

Sample Employee Survey

(Insert Company name) is considering the best way to introduce a smokefree workplace policy that acknowledges the needs of both smokers and non-smokers.

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 details on this form.

1. Do you smoke?

Yes No

If 'Yes', how many cigarettes on average do you smoke per day? (tick on box only)

Less than 5 a day 21 to 40
 5 to 10 more than 40
 11 to 20

2. Are you bothered or affected by smoke in your work area or elsewhere in the workplace?

Yes No

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

Which work locations are most troublesome to you?

3. At which locations do you think smoking should be banned? Please tick as many as you like.

All offices Staff rooms
 Shared offices only Meeting rooms
 Reception Lunch rooms

- | | |
|---|--|
| <input type="checkbox"/> Production area | <input type="checkbox"/> Car park |
| <input type="checkbox"/> Bars | <input type="checkbox"/> Company vehicles |
| <input type="checkbox"/> Gambling rooms | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> Lounge areas | <input type="checkbox"/> Toilets/washrooms |
| <input type="checkbox"/> Accommodation/ guest rooms | <input type="checkbox"/> Outdoors |
| <input type="checkbox"/> Other: _____ | |

4. If you smoke, would a smokefree workplace policy:

- | | |
|---|---|
| <input type="checkbox"/> Help you cut down? | <input type="checkbox"/> Encourage you to quit? |
| <input type="checkbox"/> Create difficulties for you? | <input type="checkbox"/> Not affect you at all |

Please comment: _____

5. What type of support should be provided for smokers who wish to quit or cut down?

- Quitting information
- Group counselling at work
- Individual counselling at work
- Time off to attend a group outside of work
- Cash incentive/fee reimbursement for quitting courses or products
- Other _____

6. What time frame should be taken to introduce a smokefree policy?

- 1 month
- 3 months
- more time – please specify _____

7. Please make any further comments about a workplace smokefree policy.

