

Smoke-Free Multi-Unit Housing Policy Study: Operator Survey -- Baseline

Los Angeles County Department of Public Health,

Tobacco Control & Prevention Program

Healthy Housing Solutions, Inc.

Westat

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The Los Angeles County Department of Public Health, Healthy Housing Solutions, Inc., and Westat acknowledge that this survey adapts questions from many sources, most especially:

- Roswell Park Cancer Institute's surveys of Multi-Unit Housing Operators and Residents;
- Multi-unit Housing Owner/Manager Survey Questionnaire funded by the California Department of Public Health's Tobacco Control Program and conducted on behalf of the University of California, Los Angeles and the California Apartment Association;
- Behavioral Risk Factor Surveillance Survey 2011;
- Los Angeles County Health Survey 2011;
- Massachusetts Tobacco Survey – Adults;
- California Tobacco Survey – Adults;
- Strata Corporation and Context Research, Ltd. Residents in MultiUnit Dwellings, 2008. Conducted on behalf of the Heart and Stroke Foundation of B.C. and Yukon to support the British Columbia Smoke-Free Housing in Multi-Unit Dwelling (MUDs) Initiative; and
- National Survey of Lead and Allergens in Housing: Resident Questionnaire sponsored by the U.S. Department of Housing and Urban Development and the National Institute of Environmental Health and Sciences.

MUH complex information:

To be completed by Field Data Collector before interview:

ADDRESS: _____

CITY: _____ ZIP: _____

COMPLETE THE FOLLOWING BASED ON THE TAX ASSESSOR'S RECORDS:

AGE OF PROPERTY: _____

NUMBER OF BUILDINGS ON PROPERTY: _____

APPROXIMATE NUMBER OF UNITS PER BUILDING: _____

TOTAL NUMBER OF UNITS PER COMPLEX: _____

SURVEY INTRODUCTION:

Thank you for agreeing to meet with me today. As we discussed over the phone, this is a study about how apartment complexes have decided to set policies about smoking on their properties, and what residents' reactions have been. I will first ask you to read a consent form and ask me any questions you have about our research study. If you agree to participate, I will ask you a series of questions about the apartment complex and how your company addresses smoking by the residents.

Let's start with the consent form. I am going to ask you to read each page. If you have any questions, please stop and ask them, then initial the page. If you feel more comfortable with my reading the form to you, I am happy to do so.

[AFTER CONSENT FORM IS REVIEWED AND SIGNED, START THE INTERVIEW.]

INTERVIEWER NOTE:

ASK FOR COPY OF LEASE, GUIDELINES, POLICY DOCUMENTS, OR GENERAL LETTERS ABOUT SMOKING-FREE POLICIES TO TENANTS.

ASK THAT COPIES BE AVAILABLE AT THE END OF THE INTERVIEW.

ALSO ASK IF THE PROPERTY MANAGER HAS COPIES OF THE FLOOR PLANS FOR THE DIFFERENT STYLES OF UNITS THAT ARE RENTED IN THE COMPLEX.

SECTION A: PROPERTY CHARACTERISTICS

First I am going to ask some background information about your property management experience and about this apartment complex in general.

A1. Does the company that owns this complex own any apartment complexes/properties outside of Los Angeles County (not including single-family detached homes, condominiums, and/or townhomes)?

- | | | |
|-----------------|----|-------------------|
| YES..... | 1 | } GO TO A2 |
| NO..... | 2 | |
| REFUSED..... | -7 | |
| DON'T KNOW..... | -8 | |

A1a. How many apartment complexes/properties does it own outside of Los Angeles County (not including single-family detached homes, condominiums, and/or townhomes)?

- NUMBER OF COMPLEXES/
 PROPERTIES.....|_|_|_|
- REFUSED..... -7
 DON'T KNOW..... -8

INTERVIEWER NOTE:

IF OPERATOR CANNOT GIVE EXACT NUMBER, CONTINUE WITH A1b. OTHERWISE, GO TO A2.

A1b. Would you say it is ...

- | | |
|-------------------|----|
| None..... | 1 |
| Less than 25..... | 2 |
| 25-99, or..... | 3 |
| 100 or more?..... | 4 |
| REFUSED..... | -7 |
| DON'T KNOW..... | -8 |

A2. Including this property, how many apartment complexes/properties does it own in Los Angeles County (not including single-family detached homes, condominiums, and/or townhomes)?

- NUMBER OF COMPLEXES/
 PROPERTIES.....|_|_|_|
- REFUSED..... -7
 DON'T KNOW..... -8

INTERVIEWER NOTE:

IF OPERATOR CANNOT GIVE EXACT NUMBER, CONTINUE WITH A2a. OTHERWISE, GO TO A3.

A2a. Would you say it is ...

- Less than 25,..... 1
- 25-99, or..... 2
- 100 or more?..... 3
- REFUSED..... -7
- DON'T KNOW..... -8

A3. Does the company that manages this complex manage any apartment complexes/properties outside of Los Angeles County (not including single-family detached homes, condominiums, and/or townhomes)?

- YES..... 1
 - NO..... 2
 - REFUSED..... -7
 - DON'T KNOW..... -8
- } **GO TO A4**

A3a. How many apartment complexes/properties does it manage outside of Los Angeles County (not including single-family detached homes, condominiums, and/or townhomes)?

- NUMBER OF COMPLEXES/
PROPERTIES.....|_|_|_|
- REFUSED..... -7
 - DON'T KNOW..... -8

INTERVIEWER NOTE:
IF OPERATOR CANNOT GIVE EXACT NUMBER, CONTINUE WITH A3b. OTHERWISE, GO TO A4.

A3b. Would you say it is ...

- None,..... 1
- Less than 25,..... 2
- 25-99, or..... 3
- 100 or more?..... 4
- REFUSED..... -7
- DON'T KNOW..... -8

A4. Including this property, how many apartment complexes/properties does it manage in Los Angeles County (not including single-family detached homes, condominiums, and/or townhomes)?

- NUMBER OF COMPLEXES/
PROPERTIES.....|_|_|_|
- REFUSED..... -7
 - DON'T KNOW..... -8

INTERVIEWER NOTE:
IF OPERATOR CANNOT GIVE EXACT NUMBER, CONTINUE WITH A4a. OTHERWISE, GO TO A5.

A4a. Would you say it is ...

- Less than 25,..... 1
- 25-99, or..... 2
- 100 or more?..... 3
- REFUSED..... -7
- DON'T KNOW..... -8

Now I am going to ask you some questions regarding this apartment complex.

A5. In what year was this apartment complex built? We are interested in the year the structure was built, even if it wasn't originally apartments.

- YEAR.....|_|_|_|_|
- REFUSED..... -7
- DON'T KNOW..... -8

A6. How many buildings containing rental units are at this apartment complex?

- NUMBER OF BUILDINGS.....|_|_|_|
- REFUSED..... -7
- DON'T KNOW..... -8

A7. How many of these buildings are...

INTERVIEWER NOTE:
IF RESPONSE FALLS ACROSS TWO CATEGORIES, PLACE IN LARGER CATEGORY.

| | <u>TYPE OF BUILDING</u> | <u>NUMBER OF BUILDINGS</u> | <u>RE</u> | <u>DK</u> |
|----|-----------------------------------|----------------------------|-----------|-----------|
| a. | 2 to 4 unit buildings?..... | _ _ _ | -7 | -8 |
| b. | 5 to 9 unit buildings?..... | _ _ _ | -7 | -8 |
| c. | 10 to 19 unit buildings?..... | _ _ _ | -7 | -8 |
| d. | 20 to 29 unit buildings?..... | _ _ _ | -7 | -8 |
| e. | 30 to 49 unit buildings?..... | _ _ _ | -7 | -8 |
| f. | 50 unit buildings and above?..... | _ _ _ | -7 | -8 |

A8. What is the total number of rental units in this apartment complex?

TOTAL NUMBER OF RENTAL UNITS.....|_|_|_|_|

REFUSED..... -7

DON'T KNOW..... -8

A9. What best describes the type of apartment complex this is? Is it...

Market-rate housing for individuals or families,..... 1 } GO TO A11

Market-rate senior or active adult housing,..... 2 }

Low-income public housing for individuals or families,..... 3

Low-income public housing for seniors and the disabled,..... 4

Mix of market-rate and federally-subsidized housing (including Section 8), or..... 5

Some other type?..... 91 (SPECIFY) _____

REFUSED..... -7

DON'T KNOW..... -8

A10. Currently, how many of the rental units in this apartment complex are subsidized by U.S. Department of Housing and Urban Development (HUD) Low Income Public Housing funding (e.g., Section 8)?

TOTAL NUMBER OF HUD UNITS.....|_|_|_|_|

REFUSED..... -7

DON'T KNOW..... -8

INTERVIEWER NOTE:
IF OPERATOR CANNOT GIVE EXACT NUMBER, CONTINUE WITH A10a. OTHERWISE, GO TO A11.

A10a. Would you say it is ...

None,..... 1

Less than 25,..... 2

25-99, or..... 3

100 or more?..... 4

REFUSED..... -7

DON'T KNOW..... -8

A11. Which of the following best describes your affiliation with this apartment complex? Are you an ...

- Owner only..... 1
- Manager only..... 2
- Owner and manager, or..... 3
- Have some other affiliation?..... 91
- (SPECIFY) _____
- REFUSED..... -7
- DON'T KNOW..... -8

A12. Do you live in this apartment complex?

- YES..... 1 → **GO TO A14**
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

A13. In the past six months, how often did you visit this apartment complex in a typical week?

- ONE DAY A WEEK..... 1
- TWO DAYS A WEEK..... 2
- THREE DAYS A WEEK..... 3
- FOUR DAYS A WEEK..... 4
- FIVE DAYS A WEEK..... 5
- SIX DAYS A WEEK..... 6
- SEVEN DAYS A WEEK..... 7
- LESS THAN ONCE A WEEK..... 8
- REFUSED..... -7
- DON'T KNOW..... -8

A14. How many rental units in this apartment complex are currently vacant for rent?

- NUMBER OF UNITS VACANT.....|_|_|_|
- OR**
- PERCENT OF UNITS VACANT.....|_|_|_| %
- REFUSED..... -7
- DON'T KNOW..... -8

INTERVIEWER NOTE:
IF OPERATOR CANNOT GIVE EXACT FIGURE, CONTINUE WITH A14a. OTHERWISE, GO TO A15.

A14a. Would you say the current number of vacant units is ...

- None,..... 1
- Less than 25,..... 2
- 25-99, or..... 3
- 100 or more?..... 4
- REFUSED..... -7
- DON'T KNOW..... -8

A15. In the past 6 months, how many units in this apartment complex have been vacant

NUMBER OF UNITS VACANT.....|_|_|_|

OR

PERCENT OF UNITS VACANT.....|_|_|_| %

- REFUSED..... -7
- DON'T KNOW..... -8

INTERVIEWER NOTE:
IF OPERATOR CANNOT GIVE EXACT FIGURE, CONTINUE WITH A15a. OTHERWISE, GO TO A16.

A15a. Would you say the number of vacant units in the past six months is ...

- None,..... 1
- Less than 25,..... 2
- 25-99, or..... 3
- 100 or more?..... 4
- REFUSED..... -7
- DON'T KNOW..... -8

A16. On average for a month, how many units in this apartment complex are vacated and re-rented?
Would you say ...

- None,..... 1
- Less than 25,..... 2
- 25-99, or..... 3
- 100 or more?..... 4
- REFUSED..... -7
- DON'T KNOW..... -8

A17. What is the average monthly rent a tenant pays for a one-bedroom and one-bathroom unit in this apartment complex?

- UNDER \$500..... 1
 - \$500 - \$899..... 2
 - \$900 - \$1199..... 3
 - \$1200 - \$1499..... 4
 - \$1500 - \$1999..... 5
 - ABOVE \$2000..... 6
 - DON'T RENT ANY 1 BEDROOM/1BATH UNITS..... 7
 - REFUSED..... -7
 - DON'T KNOW..... -8
- } **GO TO A18**

A17a. Does this include or exclude utilities?

- INCLUDES UTILITIES..... 1
 - DOES NOT INCLUDE UTILITIES..... 2
 - REFUSED..... -7
 - DON'T KNOW..... -8
- } **GO TO SECTION B**

A17b. What utilities are included in your rent?

| | <u>YES</u> | <u>NO</u> | <u>RE</u> | <u>DK</u> | <u>N/A</u> |
|----------------------|------------|-----------|-----------|-----------|------------|
| Water?..... | 1 | 2 | -7 | -8 | -9 |
| Gas?..... | 1 | 2 | -7 | -8 | -9 |
| Electric?..... | 1 | 2 | -7 | -8 | -9 |
| Something else?..... | 1 | 2 | -7 | -8 | -9 |
| (SPECIFY) _____ | | | | | |

INTERVIEWER NOTE:

GO TO SECTION B.

A18. What is the average monthly rent for an efficiency?

- UNDER \$500..... 1
 - \$500 - \$899..... 2
 - \$900 - \$1199..... 3
 - \$1200 - \$1499..... 4
 - \$1500 - \$1999..... 5
 - ABOVE \$2000..... 6
 - DON'T RENT ANY EFFICIENCIES..... 7
 - REFUSED..... -7
 - DON'T KNOW..... -8
- } **GO TO SECTION B**

A18a. Does this include or exclude utilities?

- INCLUDES UTILITIES..... 1
 - DOES NOT INCLUDE UTILITIES..... 2
 - REFUSED..... -7
 - DON'T KNOW..... -8
- } **GO TO SECTION B**

A18b. What utilities are included in your rent?

| | <u>YES</u> | <u>NO</u> | <u>RE</u> | <u>DK</u> | <u>N/A</u> |
|----------------------|------------|-----------|-----------|-----------|------------|
| Water?..... | 1 | 2 | -7 | -8 | -9 |
| Gas?..... | 1 | 2 | -7 | -8 | -9 |
| Electric? | 1 | 2 | -7 | -8 | -9 |
| Something else?..... | 1 | 2 | -7 | -8 | -9 |
| (SPECIFY)_____ | | | | | |

SECTION B: SECONDHAND SMOKE-RELATED ISSUES

Now I am going to ask you some questions about your experience in the past 6 months with tenants who may have complained about odors and/or smoke coming into their units.

B1. In the past 6 months, have you received complaints from tenants about odors in this apartment complex?

- | | | | |
|-----------------|----|---|-----------------|
| YES..... | 1 | } | GO TO B3 |
| NO..... | 2 | | |
| REFUSED..... | -7 | | |
| DON'T KNOW..... | -8 | | |

B2. In the past 6 months, please tell me whether or not your tenants complained about each of the following odors.

| | <u>YES</u> | <u>NO</u> | <u>RE</u> | <u>DK</u> | <u>N/A</u> |
|------------------------------|------------|-----------|-----------|-----------|------------|
| a) Cooking odors?..... | 1 | 2 | -7 | -8 | -9 |
| b) Tobacco smoke odors?..... | 1 | 2 | -7 | -8 | -9 |
| c) Pet odors?..... | 1 | 2 | -7 | -8 | -9 |
| d) Smell of gas?..... | 1 | 2 | -7 | -8 | -9 |
| e) Other odors?..... | 1 | 2 | -7 | -8 | -9 |
| (SPECIFY)_____ | | | | | |

IF B2b = NO, GO TO B6

B3. In the past 6 months, how often have you received complaints from tenants about tobacco smoke drifting into their apartment units? Was it...

- | | | | |
|----------------------------------|----|---|-----------------|
| Daily,..... | 1 | } | GO TO B6 |
| Weekly,..... | 2 | | |
| Monthly,..... | 3 | | |
| Less often than monthly, or..... | 4 | | |
| Never?..... | 5 | | |
| REFUSED..... | -7 | | |
| DON'T KNOW..... | -8 | | |

B4. Here is a list of ways that tobacco smoke can get into a tenant's unit. Please tell me whether or not tenants have complained to you or your staff about each way during the past 6 months. PROVIDE SHOW CARD.

| | <u>YES</u> | <u>NO</u> | <u>RE</u> | <u>DK</u> |
|---|------------|-----------|-----------|-----------|
| a) Through the corridors/hallways?..... | 1 | 2 | -7 | -8 |
| b) Through cracks in the walls, floors, electric outlets, etc?..... | 1 | 2 | -7 | -8 |
| c) Through an air heating or ventilation system?..... | 1 | 2 | -7 | -8 |
| d) Through unit patios or balconies?..... | 1 | 2 | -7 | -8 |
| e) Through open windows (other than those on patios or balconies) from outside common areas (e.g., parking lot, pool area or shared patio area)?..... | 1 | 2 | -7 | -8 |
| f) Through open doorways?..... | 1 | 2 | -7 | -8 |
| g) Other routes?..... (SPECIFY)_____ | 1 | 2 | -7 | -8 |

B5. What was the most common way for tobacco smoke to drift into a tenant's unit? Was it through ...

| | |
|---|----|
| The corridors/hallways,..... | 1 |
| Cracks in the walls, floors, electric outlets, etc.,..... | 2 |
| An air heating or ventilation system,..... | 3 |
| Unit patios or balconies,..... | 4 |
| Open windows (other than those on patios or balconies) from outside common areas (e.g., parking lot, pool area, shared patio area), or through..... | 5 |
| Open doorways?..... | 6 |
| REFUSED..... | -7 |
| DON'T KNOW..... | -8 |

B6. In the past 6 months, how many times has a potential tenant refused to occupy an apartment because of the smell of tobacco smoke?

NUMBER OF TIMES.....|_|_|

| | |
|---|----|
| DOES NOT APPLY (SMOKING IS COMPLETELY PROHIBITED AT THIS APARTMENT COMPLEX).... | 99 |
| REFUSED..... | -7 |
| DON'T KNOW..... | -8 |

IF B6 = 99 (SMOKING IS COMPLETELY PROHIBITED), GO TO B8.

B7. In the past 6 months, how many times has a tenant asked to move from his/her apartment because of the smell of tobacco smoke?

NUMBER OF TIMES.....|_|_|

| | |
|-----------------|----|
| REFUSED..... | -7 |
| DON'T KNOW..... | -8 |

B8. In the past 6 months, was staff time used to resolve tenant complaints about tobacco smoke?

- YES..... 1
 - NO..... 2
 - REFUSED..... -7
 - DON'T KNOW..... -8
- } **GO TO SECTION C**

B9. In the past six months, how many hours per month of staff time, on average, were used to resolve tenant complaints about tobacco smoke?

- AVERAGE NUMBER OF HOURS
PER MONTH.....|_|_|_|
- REFUSED..... -7
 - DON'T KNOW..... -8

B10. In the past six months, would you say that cigarette smoking in this apartment complex was a...

- Very serious problem,..... 1
- Somewhat serious problem, or..... 2
- Not a problem at all?..... 3
- REFUSED..... -7
- DON'T KNOW..... -8

SECTION C: EXISTING SMOKING-RELATED POLICIES

Now I'd like to ask about this apartment complex's current policies about smoking on the property. By "policy", I mean any of the rules, guidelines, or procedures that tenants must follow about where they can or cannot smoke.

C1. [Do you/Does your company] currently have any policies in place prohibiting smoking in any areas of this apartment complex, including individual apartments and indoor or outdoor shared areas?

- | | | | |
|-----------------|----|---|------------------------|
| YES..... | 1 | } | GO TO SECTION D |
| NO..... | 2 | | |
| REFUSED..... | -7 | | |
| DON'T KNOW..... | -8 | | |

C2. The next questions are about smoke-free policies in different areas of this apartment complex. Please tell me whether [you/your company] have a policy prohibiting smoking in any of the following areas.

| <u>AREA OF BUILDING</u> | <u>POLICY PROHIBITING SMOKING</u> | | | | | <u>IF YES,</u> What year was it adopted? | <u>DK</u> |
|--|-----------------------------------|----------------------|--|----------------------|----------------------|---|-----------|
| | <u>Y</u> <u>S</u> | <u>N</u> <u>O</u> | <u>NOT</u> <u>APPLICABL</u> <u>E</u> | <u>R</u> <u>E</u> | <u>D</u> <u>K</u> | | |
| a) No smoking allowed <u>anywhere</u> on the property, including inside the apartments?.....1.....2..... | 1 | 2 | 3 | -7 | -8 | _ _ _ _ | -8 |
| If C2a = 1, GO TO C6 | | | | | | | |
| [No smoking allowed in ...] | | | | | | | |
| b) Entrance ways to buildings?..... | 1 | 2 | 3 | -7 | -8 | _ _ _ _ | -8 |
| c) Indoor hallways?..... | 1 | 2 | 3 | -7 | -8 | _ _ _ _ | -8 |
| d) Indoor stairwells?..... | 1 | 2 | 3 | -7 | -8 | _ _ _ _ | -8 |
| e) Laundry rooms?..... | 1 | 2 | 3 | -7 | -8 | _ _ _ _ | -8 |
| f) Outdoor common areas (e.g., parking lots, stairwells, hallways, and pool area)?.....1.....2..... | 1 | 2 | 3 | -7 | -8 | _ _ _ _ | -8 |
| g) Balconies, patios, and backyards of units?.....1.....2..... | 1 | 2 | 3 | -7 | -8 | _ _ _ _ | -8 |
| h) Individual apartment units?..... | 1 | 2 | 3 | -7 | -8 | _ _ _ _ | -8 |
| i) Other area?.....1.....2..... (SPECIFY)_____ | 1 | 2 | 3 | -7 | -8 | _ _ _ _ | -8 |

IF C2h = 1, CONTINUE. OTHERWISE, GO TO C4

C3. In what percent of units is smoking prohibited?

PERCENT OF UNITS.....|_|_| %

REFUSED..... -7

DON'T KNOW..... -8

C4. Under the current policy, has smoking been completely prohibited in one or more of the buildings in this apartment complex? This includes the apartments and the indoor hallways of the building.

- | | | |
|-----------------|----|-------------------|
| YES..... | 1 | } GO TO C6 |
| NO..... | 2 | |
| REFUSED..... | -7 | |
| DON'T KNOW..... | -8 | |

C5. Under the current policy, in how many buildings with rental units has smoking been completely prohibited?

- NUMBER OF BUILDINGS.....|_|_|_|
- | | |
|-----------------|----|
| REFUSED..... | -7 |
| DON'T KNOW..... | -8 |

C6. Now I am going to read you a list of reasons for adopting smoke-free policies. Please tell me whether or not each was a reason for adopting [your/your company's] current policy? PROVIDE SHOW CARD.

| <u>POTENTIAL REASON FOR ADOPTING</u> | <u>YES</u> | <u>NO</u> | <u>RE</u> | <u>DK</u> |
|---|------------|-----------|-----------|-----------|
| a) Required by local law?..... | 1 | 2 | -7 | -8 |
| b) New construction or effort to build/maintain "green housing?"..... | 1 | 2 | -7 | -8 |
| c) To improve health of the tenants?..... | 1 | 2 | -7 | -8 |
| d) To reduce complaints from tenants about the smell of tobacco smoke?..... | 1 | 2 | -7 | -8 |
| e) To reduce maintenance costs?..... | 1 | 2 | -7 | -8 |
| f) To reduce fire hazards?..... | 1 | 2 | -7 | -8 |
| g) Other apartment complexes have adopted smoke-free policies?..... | 1 | 2 | -7 | -8 |
| h) Personally don't like smoke?..... | 1 | 2 | -7 | -8 |
| i) To reduce insurance rate?..... | 1 | 2 | -7 | -8 |
| j) Other reasons?..... | 1 | 2 | -7 | -8 |
| (SPECIFY) _____ | | | | |

C7. Were tenants involved in developing the current smoking policy(s) for this apartment complex?

- | | | |
|-----------------|----|-------------------|
| YES..... | 1 | } GO TO C9 |
| NO..... | 2 | |
| REFUSED..... | -7 | |
| DON'T KNOW..... | -8 | |

C8. I am going to read you a list of ways that tenants could have been involved in developing the current smoke-free policies. Please tell me whether or not each occurred at this apartment complex.

| <u>METHOD OF TENANT INVOLVEMENT</u> | <u>YES</u> | <u>NO</u> | <u>RE</u> | <u>DK</u> |
|--|------------|-----------|-----------|-----------|
| a) Meeting with tenants' council?..... | 1 | 2 | -7 | -8 |
| b) Notice in tenants' newsletter?..... | 1 | 2 | -7 | -8 |
| c) Letter to tenants?..... | 1 | 2 | -7 | -8 |
| d) Tenant survey?..... | 1 | 2 | -7 | -8 |
| e) Meeting with tenants?..... | 1 | 2 | -7 | -8 |
| f) Wrote the policy with tenants or tenants' council?..... | 1 | 2 | -7 | -8 |
| g) Any other ways?..... | 1 | 2 | -7 | -8 |
| (SPECIFY) _____ | | | | |

C9. Please tell me whether or not [you/your company] have taken each of the following steps to implement or put into effect the current smoke-free policy. Have you...

| | <u>YES</u> | <u>NO</u> | <u>RE</u> | <u>DK</u> |
|---|------------|-----------|-----------|-----------|
| a) Made prohibitions in leases, rules, guidelines, policies?..... | 1 | 2 | -7 | -8 |
| b) Provided written notices to tenants?..... | 1 | 2 | -7 | -8 |
| c) Posted signs in the building?..... | 1 | 2 | -7 | -8 |
| d) Changed your advertising?..... | 1 | 2 | -7 | -8 |
| e) Provided tenants with smoking cessation referrals or information?..... | 1 | 2 | -7 | -8 |
| f) Any other step?..... | 1 | 2 | -7 | -8 |
| (SPECIFY) _____ | | | | |

C10. When the current policies were implemented, there could have been a number of different reasons [you/your company] gave to tenants about why the policies were needed. Did [you/your company] provide your tenants with any specific reasons?

| | | |
|-----------------|----|--------------------|
| YES..... | 1 | } GO TO C11 |
| NO..... | 2 | |
| REFUSED..... | -7 | |
| DON'T KNOW..... | -8 | |

C10a. Please tell me whether or not you gave your tenants any of the following reasons?
 PROVIDE SHOW CARD.

| | <u>YES</u> | <u>NO</u> | <u>RE</u> | <u>DK</u> |
|---|------------|-----------|-----------|-----------|
| a) Tenants requested it?..... | 1 | 2 | -7 | -8 |
| b) It would reduce costs associated with apartment turnover?..... | 1 | 2 | -7 | -8 |
| c) It would improve safety for apartment complex tenants by reducing the risk of fires?..... | 1 | 2 | -7 | -8 |
| d) Studies showed that it would improve health for apartment complex tenants?..... | 1 | 2 | -7 | -8 |
| e) It was part of a decision to make the apartment complex more environmentally-friendly?..... | 1 | 2 | -7 | -8 |
| f) It is a new law in the city or state?..... | 1 | 2 | -7 | -8 |
| g) Other apartment owners and/or managers are voluntarily implementing smoke-free housing policies in your city?..... | 1 | 2 | -7 | -8 |
| h) It is a policy your management company is implementing for all its properties, not just this one?..... | 1 | 2 | -7 | -8 |
| i) Some other reason?..... (SPECIFY)..... | 1 | 2 | -7 | -8 |

C11. When your current policies were announced, in general, how positive or negative was the reaction from the tenants? Was it

| | |
|--|----|
| Mostly positive,..... | 1 |
| Mix of positive and negative reactions,..... | 2 |
| Mostly negative reactions,..... | 3 |
| No reaction, or..... | 4 |
| The policies were not announced?..... | 5 |
| REFUSED..... | -7 |
| DON'T KNOW..... | -8 |

C12. Are the current smoking policy(s) now included in tenants' leases?

| | | |
|-----------------|----|--------------------|
| YES..... | 1 | } GO TO C14 |
| NO..... | 2 | |
| REFUSED..... | -7 | |
| DON'T KNOW..... | -8 | |

C13. When were existing lease agreements amended with the current smoking policy(s)? Was it ...

| | |
|--|----|
| At the time of policy implementation,..... | 1 |
| When the lease was renewed,..... | 2 |
| From the time the complex opened, or..... | 3 |
| Some other time?..... | 91 |
| (SPECIFY) _____ | |
| REFUSED..... | -7 |
| DON'T KNOW..... | -8 |

INTERVIEWER NOTE:
IF THERE ARE NO SMOKE-FREE UNITS (C2h = 2), GO TO C17.

C14. Did you implement a “grandfather clause” which would gradually phase out smoking in the complex by allowing current tenants to smoke in their units but would not allow new tenants to do so?

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

C15. Under your current policies, have you publicly advertised that you offer smoke-free units?

- YES..... 1
 - NO..... 2
 - REFUSED..... -7
 - DON'T KNOW..... -8
- } **GO TO C17**

C16. For your current smoke-free policies, have your costs to advertise smoke-free units increased, decreased, or stayed about the same?

- INCREASED..... 1
- DECREASED..... 2
- STAYED ABOUT THE SAME..... 3
- REFUSED..... -7
- DON'T KNOW..... -8

C17. Has the current smoking policy(s) led to any complaints from tenants?

- YES..... 1
 - NO..... 2
 - REFUSED..... -7
 - DON'T KNOW..... -8
- } **GO TO C19**

C18. Please tell me whether or not you have heard each of the following complaints about your current smoke-free policy from your tenants.

| | <u>YES</u> | <u>NO</u> | <u>RE</u> | <u>DK</u> |
|---|------------|-----------|-----------|-----------|
| a) Complaints from non-smokers about policy enforcement?..... | 1 | 2 | -7 | -8 |
| b) Complaints from smokers about the legality of the smoke-free policy?..... | 1 | 2 | -7 | -8 |
| c) Complaints from smokers about the inconvenience of the smoke-free policy?..... | 1 | 2 | -7 | -8 |
| d) Other type?..... (SPECIFY)_____ | 1 | 2 | -7 | -8 |

C19. In order to implement the current policies, did you need to make any modifications to the building to reduce drifting of smoke into the units?

| | | | |
|-----------------|----|---|------------------|
| YES..... | 1 | } | GO TO C22 |
| NO..... | 2 | | |
| REFUSED..... | -7 | | |
| DON'T KNOW..... | -8 | | |

C20. To implement your current policies, there may have been a number of concerns [you/your company] had about these modifications. Please tell me whether or not each of the following was a concern:

| | <u>YES</u> | <u>NO</u> | <u>RE</u> | <u>DK</u> |
|---|------------|-----------|-----------|-----------|
| a) Cost?..... | 1 | 2 | -7 | -8 |
| b) The effectiveness of the modifications in reducing the drifting of tobacco smoke?..... | 1 | 2 | -7 | -8 |
| c) Disruption of tenants' lives?..... | 1 | 2 | -7 | -8 |
| d) Raising tenants' expectations beyond what can be delivered?..... | 1 | 2 | -7 | -8 |
| e) Other issues?..... (SPECIFY)_____ | 1 | 2 | -7 | -8 |

C21. To implement your current policies, how much did it cost per unit to modify the apartment building to reduce the drifting of tobacco smoke? Would you say ...

| | |
|--|----|
| Nothing,..... | 1 |
| Less than \$250 per apartment,..... | 2 |
| More than \$250, but less than \$500,..... | 3 |
| More than \$500, but less than \$1,000,..... | 4 |
| More than \$1,000 per apartment, or..... | 5 |
| Some other amount?..... | 91 |
| (SPECIFY)_____ | |
| REFUSED..... | -7 |
| DON'T KNOW..... | -8 |

C22. Have you or your staff done anything to actively enforce your current smoke-free policy? By enforce, I mean take action to see that your tenants are actually following the policies.

- YES..... 1
 - NO..... 2
 - REFUSED.....-7
 - DON'T KNOW.....-8
- } **GO TO C23**

C22a. I am going to read a list of ways to enforce your current smoke-free policies. Please tell me whether or not you have used each way to enforce the current policy in this apartment complex. Have you ...

| ENFORCEMENT TECHNIQUE | USED TECHNIQUE? | RATING OF EFFECTIVENESS | OPERATOR COMMENTS |
|--|---|--|---|
| | | IF YES, ASK: How effective has this been in getting tenants to follow the policies? Is it ... | IF EFFECTIVENESS = 1 OR 3, ASK: Why or why not? |
| 1) Had informal discussion with tenants?..... | YES..... 1 NO..... 2 REFUSED.....-7 DON'T KNOW.....-8 | Very,..... 1 Somewhat, or..... 2 Not at all effective?..... 3 Refused..... - 7 Don't Know..... - 8 | |
| 2) Written notices to tenants after receiving complaints?..... | YES..... 1 NO..... 2 REFUSED.....-7 DON'T KNOW.....-8 | Very,..... 1 Somewhat, or..... 2 Not at all effective?..... 3 Refused..... - 7 Don't Know..... - 8 | |
| 3) Written notices to tenants based on inspections by staff?.... | YES..... 1 NO..... 2 REFUSED.....-7 DON'T KNOW.....-8 | Very,..... 1 Somewhat, or..... 2 Not at all effective?..... 3 Refused..... - 7 Don't Know..... - 8 | |
| 4) Fines?..... | YES..... 1 If so, how much? _____ NO..... 2 REFUSED.....-7 DON'T KNOW.....-8 | Very,..... 1 Somewhat, or..... 2 Not at all effective?..... 3 Refused..... - 7 Don't Know..... - 8 | |
| 5) Terminated leases for tenants who violated the policy?..... | YES..... 1 NO..... 2 REFUSED.....-7 DON'T KNOW.....-8 | Very,..... 1 Somewhat, or..... 2 Not at all effective?..... 3 Refused..... - 7 Don't Know..... - | |

| | | | |
|---|--|--|--|
| | | 8 | |
| 6) Used other ways to enforce?..... (SPECIFY)_____ | YES..... 1 NO..... 2 REFUSED.....-7 DON'T KNOW.....-8 | Very,..... 1 Somewhat, or..... 2 Not at all effective?..... 3 Refused..... - 7 Don't Know..... - 8 | |

C23. In the past 6 months, how many eviction notices have you issued to tenant(s) whose tobacco smoke significantly interfered with other tenants?

NUMBER OF NOTICES.....|_|_|_|

DON'T KNOW IF ANY NOTICES WERE ISSUED.....999 }
 REFUSED..... -7 } **GO TO C25**
 DON'T KNOW..... -8 }

IF C23 = 0, GO TO C25

C24. Please tell me whether or not each of the following outcomes occurred as a result of the eviction notice(s) in the past 6 months?

| | <u>YES</u> | <u>NO</u> | <u>RE</u> | <u>DK</u> |
|---|------------|-----------|-----------|-----------|
| a) The tenant agreed to stop smoking in the unit?..... | 1 | 2 | -7 | -8 |
| b) The tenant moved in accordance with the notice?..... | 1 | 2 | -7 | -8 |
| c) The tenant applied for dispute resolution and was successful (eviction order set aside)?..... | 1 | 2 | -7 | -8 |
| d) The tenant applied for dispute resolution and was not successful (eviction order was upheld)?..... | 1 | 2 | -7 | -8 |
| e) Any other consequences?..... (SPECIFY) _____ | 1 | 2 | -7 | -8 |

C25. Has the smoking policy led to any legal action, by or against you in the last 6 months?

YES, BY COMPLEX AGAINST TENANT..... 1
 YES, BY TENANT AGAINST COMPLEX..... 2
 YES, BOTH SITUATIONS ABOVE..... 3
 NO..... 4
 REFUSED..... -7
 DON'T KNOW..... -8

C26. Since the current smoke-free policies have prohibited smoking in this apartment complex, has tenant turnover increased, decreased or stayed the same?

INCREASED..... 1
 DECREASED..... 2
 STAYED THE SAME..... 3
 REFUSED..... -7
 DON'T KNOW..... -8

C27. Now I am going to read you a list of potential benefits to prohibit smoking in your apartment complex. Please tell me whether or not you have benefited from each as a result of your current smoke-free policy. Have you ...

| | <u>YES</u> | <u>NO</u> | <u>RE</u> | <u>DK</u> | <u>N/A</u> |
|---|------------|-----------|-----------|-----------|------------|
| a) Attracted more nonsmoking tenants?..... | 1 | 2 | -7 | -8 | -9 |
| b) Reduced staff time to deal with smoking complaints?..... | 1 | 2 | -7 | -8 | -9 |
| c) Lowered maintenance costs?..... | 1 | 2 | -7 | -8 | -9 |
| d) Received fewer complaints from tenants?..... | 1 | 2 | -7 | -8 | -9 |
| e) Increased rental price?..... | 1 | 2 | -7 | -8 | -9 |
| f) Reduced fire risk?..... | 1 | 2 | -7 | -8 | -9 |
| g) Lowered insurance costs?..... | 1 | 2 | -7 | -8 | -9 |
| h) Improved health of tenants and/or community?..... | 1 | 2 | -7 | -8 | -9 |
| i) Improved environment of the property?..... | 1 | 2 | -7 | -8 | -9 |
| j) Any other benefit?..... | 1 | 2 | -7 | -8 | -9 |
| (SPECIFY) _____ | | | | | |

INTERVIEWER NOTE:

ASK C28 ONLY FOR THOSE APARTMENT COMPLEXES WHICH CURRENTLY HAVE SMOKE-FREE AND SMOKING UNITS (C3 < 100%).

C28. Compared to smoking units, is it harder or easier to rent out the smoke-free units?

| | | |
|--|----|-------------|
| HARDER TO RENT OUT SMOKE-FREE UNITS..... | 1 | |
| EASIER TO RENT OUT SMOKE-FREE UNITS..... | 2 | → GO TO C29 |
| NO DIFFERENCE..... | 3 | } GO TO C29 |
| REFUSED..... | -7 | |
| DON'T KNOW..... | -8 | |

C28a. Compared to smoking units, how hard has it been to rent out the smoke-free units?
Would you say ...

| | |
|--------------------------|----|
| Much harder,..... | 1 |
| Somewhat harder or,..... | 2 |
| A little harder?..... | 3 |
| REFUSED..... | -7 |
| DON'T KNOW..... | -8 |

ASK ONLY TO CONTROL CITY PARTICIPANTS

C29. In the next six months, how likely are you to continue offering buildings and/or units in which smoking is prohibited? Would you say ...

- Very likely,..... 1
- Somewhat likely,..... 2
- A little likely, or..... 3
- Not at all likely?..... 4
- REFUSED..... -7
- DON'T KNOW..... -8

C30. What do you believe are the greatest obstacles to local government's adopting and implementing a smoke-free apartment policy or law in this city?

C31. Which do you think are the least likely obstacles to overcome?

C32. What do you believe are the greatest obstacles to apartment complexes in attempting to adopt a voluntary only smoke-free policy in this city?

C33. Which do you think are the least likely obstacles to overcome?

INTERVIEWER NOTE:

GO TO SECTION E.

SECTION D: QUESTIONS FOR OPERATORS WITH NO SMOKE-FREE POLICIES

INTERVIEWER NOTE:

IF B3 = 5, GO TO D3. OTHERWISE, CONTINUE WITH D1.

D1. Although [you do/your company does] not have a policy in place prohibiting smoking, you may have taken other steps to address tenant complaints of tobacco smoke. Please tell me whether or not you have taken each of the following steps in the past 6 months. Have you...

| | <u>YES</u> | <u>NO</u> | <u>RE</u> | <u>DK</u> |
|---|------------|-----------|-----------|-----------|
| a) Talked to the tenants who smoked cigarettes about this smoking behavior?..... | 1 | 2 | -7 | -8 |
| b) Made modifications to the building to reduce drifting of tobacco smoke?..... | 1 | 2 | -7 | -8 |
| c) Sealed points of entry for tobacco smoke (e.g., wall crack)?..... | 1 | 2 | -7 | -8 |
| d) Suggested the smoker move to another unit within the building?..... | 1 | 2 | -7 | -8 |
| e) Suggested the nonsmoking tenant move to another unit within the building?..... | 1 | 2 | -7 | -8 |
| f) Suggested the smoker move to another building?..... | 1 | 2 | -7 | -8 |
| g) Never addressed the complaint(s)?..... | 1 | 2 | -7 | -8 |

IF D1g = 1, GO TO D2.

| | <u>YES</u> | <u>NO</u> | <u>RE</u> | <u>DK</u> |
|---|------------|-----------|-----------|-----------|
| h) Other steps?..... (SPECIFY) _____ | 1 | 2 | -7 | -8 |

IF D1g = 1, CONTINUE WITH D2. OTHERWISE, GO TO D3.

D2. I am going to read you a list of reasons why tenant complaints about tobacco smoke might not be addressed. Please tell me whether or not each describes why you did not address the complaint.

| | <u>YES</u> | <u>NO</u> | <u>RE</u> | <u>DK</u> |
|--|------------|-----------|-----------|-----------|
| a) You believed that if there is no smoke-free policy in the building, there is nothing that can legally be done?..... | 1 | 2 | -7 | -8 |
| b) You believed that prohibiting tenant smoking would be discriminatory?..... | 1 | 2 | -7 | -8 |
| c) You believed that if there is no city law prohibiting smoking in apartment buildings, there is nothing that can legally be done?..... | 1 | 2 | -7 | -8 |
| d) You believed that your actions may lead to a dispute or a lawsuit?..... | 1 | 2 | -7 | -8 |
| e) You believed you would lose tenants?..... | 1 | 2 | -7 | -8 |
| f) Other reasons?..... (SPECIFY) _____ | 1 | 2 | -7 | -8 |

D3. Would [you/your company] consider future modifications to the building to reduce drifting of smoke into the units?

| | | |
|-----------------|----|-------------------|
| YES..... | 1 | } GO TO D6 |
| NO..... | 2 | |
| REFUSED..... | -7 | |
| DON'T KNOW..... | -8 | |

D4. If you decide to make modifications to the building in order to reduce the drifting of tobacco smoke, you may have some concerns about doing so. Please tell me whether or not each of the following would be a concern ...

| | <u>YES</u> | <u>NO</u> | <u>RE</u> | <u>DK</u> |
|---|------------|-----------|-----------|-----------|
| a) Cost?..... | 1 | 2 | -7 | -8 |
| b) The effectiveness of the modifications in reducing the drifting of tobacco smoke?..... | 1 | 2 | -7 | -8 |
| c) Disruption of tenants' lives?..... | 1 | 2 | -7 | -8 |
| d) Raising tenants' expectations beyond what can be delivered?..... | 1 | 2 | -7 | -8 |
| e) Other issues?..... (SPECIFY) _____ | 1 | 2 | -7 | -8 |

D5. If there were ways to substantially reduce the drifting of tobacco smoke into units in this apartment complex, how much do you think [you/your company] would be willing to spend per unit, on a one-time basis, to implement them? Would you say ...

| | |
|--|----|
| Nothing,..... | 1 |
| Less than \$250 per apartment,..... | 2 |
| More than \$250, but less than \$500,..... | 3 |
| More than \$500, but less than \$1,000,..... | 4 |
| More than \$1,000 per apartment, or..... | 5 |
| Some other amount?..... | 91 |
| (SPECIFY) _____ | |
| REFUSED..... | -7 |
| DON'T KNOW..... | -8 |

D6. Please tell me how likely [you/your company] would be to adopt a smoke-free policy in each of the following situations:

| <u>Situation</u> | [Would you say you'd be ... | | | | <u>RE</u> | <u>DK</u> |
|--|-----------------------------|-------------------------|------------------------------|---------------------------|-----------|-----------|
| | <u>Very Likely.</u> | <u>Somewhat Likely.</u> | <u>Somewhat Unlikely, or</u> | <u>Not at All Likely?</u> | | |
| a) Your tenants requested it?..... | 1 | 2 | 3 | 4 | -7 | -8 |
| b) Studies showed that there was a high demand for nonsmoking apartments?..... | 1 | 2 | 3 | 4 | -7 | -8 |
| c) You could charge higher rent for non-smoking apartments?..... | 1 | 2 | 3 | 4 | -7 | -8 |
| d) It would reduce costs associated with apartment turnover?..... | 1 | 2 | 3 | 4 | -7 | -8 |
| e) It would reduce your insurance rates?..... | 1 | 2 | 3 | 4 | -7 | -8 |
| f) Studies showed that it would improve health for apartment complex tenants?..... | 1 | 2 | 3 | 4 | -7 | -8 |
| g) Other apartment owners and/or managers were implementing smoke-free housing policies in your city?..... | 1 | 2 | 3 | 4 | -7 | -8 |

D7. What do you believe are the greatest obstacles to local government's adopting and implementing a smoke-free MUH housing policy or law in this city?

D8. Which do you think are the least likely obstacles to overcome?

D9. What do you believe are the greatest obstacles to MUH complexes in attempting to adopt a voluntary only smoke-free policy in this city?

D10. Which do you think are the least likely obstacles to overcome?

INTERVIEWER NOTE:

CONTINUE TO SECTION E.

**SECTION E: KNOWLEDGE (K), ATTITUDES (A), BELIEFS (B), AND INTENTIONS (IN)
REGARDING SMOKE-FREE HOUSING POLICIES**

INTERVIEWER NOTE:
SECTION E IS ASKED OF ALL OPERATORS.

In this next group of questions, I am going to ask you about what you personally know or believe about smoke-free policies. Please give me your honest opinion. Your answers will not be shared with others in your property management company.

E1. Please tell me whether you think the following statements regarding smoke-free housing policies are true or false:

| | <u>TRUE</u> | <u>FALSE</u> | <u>RE</u> | <u>DK</u> |
|--|-------------|--------------|-----------|-----------|
| a) Tenants who think they are harmed by tobacco smoke can sue owners..... | 1 | 2 | -7 | -8 |
| b) Tenants who think they are harmed by tobacco smoke may initiate claims under the Americans with Disabilities Act..... | 1 | 2 | -7 | -8 |
| c) Smoking units have higher maintenance costs, including those to clean, re-paint, and replace carpet and window coverings..... | 1 | 2 | -7 | -8 |
| d) Smoking prohibitions in apartment complexes may reduce insurance costs..... | 1 | 2 | -7 | -8 |
| e) Cities and counties throughout the United States have adopted local laws that prohibit smoking in multi-unit housing..... | 1 | 2 | -7 | -8 |

E2. Do you believe that residents have a legal right to smoke cigarettes in their apartment unit?

| | |
|-----------------|----|
| YES..... | 1 |
| NO..... | 2 |
| REFUSED..... | -7 |
| DON'T KNOW..... | -8 |

E3. Should the decision to prohibit smoking in apartment units be left to the government, to individual apartment owners and/or managers, or to both the government and owners/managers?

| | |
|--|----|
| GOVERNMENT..... | 1 |
| APARTMENT OWNERS AND/OR MANAGERS..... | 2 |
| BOTH SHOULD BE ABLE TO MAKE THAT DECISION..... | 3 |
| REFUSED..... | -7 |
| DON'T KNOW..... | -8 |

E4. Would you favor or oppose a law requiring landlords to inform new tenants if there is a smoker in the apartment adjacent to the one they are about to rent?

FAVOR..... 1
OPPOSE..... 2
REFUSED..... -7
DON'T KNOW..... -8

E5. Would you favor or oppose a law prohibiting smoking in children's play areas?

FAVOR..... 1
OPPOSE..... 2
REFUSED..... -7
DON'T KNOW..... -8

E6. Would you favor or oppose a law prohibiting smoking in outdoor common areas of apartment buildings, such as courtyards and swimming pools?

FAVOR..... 1
OPPOSE..... 2
REFUSED..... -7
DON'T KNOW..... -8

E7. Do you believe that owners/managers of apartments can legally adopt policies that prohibit smoking on their properties, including all individual residential units, common areas, and exterior grounds?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8

E8. If tobacco smoke moves into an apartment from elsewhere in the complex, do you consider it a health issue for the tenants?

YES..... 1
NO..... 2
REFUSED..... -7
DON'T KNOW..... -8 } **GO TO E9**

E8a. Would you say it is ...

A minor health issue, for example only contributing to eye irritation, headaches, or sneezing, or..... 1
A major health issue, for example increasing the risk of cancer or heart disease?..... 2
REFUSED..... -7
DON'T KNOW..... -8

E9. In the future, do you believe the issue of smoke-free housing will become more important, less important, or remain the same?

- MORE IMPORTANT..... 1
- LESS IMPORTANT..... 2
- REMAIN THE SAME..... 3
- REFUSED..... -7
- DON'T KNOW..... -8

E10. In the market segment you rent to, do you believe there is a market for smoke-free rental housing?

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

E11. Do you personally believe that smoking should be prohibited in each of the following areas:

| | <u>YES</u> | <u>NO</u> | <u>RE</u> | <u>DK</u> |
|-------------------------------------|------------|-----------|-----------|-----------|
| a) Individual apartment units?..... | 1 | 2 | -7 | -8 |
| b) Indoor common areas?..... | 1 | 2 | -7 | -8 |
| c) Outdoor common areas?..... | 1 | 2 | -7 | -8 |

E12. Please tell me whether or not you personally believe each of the following to be a potential benefit of prohibiting smoking in this apartment complex.

| | <u>YES</u> | <u>NO</u> | <u>RE</u> | <u>DK</u> |
|--|------------|-----------|-----------|-----------|
| a) Attracting more nonsmoking tenants?..... | 1 | 2 | -7 | -8 |
| b) Reducing staff time to deal with smoking complaints?..... | 1 | 2 | -7 | -8 |
| c) Lowering maintenance costs?..... | 1 | 2 | -7 | -8 |
| d) Lowering turnover costs?..... | 1 | 2 | -7 | -8 |
| e) Receiving fewer complaints from tenants?..... | 1 | 2 | -7 | -8 |
| f) Increasing resale value?..... | 1 | 2 | -7 | -8 |
| g) Increasing renter demand?..... | 1 | 2 | -7 | -8 |
| h) Reducing fire risk?..... | 1 | 2 | -7 | -8 |
| i) Lowering insurance costs?..... | 1 | 2 | -7 | -8 |
| j) Improving the health of tenants and/or community?.... | 1 | 2 | -7 | -8 |
| k) Some other benefit?..... | 1 | 2 | -7 | -8 |
| (SPECIFY) _____ | | | | |

INTERVIEWER NOTE:
IF THE COMPLEX HAS A POLICY PROHIBITING SMOKING (C1 = YES), GO TO E14. OTHERWISE, CONTINUE WITH E13.

E13. In the next 6 months, how likely is it that [you/your company] will adopt a smoke-free policy in this apartment complex? Would you say ...

- Very likely,..... 1
- Somewhat likely, or..... 2
- Not at all likely?..... 3
- REFUSED..... -7
- DON'T KNOW..... -8

INTERVIEWER NOTE:
IF THE COMPLEX IS COMPLETELY SMOKE-FREE (C2a = 1), GO TO SECTION F. OTHERWISE, CONTINUE WITH E14.

E14. In the next 6 months, how likely is it that you/your company will expand the areas where smoke-free policies apply in this apartment complex? Would you say ...

- Very likely,..... 1
- Somewhat likely, or..... 2
- Not at all likely?..... 3
- REFUSED..... -7
- DON'T KNOW..... -8

E15. In the next 6 months, do [you/your company] intend to convert your buildings or units to be smoke-free?

- YES..... 1
 - NO..... 2
 - REFUSED..... -7
 - DON'T KNOW..... -8
- } **GO TO E16**

E15a. Here are some ways that operators can convert their buildings or units to be smoke-free. In the next six months, please tell me whether or not [you/your company] intend to use each way to convert your building or units.

INTERVIEWER NOTE:

IF ONLY 1 BUILDING (A6 = 1), DO NOT ASK E15ab.

| | <u>YES</u> | <u>NO</u> | <u>RE</u> | <u>DK</u> | <u>NA</u> |
|--|------------|-----------|-----------|-----------|-----------|
| a) Designate <u>one</u> building as smoke-free and convert one <u>unit</u> at a time (as units turnover and new tenants come in) until completely smoke-free?..... | 1 | 2 | -7 | -8 | -9 |
| b) Designate <u>all</u> buildings as smoke-free and convert one <u>unit</u> at a time (as units turnover and new tenants come in)?..... | 1 | 2 | -7 | -8 | -9 |
| c) Convert one floor or section only (like they do with hotels) and continue to offer both smoking and nonsmoking units?..... | 1 | 2 | -7 | -8 | -9 |
| d) Any other way?..... (SPECIFY)_____ | 1 | 2 | -7 | -8 | -9 |

E16. Now I am going to read you a list of concerns that multi-unit housing operators might have about limiting smoking in their apartment complex. Please tell me whether or not each is a concern that you have about adopting or expanding a policy in the next 6 months. ?

| | <u>YES</u> | <u>NO</u> | <u>RE</u> | <u>DK</u> |
|---|------------|-----------|-----------|-----------|
| a) Higher vacancy rate?..... | 1 | 2 | -7 | -8 |
| b) Higher turnover?..... | 1 | 2 | -7 | -8 |
| c) Decrease in market size of potential tenants?..... | 1 | 2 | -7 | -8 |
| d) Increase in staff time for enforcement?..... | 1 | 2 | -7 | -8 |
| e) Legal costs associated with enforcement?..... | 1 | 2 | -7 | -8 |
| f) Legality of federal and state smoke-free designation?..... | 1 | 2 | -7 | -8 |
| g) Legality of city smoke-free designation?..... | 1 | 2 | -7 | -8 |
| h) Other concerns?..... (SPECIFY)_____ | 1 | 2 | -7 | -8 |

E17. Would you ever consider implementing a “grandfather clause” which would gradually phase out smoking in the complex by allowing current tenants to smoke in their units but would not allow new tenants to do so?

| | |
|---|----|
| YES..... | 1 |
| NO..... | 2 |
| DOES NOT APPLY – ALREADY HAVE A GRANDFATHER CLAUSE..... | 3 |
| REFUSED..... | -7 |
| DON'T KNOW..... | -8 |

SECTION F: SMOKE-FREE HOUSING POLICY-RELATED COSTS

Now I would like to talk to you about your costs of cleaning and repairs for units when a tenant leaves. I would like to talk about these costs whether or not your apartment has a policy that prohibits smoking anywhere on the property or in the units. I recognize that these will be estimates, but please try to be as accurate as possible. If you would like to get your records to review while we are talking, please do so.

F1. How hard is it to remove the signs and smell of tobacco smoke from an apartment when turning it over for a new tenant? Would you say...

- Very hard,..... 1
- Somewhat hard,..... 2
- A little hard, or..... 3
- Not at all hard?..... 4
- UNITS HAVE ALWAYS BEEN SMOKE-FREE..... 5
- REFUSED..... -7
- DON'T KNOW..... -8

F2. **ASK ONLY FOR PROPERTIES WITH SMOKE-FREE INDIVIDUAL UNITS (C2a = 1 OR C2h = 1).** Since you started offering smoke-free units, has the cost of apartment turnover -- for example, painting, re-carpeting, and refurbishing increased, decreased, or stayed the same?

- INCREASED..... 1
- DECREASED..... 2
- STAYED THE SAME..... 3
- REFUSED..... -7
- DON'T KNOW..... -8

F3. The next questions are about operating costs for this apartment complex as a whole, excluding individual units, during the past 6 months. Please give your best estimate for each type of cost. PROVIDE SHOW CARD

- A. What were the overall [INSERT THE TYPE OF COST HERE] costs during the past 6 months? **[IF "NONE," SKIP TO NEXT ITEM ON LIST]**
- B. Was any of this cost smoking-related? **[IF NO, SKIP F3c]**
- C. What was the overall smoking-related [INSERT THE TYPE OF COST HERE] cost? You can give me a dollar amount or percentage.

| TYPE OF COST | A. Overall Cost in Past 6 Months | B. Was any of this cost smoking related? | | IF B = YES, ASK: C. Smoking- related Cost in Past 6 Months? |
|--|--|---|----|---|
| | | Yes | No | |
| a. Cleaning (does not include apartment unit turnover cost)..... | \$ _____ | 1 | 2 | \$ _____ OR _____ % |
| b. Property insurance, including general liability..... | \$ _____ | 1 | 2 | \$ _____ OR _____ % |
| c. Repairs and maintenance (does not include apartment units but does include exterior landscaping)..... | \$ _____ | 1 | 2 | \$ _____ OR _____ % |
| d. Fire damage..... | \$ _____ | 1 | 2 | \$ _____ OR _____ % |
| e. Legal costs..... | \$ _____ | 1 | 2 | \$ _____ OR _____ % |
| f. Administration costs (staff time including security staff)..... | \$ _____ | 1 | 2 | \$ _____ OR _____ % |
| g. Fire insurance, if separate..... | \$ _____ | 1 | 2 | \$ _____ OR _____ % |
| h. Other insurance costs..... (SPECIFY) _____ | \$ _____ | 1 | 2 | \$ _____ OR _____ % |
| i. Other operating costs..... (SPECIFY) _____ | \$ _____ | 1 | 2 | \$ _____ OR _____ % |

Now please think about the unit in this apartment complex that was most recently vacated in the past six months. If you had no vacancy in the past six months, then please think about the apartment vacated most recently before that. The following six questions are specifically about the most recently vacated unit.

F4. What type of unit was this? Was it a ...

- Studio,..... 1
- 1-bedroom, 1-bath,..... 2
- 2-bedroom, 1-bath,..... 3
- 2-bedroom, 2-bath,..... 4
- 3- or more-bedrooms, or..... 5
- Some other type?..... 91
- (SPECIFY) _____
- REFUSED..... -7
- DON'T KNOW..... -8

F5. What was the monthly rent charged to the preceding tenant for this unit? Please round to the nearest dollar.

\$ PER MONTH

- WAS OCCUPIED RENT-FREE..... 1
- REFUSED..... -7
- DON'T KNOW..... -8

F6. How long was the preceding tenant living in this unit? Was it ...

- Less than 12 months,..... 1
- 12 months,..... 2
- More than 12 months but less than 24 months,..... 3
- 24 months, or..... 4
- More than 24 months?..... 5
- REFUSED..... -7
- DON'T KNOW..... -8

F7. Did anyone in the preceding tenant's household smoke cigarettes?

- YES..... 1
- NO..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

F8. Please give your best estimate of the total turnover cost for this unit, including all costs incurred from preparing the apartment for the next tenant? Please give your best estimate to the nearest dollar amount.

\$ | | | |

REFUSED..... -7
DON'T KNOW..... -8

F9. The following questions are about the work you may have performed on the most recently vacated unit during turnover. Thinking about the most recently vacated unit ...

- A. Did you [INSERT THE LIST HERE] (of) the rental unit? **[IF F9a = "NO," SKIP TO NEXT ITEM ON LIST]**
- B. What was the overall cost of the work?
- C. Was any of it smoking related? **[IF F9c = NO, SKIP TO NEXT ITEM ON LIST]**
- D. Would you have done it anyway?
- E. What was the overall smoke-related cost for the work?
- F. Did you withhold any part of the security deposit to cover the cost? **[IF F9f = NO, GO TO NEXT ITEM ON LIST]**
- G. What was that amount?

| | A. Work done at turnover? | | | | B. Overall Cost? \$ _____ RE.....-7 DK.....-8 | C. Was any of it smoking related? | | | | IF F9c = 1, ASK: D. Would you have done it anyway? | | | | E. Smoke-related Cost? \$ _____ RE.....-7 DK.....-8 | F. Did you withhold any security deposit? | | | | IF F9f = 1, ASK: G. Amount withheld from security deposit \$ _____ RE.....-7 DK.....-8 |
|---|------------------------------|----|----|----|---|--------------------------------------|----|----|----|--|----|----|----|---|--|----|----|----|---|
| | YES | NO | RE | DK | | YES | NO | RE | DK | YES | NO | RE | DK | | YES | NO | RE | DK | |
| a) Paint interior?..... | 1 | 2 | -7 | -8 | \$ _____ RE.....-7 DK.....-8 | 1 | 2 | -7 | -8 | 1 | 2 | -7 | -8 | \$ _____ RE.....-7 DK.....-8 | 1 | 2 | -7 | -8 | \$ _____ RE.....-7 DK.....-8 |
| b) Replace carpets?..... | 1 | 2 | -7 | -8 | \$ _____ RE.....-7 DK.....-8 | 1 | 2 | -7 | -8 | 1 | 2 | -7 | -8 | \$ _____ RE.....-7 DK.....-8 | 1 | 2 | -7 | -8 | \$ _____ RE.....-7 DK.....-8 |
| c) Repair heating and/or air conditioning?..... | 1 | 2 | -7 | -8 | \$ _____ RE.....-7 DK.....-8 | 1 | 2 | -7 | -8 | 1 | 2 | -7 | -8 | \$ _____ RE.....-7 DK.....-8 | 1 | 2 | -7 | -8 | \$ _____ RE.....-7 DK.....-8 |
| d) Refurnish?..... | 1 | 2 | -7 | -8 | \$ _____ RE.....-7 DK.....-8 | 1 | 2 | -7 | -8 | 1 | 2 | -7 | -8 | \$ _____ RE.....-7 DK.....-8 | 1 | 2 | -7 | -8 | \$ _____ RE.....-7 DK.....-8 |
| e) Perform other work?..... (SPECIFY) _____ | 1 | 2 | -7 | -8 | \$ _____ RE.....-7 DK.....-8 | 1 | 2 | -7 | -8 | 1 | 2 | -7 | -8 | \$ _____ RE.....-7 DK.....-8 | 1 | 2 | -7 | -8 | \$ _____ RE.....-7 DK.....-8 |

INTERVIEWER NOTE:

IF NO SMOKE-FREE POLICY ANYWHERE IN COMPLEX (C1 = 2, -7, OR -8), SKIP TO SECTION G.

F10. The following questions are about costs directly related to implementing and enforcing the current smoke-free housing policy in this apartment complex. Thinking about the past six months, please give your best estimate for each type of cost.

- A. What is the total amount of money spent on [INSERT TYPE OF COST HERE] in this apartment complex during the past six months?
- B. Do you have any additional comments on costs related to [INSERT TYPE OF COST HERE]?

| TYPE OF COST | A. AMOUNT | B. ADDITIONAL COMMENTS |
|---|--|---------------------------|
| a. Putting up no-smoking signs?..... | \$ _____ DID NOT DO THIS ACTIVITY..... - 1 ACTIVITY DID NOT INCUR COST..... - 2 REFUSED..... - 7 DON'T KNOW..... - 8 | |
| b. Notifying tenants of the new policy (including letters, notices, phone calls, posters)?..... | \$ _____ DID NOT DO THIS ACTIVITY..... - 1 ACTIVITY DID NOT INCUR COST..... - 2 REFUSED..... - 7 DON'T KNOW..... - 8 | |
| c. Revising the current lease to include the smoke-free provision?..... | \$ _____ DID NOT DO THIS ACTIVITY..... - 1 ACTIVITY DID NOT INCUR COST..... - 2 REFUSED..... - 7 DON'T KNOW..... - 8 | |
| d. Offering staff education, training, and outreach (e.g., educating | \$ _____ | |

| | | |
|---|---|--|
| tenants, dealing with smoking violations) expenses?..... | DID NOT DO THIS ACTIVITY..... - 1 ACTIVITY DID NOT INCUR COST.....- 2 REFUSED..... - 7 DON'T KNOW.....-8 | |
|---|---|--|

F10. (cont'd)

- A. What is the total amount of money spent on [INSERT TYPE OF COST HERE] in this apartment complex during the past six months?
- B. Do you have any additional comments on costs related to [INSERT TYPE OF COST HERE]?

| TYPE OF COST | A. AMOUNT | B. ADDITIONAL COMMENTS |
|---|--|---------------------------|
| e. Providing cessation information and referrals to tenants who smoke?..... | \$ _____ DID NOT DO THIS ACTIVITY..... - 1 ACTIVITY DID NOT INCUR COST.....- 2 REFUSED..... - 7 DON'T KNOW..... - 8 | |
| f. Incurring legal costs related to policy implementation and enforcement?..... | Action by smoker for enforcing the law or lease requirement: \$ _____ DID NOT DO THIS ACTIVITY..... - 1 ACTIVITY DID NOT INCUR COST..... - 2 REFUSED..... - 7 DON'T KNOW..... - 8 Action by nonsmoker for not enforcing the law: \$ _____ DID NOT DO THIS ACTIVITY..... - 1 ACTIVITY DID NOT INCUR COST.....-2 REFUSED..... - 7 DON'T KNOW..... - 8 | |
| g. Designating a smoking area for tenants on the property (e.g., | \$ _____ | |

| | | |
|---|--|--|
| <p>purchase ashtrays, receptacles, benches)?.....</p> | <p>DID NOT DO THIS ACTIVITY..... - 1 ACTIVITY DID NOT INCUR COST..... - 2 REFUSED..... - 7 DON'T KNOW..... - 8</p> | |
|---|--|--|

F10. (cont'd)

- A. What is the total amount of money spent on [INSERT TYPE OF COST HERE] in this apartment complex during the past six months?
- B. Do you have any additional comments on costs related to [INSERT TYPE OF COST HERE]?

| TYPE OF COST | A. AMOUNT | B. ADDITIONAL COMMENTS |
|--|---|---------------------------|
| h. Designating nonsmoking sections (e.g., units) of the property?..... | \$ _____ DID NOT DO THIS ACTIVITY..... - 1 ACTIVITY DID NOT INCUR COST.....- 2 REFUSED..... - 7 DON'T KNOW..... - 8 | |
| i. Other costs?..... (SPECIFY)_____ | \$ _____ REFUSED..... - 7 DON'T KNOW..... - 8 | |

SECTION G: OPERATOR DEMOGRAPHICS

This last set of questions will help us compare your answers to those of apartment managers who have answered similar surveys in other parts of the country.

G1. What is your date of birth?

|_|_| / |_|_| / |_|_|_|_|
MM DD YYYY

- REFUSED..... -7
- DON'T KNOW..... -8

G2. What is your gender?

- MALE..... 1
- FEMALE..... 2
- REFUSED..... -7
- DON'T KNOW..... -8

G3. Do you consider yourself to be ...? [READ ONLY RESPONSES 1 AND 2]

- HISPANIC OR LATINO..... 1
- NOT HISPANIC OR LATINO..... 2
- REFUSED -7
- DON'T KNOW..... -8

G4. Do you consider yourself to be...? [READ RESPONSES 1-5 AND ALLOW RESPONDENT TO SELECT ONE OR MORE]

| | <u>YES</u> | <u>NO</u> | <u>RE</u> | <u>DK</u> |
|--|------------|-----------|-----------|-----------|
| a) White or Caucasian?..... | 1 | 2 | -7 | -8 |
| b) Black or African-American?..... | 1 | 2 | -7 | -8 |
| c) Asian?..... | 1 | 2 | -7 | -8 |
| d) Native Hawaiian or Pacific Islander?..... | 1 | 2 | -7 | -8 |
| e) American Indian or Alaska Native?..... | 1 | 2 | -7 | -8 |

G5. What is the highest level of school you completed or highest degree you received?

- 8th grade or less,..... 1
- Grades 9-12,..... 2
- High school graduate/GED,..... 3
- Some college/trade school/associates degree,..... 4
- College graduate, or..... 5
- Post-graduate degree?..... 6
- REFUSED..... -7
- DON'T KNOW..... -8

G6. What is your approximate gross annual household income from all sources before taxes?
PROVIDE SHOW CARD.

- Less than \$10,000,..... 1
- \$10,000 - \$20,000,..... 2
- \$20,000 - \$30,000,..... 3
- \$30,000 - \$40,000,..... 4
- \$40,000 - \$50,000,..... 5
- \$50,000 - \$75,000,..... 6
- \$75,000 - \$100,000,..... 7
- 100,000 - \$150,000, or..... 8
- More than \$150,000?..... 9
- REFUSED..... -7
- DON'T KNOW..... -8

G7. Have you smoked at least 100 cigarettes in your entire life?

- YES..... 1
- NO..... 2 → **END HERE**
- REFUSED..... -7
- DON'T KNOW..... -8

G8. Do you now smoke cigarettes every day, some days, or not at all?

- Every day,..... 1
- Some days, or..... 2
- Not at all?..... 3
- REFUSED..... -7
- DON'T KNOW..... -8

Thank you for your time and help! I would like to give you your gift card now, and have you sign a receipt. I will give you a copy of this.

I would also like to ask you or one of your staff to escort me around your apartment complex so I can make some notes.

If I have your permission, I would like to put up flyers in the entrances to buildings, mail rooms, and other common areas to let your tenants know that we will be conducting interviews with residents.

**VISUAL ASSESSMENT OF COMPLEX
PART A: COMMON AREA OBSERVATIONS
(TO BE COMPLETED DURING MUH OPERATOR VISIT)**

I. OUTDOOR COMMON AREAS

1. Type of Complex being Assessed:

- Duplex..... 1
- Triplex..... 2
- Townhome..... 3
- Low-rise (1–3 floors)..... 4
- High-rise (4+ floors)..... 5
- Combination..... 6
- (SPECIFY).....
- UNABLE TO OBSERVE..... -7

2. Proximity to Traffic:

- Complex borders on busy highway..... 1
- Complex borders on busy public street..... 2
- Complex borders on quiet public street..... 3
- Complex has private entrance..... 4
- UNABLE TO OBSERVE..... -7

3. Refuse Disposal (applies to designated outside refuse site) *CHECK ALL THAT APPLY*

- Wall or roof for outdoor enclosed area is leaning or collapsed OR-Concrete slab deteriorated....
- Collection area overflowing: Area is too small to store refuse until pickup OR-Garbage cans are overflowing.....
- No exterior refuse disposal.....
- Refuse properly contained.....
- UNABLE TO OBSERVE.....

4. Refuse Disposal (applies to outside the designated refuse site)

- Garbage and debris not properly stored: missing, uncovered, or leaking container..... 1
- Garbage and debris properly stored..... 2
- UNABLE TO OBSERVE..... -7

5. Litter

- Excessive: More than 10 large trash or litter items..... 1
- Slight or Moderate: 2–10 large trash or litter items..... 2
- None: Fewer than 2 large trash or litter items..... 3
- UNABLE TO OBSERVE..... -7

II. OUTDOOR SMOKING AREA

6. Is there a designated outdoor smoking area?

- Yes..... 1
 - No..... 2
 - NOT OBSERVED..... 3
- } **GO TO 8**

7. Designated Smoking Area

- Signage not present..... 1
- Rules posted..... 2
- UNABLE TO OBSERVE..... -7

8. Resident Smoking Behavior *CHECK ALL THAT APPLY*

- a) Individuals observed smoking in non-designated areas.....
- b) Individuals observed smoking in designated areas (IF APPLICABLE).....
- c) No smoking seen.....
- d) UNABLE TO OBSERVE.....

COMPLETE PART B

**VISUAL ASSESSMENT OF COMPLEX
PART B
(TO BE COMPLETED DURING MUH OPERATOR VISIT)**

| | Building 1 | Building 2 | Building 3 | Building 4 | Building 5 |
|---|------------|------------|------------|------------|------------|
| | _____ | _____ | _____ | _____ | _____ |
| | (Address) | (Address) | (Address) | (Address) | (Address) |
| Building Access for the Disabled | | | | | |
| Building is not accessible for the disabled..... 1 | 1 | 1 | 1 | 1 | 1 |
| Part of building is accessible for the disabled..... 2 | 2 | 2 | 2 | 2 | 2 |
| UNABLE TO OBSERVE..... -7 | -7 | -7 | -7 | -7 | -7 |
| Foundations | | | | | |
| Foundation Type: | | | | | |
| Slab..... 1 | 1 | 1 | 1 | 1 | 1 |
| Crawl space..... 2 | 2 | 2 | 2 | 2 | 2 |
| Basement..... 3 | 3 | 3 | 3 | 3 | 3 |
| Cellar..... 4 | 4 | 4 | 4 | 4 | 4 |
| Not visible..... 5 | 5 | 5 | 5 | 5 | 5 |
| UNABLE TO OBSERVE..... -7 | -7 | -7 | -7 | -7 | -7 |
| Spalling/Exposed Rebar: | | | | | |
| ≥50%: Obvious, significant spalled area(s) are affecting 50% or more of any foundation wall -OR- Spalling is exposing any reinforcing material (rebar or other material)..... 1 | 1 | 1 | 1 | 1 | 1 |
| 10 to <50%: Obvious, large spalled area(s) are affecting 10%–50% of any foundation wall..... 2 | 2 | 2 | 2 | 2 | 2 |
| <10%..... 3 | 3 | 3 | 3 | 3 | 3 |
| Not applicable (no foundation)..... 4 | 4 | 4 | 4 | 4 | 4 |
| UNABLE TO OBSERVE..... -7 | -7 | -7 | -7 | -7 | -7 |

| | Building 1 | Building 2 | Building 3 | Building 4 | Building 5 |
|--|------------|------------|------------|------------|------------|
| | (Address) | (Address) | (Address) | (Address) | (Address) |
| Walls | | | | | |
| Primary Exterior Wall Surfaces: | | | | | |
| Brick..... 1 | 1 | 1 | 1 | 1 | 1 |
| Stucco..... 2 | 2 | 2 | 2 | 2 | 2 |
| Wood..... 3 | 3 | 3 | 3 | 3 | 3 |
| Stone..... 4 | 4 | 4 | 4 | 4 | 4 |
| Cement/concrete block..... 5 | 5 | 5 | 5 | 5 | 5 |
| Asbestos..... 6 | 6 | 6 | 6 | 6 | 6 |
| Vinyl..... 7 | 7 | 7 | 7 | 7 | 7 |
| Aluminum..... 8 | 8 | 8 | 8 | 8 | 8 |
| OTHER..... 91 | 91 | 91 | 91 | 91 | 91 |
| (SPECIFY)_____ | | | | | |
| UNABLE TO OBSERVE..... -7 | -7 | -7 | -7 | -7 | -7 |
| Secondary Exterior Wall Surfaces: | | | | | |
| Brick..... 1 | 1 | 1 | 1 | 1 | 1 |
| Stucco..... 2 | 2 | 2 | 2 | 2 | 2 |
| Wood..... 3 | 3 | 3 | 3 | 3 | 3 |
| Stone..... 4 | 4 | 4 | 4 | 4 | 4 |
| Cement/concrete block..... 5 | 5 | 5 | 5 | 5 | 5 |
| Asbestos..... 6 | 6 | 6 | 6 | 6 | 6 |
| Vinyl..... 7 | 7 | 7 | 7 | 7 | 7 |
| OTHER..... 91 | 91 | 91 | 91 | 91 | 91 |
| (SPECIFY)_____ | | | | | |
| UNABLE TO OBSERVE..... -7 | -7 | -7 | -7 | -7 | -7 |

| | Building 1 | Building 2 | Building 3 | Building 4 | Building 5 |
|--|------------|------------|------------|------------|------------|
| | (Address) | (Address) | (Address) | (Address) | (Address) |
| Mold on Exterior Walls: | | | | | |
| ≥4 square feet mold observed or musty odor detected: On one or more exterior walls there is evidence of mold over a large area (more than 4 square feet) -OR-A musty odor is detected..... 1 | 1 | 1 | 1 | 1 | 1 |
| <4 square feet visible mold: On one or more exterior walls there is evidence of mold over a small area (less than 4 square feet)..... 2 | 2 | 2 | 2 | 2 | 2 |
| No visible mold present..... 3 | 3 | 3 | 3 | 3 | 3 |
| UNABLE TO OBSERVE..... -7 | -7 | -7 | -7 | -7 | -7 |
| DON'T KNOW..... -8 | -8 | -8 | -8 | -8 | -8 |
| Chimney: | | | | | |
| Chimney separated from wall..... 1 | 1 | 1 | 1 | 1 | 1 |
| Holes >4 inches × 4 inches: The surface of the chimney shows surface damage on more than one piece of wall—a few bricks or a section of siding, for example -OR-The surface of the chimney has holes that affect an area larger than 4 inches by 4 inches..... 2 | 2 | 2 | 2 | 2 | 2 |
| Both holes and separation..... 3 | 3 | 3 | 3 | 3 | 3 |
| Holes observed, total area of opening <4 inches× 4 inches..... 4 | 4 | 4 | 4 | 4 | 4 |
| No damage..... 5 | 5 | 5 | 5 | 5 | 5 |
| Not visible..... 6 | 6 | 6 | 6 | 6 | 6 |
| UNABLE TO OBSERVE..... -7 | -7 | -7 | -7 | -7 | -7 |

| | Building 1 | Building 2 | Building 3 | Building 4 | Building 5 |
|--|------------|------------|------------|------------|------------|
| | _____ | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ | _____ |
| | (Address) | (Address) | (Address) | (Address) | (Address) |
| Exterior Fuel Supply | | | | | |
| Fuel Supply: | | | | | |
| Leaks observed or odor of natural gas, propane, or oil detected: Any amount of fuel is leaking from the supply tank or piping. Report leaks to building management/owner immediately and record specifics in the comments section. The odor of natural gas or propane is an imminent health hazard; the structure should be evacuated..... | 1 | 1 | 1 | 1 | 1 |
| No leaks observed or odor detected.. | 2 | 2 | 2 | 2 | 2 |
| Does not apply..... | 3 | 3 | 3 | 3 | 3 |
| UNABLE TO OBSERVE..... | -7 | -7 | -7 | -7 | -7 |