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Multi-Family Housing Survey

First, tell us about you and your property:

Name _____ ☐ Owner ☐ Manager ☐ Other: _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ E-Mail _____

Name of Multi-Family Housing Complex _____

Owner of Complex _____

Address of Complex (if different than above) _____

City _____ State _____ Zip Code _____

How many multi-family housing properties do you own/manage in Sarpy County? _____

How many buildings are in this complex? _____

Next, tell us about the smoke-free policies in this complex:

Which of the following best describes the smoking policy for your buildings in this complex?

☐ All buildings are required to be 100% smoke-free (includes all units in all buildings)

☐ Some buildings are 100% smoke-free and some buildings are not 100% smoke-free

How many buildings are smoke-free? _____

☐ None of the buildings are required to be 100% smoke-free

If this complex has smoke-free buildings, is a smoke-free policy included in your lease agreement? ☐ Yes ☐ No

Who makes the decision about smoke-free policy designation for this complex? _____

Continued on next page

Now, tell us about your thoughts regarding smoking in your complex and in multi-family housing in general:

What do you see as the benefits to having smoke-free multi-family housing? *(check all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Reduced risk of fire | <input type="checkbox"/> Positive impact on tenant health |
| <input type="checkbox"/> Attract more tenants | <input type="checkbox"/> Reduced staff time to manage building |
| <input type="checkbox"/> Fewer conflicts between tenants | <input type="checkbox"/> Lower tenant turnover |
| <input type="checkbox"/> Lower maintenance costs | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> Other _____ | |

What do you see as the biggest obstacles to implementing a smoke-free policy? *(check all that apply)*

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Tenant complaints | <input type="checkbox"/> Enforcement |
| <input type="checkbox"/> Difficulties renting vacant units | <input type="checkbox"/> Management |
| <input type="checkbox"/> Concern over legality of policy | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> Other _____ | |

In your opinion, how do your tenants feel about secondhand smoke exposure?

- ☐ Many are bothered by secondhand smoke and have voiced complaints
- ☐ Few are bothered by secondhand smoke and we have had only minimal complaints
- ☐ We have not received any complaints
- ☐ Unsure

Finally:

Would you like to be contacted with free information or technical assistance on how to implement a smoke-free policy?

- ☐ Yes ☐ No

How would you prefer to be contacted?

- ☐ Phone
- ☐ E-Mail
- ☐ In Person *(please indicate the best times of day/week)* _____

Would you allow Tobacco Free Sarpy to include this complex on a publicized list to promote smoke-free multi-family housing options in Sarpy County?

- ☐ Yes ☐ No

Which outlets do you utilize to gain information about the housing industry? _____

Which business or housing associations do you belong to? _____

Comments: _____

Thank You for taking the time to help the Sarpy/Cass Department of Health & Wellness and Tobacco Free Sarpy with this survey.