



The American Lung Association in Iowa and the Central Iowa Tobacco-free Partnership would like your feedback. Any information gathered through this brief survey is strictly confidential. Apartment management will receive results of the survey but there is no way to determine who submits what answers as it is sent directly to the American Lung Association offices.

1. How long have you lived in your current apartment? (check one)
 - a. under 1 year
 - b. 1-5 years
 - c. 6-10 years
 - d. longer than 10 years

2. Do you smoke in your apartment or allow others to smoke in your apartment? (check one)
 - a. Yes
 - b. No

3. Does anyone living in your apartment have asthma or other illnesses made worse by exposure to secondhand smoke?
 - a. Yes
 - b. No

4. If given the option, would you prefer to live in a smoking or a smoke-free building? (check one)
 - a. Smoking
 - b. Smoke-free