAGER
- 4 PERSONNEL MANAGER
- 5 PRESIDENT
- 6 OTHER MANAGEMENT: SPECIFY \_\_\_\_\_
- 7 DON'T KNOW
- 8 PARENT COMPANY
- 9 REFUSED
- 10 CONSENSUS OF EMPLOYEES/MANAGEMENT
- 11 OTHER: SPECIFY \_\_\_\_\_

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For Q15 and Q16, Read “**restricting**” if the business has no policy at all and read “**further restricting**” if respondent has unofficial policy or verbal agreement limiting smoking)

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Q15

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In the next twelve months, how likely or unlikely is your company to (*restrict/further restrict*) smoking? Would you say it is:

- 1 VERY LIKELY
- 2 SOMEWHAT LIKELY
- 3 SOMEWHAT UNLIKELY
- 4 VERY UNLIKELY
- 7 DON'T KNOW

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Q16

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What do you see as the issues involved in (*restricting/further restricting*) smoking?

(Open-ended- allow for 5 responses here)

- 1
- 2
- 3
- 4
- 5

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Q17

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Do you know or can you estimate about how many of your employees smoke cigarettes, cigars or pipes at work?

ENTER NUMBER OF EMPLOYEES: \_\_\_\_\_

- 77 DON'T KNOW
- 99 REFUSED

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Q18

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In the past 12 months, has your company done anything to encourage employees to quit smoking?

- 1 YES
- 2 NO --> (SKIP TO Q20)
- 7 DON'T KNOW -->(SKIP TO Q20)
- 9 REFUSED --> (SKIP TO Q20)

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Q19

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What has the company done?

(DO NOT READ LIST – SELECT ALL THAT APPLY)

- 1 RESTRICTED SMOKING TO DESIGNATED AREAS
- 2 SPONSORED CESSATION PROGRAM(S) WITHIN THE COMPANY
- 3 PAID FOR EMPLOYEE(S) TO ATTEND OFF-SITE CESSATION PROGRAM
- 4 PROVIDED HEALTH INSURANCE WHICH INCLUDED CESSATION PROGRAMS
- 5 VERBAL ENCOURAGEMENT FROM OTHER EMPLOYEE(S)
- 6 DISTRIBUTED CESSATION MATERIALS
- 7 DON'T KNOW
- 8 OTHER (SPECIFY): \_\_\_\_\_
- 9 REFUSED

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Q20

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If information were available, would you be interested in receiving information about how you can encourage your employees to quit smoking?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

If yes, mailing address:

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Q21

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Would you be interested in more information about smokefree workplace policies?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

If yes, mailing address:

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## CONCLUSION

Those are all of the questions on our survey. Thank you so much for your time. Our \_\_\_\_\_ club really appreciate your help in this project.

Completed by: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Time Completed: \_\_\_\_\_