

Tobacco Policy Assessment

Agency Name _____
Address _____
City _____
Zip Code _____
Primary Contact Name _____
Phone _____
Email _____

1) What types of services does your agency provide? (check all that apply)

- ☐ Mental illness recovery
- ☐ Mental illness treatment
- ☐ Substance use prevention
- ☐ Substance use treatment
- ☐ Substance use recovery
- ☐ Gender limited
- ☐ Outpatient In-
- ☐ patient
- ☐ Other (please specify) _____

2) Which age group(s) do you serve? (check all that apply)

- ☐ 12 years and under
- ☐ 12-17 years
- ☐ 18-64 years
- ☐ 65 + years

3) Do you assess clients' tobacco use on a routine basis?

- ☐ Yes
- ☐ No

4) Is your staff required to develop a tobacco cessation plan for clients?

- ☐ Yes
- ☐ No

5) Which of the following statements best describes your agency's current tobacco use policy?
(check only one)

- ☐ 100% Tobacco-Free Campus (no tobacco items allowed)
- ☐ 100% Smoke-Free Campus (smokeless tobacco items allowed i.e. chewing tobacco, e-cigarettes)
- ☐ Smoking/Tobacco allowed in designated areas only
- ☐ Smoking/Tobacco allowed outdoors anywhere on property
- ☐ Smokeless tobacco allowed indoors, smoking allowed outdoors in designated areas only
- ☐ Smokeless tobacco allowed indoors, smoking allowed outdoors anywhere on property

6) Do you allow staff to take smoke breaks?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

7) Does this policy apply to clients, staff, or both?

- ☐ Clients only
- ☐ Staff only
- ☐ Both

8) Do you allow smoking/tobacco in company vehicles?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

9) Do you have plans to make changes to your tobacco policy in the next...(check only one)

- ☐ 1-3 months
- ☐ 4-6 months
- ☐ 7-9 months
- ☐ 10-12 months
- ☐ More than 12 months
- ☐ Don't plan on making changes
- ☐ Don't know

10) What kind of changes do you intend on making? (check all that apply)

- ☐ Making campus 100% tobacco-free (no tobacco items allowed)
- ☐ Making campus 100% smoke-free (smokeless tobacco items allowed)
- ☐ Making designated areas for smoking/tobacco outdoors
- ☐ Making designated areas for smokeless tobacco indoors
- ☐ Prohibiting smokeless tobacco inside
- ☐ Other (please specify)_____
- ☐ Don't plan on making any changes

11) If you have recently made changes to your tobacco policy, what were the barriers? Or if you plan on making changes, what are the expected barriers? (check all that apply)

- ☐ Financial costs
- ☐ Limited capacity/Untrained staff
- ☐ Resistance from employees who smoke
- ☐ Resistance from clients who smoke
- ☐ Not a priority for management
- ☐ No barriers
- ☐ Other (please specify)_____

12) Are you interested in receiving technical assistance on (check all that apply)

- ☐ Creating a smoke-free/tobacco-free environment
- ☐ Training clinicians in supporting smoke-free/tobacco-free lifestyles
- ☐ Training on tobacco cessation programs
- ☐ Dealing with staff tobacco use
- ☐ Other (please specify)_____
- ☐ I am not interested in technical assistance