

Survey Questions for Multi-family Residences in Maryland

Maryland Healthy Air Survey

The Center for Tobacco Regulation is conducting this survey to learn more about your opinions on secondhand smoke in Multi-family Housing.

Please select the answer that best describes your experience and the situation in your building. If you have any additional comments, please write them anywhere on the page. **Please note that all of your answers will remain strictly confidential.**

1. What is your relationship with regard to the property that you own/manage in Maryland?

- Owner Manager Other:

Please list the Company or Complex whom you are representing:

2. What types of multiunit buildings do you own or manage?

- Apartments Town Homes Condominiums Other

3. In which Maryland counties do you own or manage multi-family residences? *Check all that apply:*

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Allegany | <input type="checkbox"/> Charles | <input type="checkbox"/> Prince George's |
| <input type="checkbox"/> Anne Arundel | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Queen Anne's |
| <input type="checkbox"/> Baltimore | <input type="checkbox"/> Frederick | <input type="checkbox"/> Saint Mary's |
| <input type="checkbox"/> Baltimore City | <input type="checkbox"/> Garrett | <input type="checkbox"/> Somerset |
| <input type="checkbox"/> Calvert | <input type="checkbox"/> Harford | <input type="checkbox"/> Talbot |
| <input type="checkbox"/> Caroline | <input type="checkbox"/> Howard | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Carroll | <input type="checkbox"/> Kent | <input type="checkbox"/> Wicomico |
| <input type="checkbox"/> Cecil | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Worcester |

4. What is the approximate total number of residential units in these buildings?

5. Do you believe that secondhand smoke is harmful to a person's health?

- Yes
 No
 Maybe
 I do not know

6. Are you aware that as a property manager, you are permitted to implement smoking restrictions in your building, including inside residential units?

- Yes
- No

7. Is smoking prohibited anywhere on your properties? Yes No (If no, skip to question 11)

8. Where is indoor smoking prohibited on your properties? *Check all that apply:*

- All residential units
- Certain residential units: If you select this, how are smoking units allocated (for example, by floor? By area of building?) Please describe. _____
- Lobby/Clubhouse
- Hallways
- Laundry rooms
- Stairwells
- Other → Please specify: _____

9. Where is outdoor smoking prohibited on your properties? *Check all that apply:*

- Playgrounds
- Pool
- Lawn/Gardens
- Parking lots
- Patios/Balconies
- Other → Please specify: _____

10. Why have you adopted a no-smoking policy in some, or all, of your building? *Check all that apply:*

- This policy provides an attractive amenity that residents enjoy.
- This policy helps to attract new residents.
- Reduction in fire risk.
- [Reduction in cost to clean and repair units for re-leasing.](#)
- My residents and I are very concerned about the dangers of secondhand smoke.
- Other (Please explain) _____

11. Have you received complaints regarding secondhand smoke from residents?

- Yes
- No (If no, skip to question 13)

Notes:

12. How frequently have you received complaints from your residents regarding smoking?

- Regularly (please describe the frequency _____)
- Occasionally (please describe the frequency_____)

→ How did you resolve these situations?

13. Have you smelled tobacco smoke in your building that comes from inside a unit or from outside?

- Yes
- No (*skip to question 15*)
- Maybe

14. If smoke drift has caused concern, have you been able to identify the source(s) through which the smoke is seeping into neighboring apartments? *Check all that apply.*

- We haven't been able to identify the source.
- Leakage from hallways into units
- Air transfer via the mechanical ventilation system
- Air movement from patios or balconies into other units
- Other (*please explain*)_____

15. Would you consider adopting a smoking ban in:

- All residential units
- Some residential units or
- Not in any residential units

16. Do you have more difficulty preparing a smoker's apartment for a new lessee as opposed to preparing a non-smoker's apartment for a new lessee?

- Yes
- No
- I have never prepared a smoker's apartment for a new lessee.

➔ If “yes” to Question 16, approximately how much more does it cost to renovate a unit whose previous resident was a smoker versus a non-smoker’s unit?

- Option 1: Please give a range \$_____ to \$_____
- Option 2: On average, it costs \$_____ more to renovate.
- I do not know.

17. Have you ever experienced a cigarette-caused fire at any one of your properties?

- Yes
- No

18. Have your residents ever expressed interest in living in a smoke-free building?

- Yes
- No
- I do not know

Please feel free to add any comments that you would like to share with us.

Would you like more information about secondhand smoke or clean indoor air, either in the form of written materials or an informational meeting?

- Yes
- No

If yes, please provide your contact information below.

Name _____

Company: _____

Phone _____

E-mail _____

Would you be interested in having free smoking cessation classes or information made available at [your building](#)[name of housing building]?

Yes

No

Thank you very much for participating in this survey. The results will assist the Center for Tobacco Regulation in determining whether smokefree multiunit housing exists in Maryland and whether additional building owners are interested in such a policy.

END OF QUESTIONS

The completed survey may be faxed to (410)706-1128 (no cover necessary); scanned and e-mailed to kdachille@law.umaryland.edu or mailed to Kathleen Hoke Dachille, Center for Tobacco Regulation, University of Maryland School of Law, 500 West Baltimore Street, Baltimore Maryland 21201.