

Community Member Survey

Smoke Free Parks

1. What is your zip code? _____

2. How often does someone in your family visit a local park?

- Once per week or more 1-3 times per month A few times per year Never

3. Circle the number on the scale that best corresponds with your agreement that the following places should be tobacco-free:

Parks	Strongly Disagree	1	2	3	4	5	Strongly Agree
Playgrounds	Strongly Disagree	1	2	3	4	5	Strongly Agree
Outdoor sports fields	Strongly Disagree	1	2	3	4	5	Strongly Agree
Skateboard/bike parks	Strongly Disagree	1	2	3	4	5	Strongly Agree
Hiking/biking trails	Strongly Disagree	1	2	3	4	5	Strongly Agree
Beaches	Strongly Disagree	1	2	3	4	5	Strongly Agree
Golf courses	Strongly Disagree	1	2	3	4	5	Strongly Agree
Swimming Pools	Strongly Disagree	1	2	3	4	5	Strongly Agree
Outdoor festivals	Strongly Disagree	1	2	3	4	5	Strongly Agree

4. Do you think litter from tobacco products is a problem in these places? Yes No

5. Do you think outdoor tobacco smoke is harmful? Yes No

6. Are you concerned about tobacco smoke at any of the above places? Yes No

7. What is your age?

- under 10 11-17 18-24 25-39 40-50 51+

8. Please check all the boxes that apply to you. I am a...

- Sports team/league participant Sports coach, leader or official Golfer
 Parent Grandparent Non-smoker Smoker Ex-smoker

9. Has tobacco use at any of the above places affected you? Yes No

If yes, how? _____

10. Is there anything else you would like to share? _____