



## OBSERVATION FORM - RESTAURANT DATA COLLECTION

This observation should take place while inside a restaurant that allows smoking. The form can be completed while inside or immediately after a visit. Observations can be estimations and approximations, but should be as accurate as conditions permit.

Please observe the following in as much detail as possible:

1. Establishment name:
2. Day of observation: \_\_\_\_\_ Time of observation: \_\_\_\_\_
3. Establishment type (circle)  
Fast food (no table service)  
Restaurant with table service, but no separate bar (may or may not serve alcohol)  
Restaurant with separate bar area
4. How long was the estimated wait (if any) in the:  
Smoking Section (record minutes):  
Non-smoking section (record minutes):
5. Approximate number of customers in the establishment:
6. Approximate percentage of the total available seating occupied:

10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
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7. Sketch the floor plan on the back of this sheet, indicating the smoking section, entrances or exits and the location of the restrooms.
8. Approximate percentage of the total seating made available for smokers:

10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
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9. Approximate percentage of the **non-smoking** section that is occupied:

10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
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10. Approximate percentage of the **smoking** section that is occupied:

10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
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11. What is the number of customers in the restaurant who are smoking?

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12. Approximate percentage of customers in the restaurant who are smoking:

10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
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13. To what extent is airborne cigarette smoke and cigarette odor apparently present?

Cigarette odor	Visible cigarette smoke
<input type="checkbox"/> Very strong cigarette smoke odor	<input type="checkbox"/> Heavy visible cigarette smoke is lingering in the air
<input type="checkbox"/> Strong cigarette odor	<input type="checkbox"/> The only visible cigarette smoke in the air is from burning cigarettes or exhaled by smokers (no lingering smoke)
<input type="checkbox"/> Moderate cigarette odor	<input type="checkbox"/> No visible cigarette smoke
<input type="checkbox"/> Weak cigarette odor	
<input type="checkbox"/> No cigarette odor	

Restaurant Floor Plan: