

A Survey of Owners and Managers of Multi-Family Housing Properties

IRB #389-09EX

Instructions: Please answer the following questions for the Douglas County, Nebraska multi-family properties owned or managed by you and/or your company.

1. Please describe your status with regard to the multi-family housing properties with which you are associated. *(Select only one.)*

- ¹ ☐ I am an owner of these properties
² ☐ I am a manager of these properties
³ ☐ I am employed by the company that manages these properties

2. How many of the following do you or your company own or manage in Douglas County, Nebraska?

a) total number of **properties**:

b) total number of apartment **units**:

c) total number of **tenants**:

3. Do you have any buildings or properties that are 100% smoke-free?

- ¹ ☐ Yes → Go to QUESTION #4
² ☐ No → Go to QUESTION #13

4. Where are your 100% smoke-free buildings/properties located? *(Please provide the **zip code** for each property.)*

5. Which of the following best describes the timing of your 100% smoke-free policy implementation? *(Select only one.)*

- ¹ ☐ The 100% smoke-free policy became effective immediately
² ☐ The 100% smoke-free policy was phased in over time
³ ☐ The 100% smoke-free policy was in place when I bought/began managing these properties

6. How did you notify your tenants about the change to a 100% smoke-free policy? *(Select all that apply.)*

- ☐ Phone calls
☐ Written notification (for example: emails, newsletters, or other mailings)
☐ Signage on building
☐ Other (please specify: _____)
☐ The 100% smoke-free policy was already in place when I bought/began managing these properties

7. How have the following been affected by the 100% smoke-free policy?

	Increased	Decreased	No effect	Don't know/ Not sure
a) Vacancy rates	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁷ <input type="checkbox"/>
b) Turnover rates	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁷ <input type="checkbox"/>
c) Rental fees	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁷ <input type="checkbox"/>
d) Management time	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁷ <input type="checkbox"/>
e) Maintenance costs (for example: painting, carpet cleaning)	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁷ <input type="checkbox"/>
f) Other (please specify: _____)	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁷ <input type="checkbox"/>

8. Have you had difficulty enforcing the 100% smoke-free policy?

- ¹☐ Yes (please explain: _____)
²☐ No

9. How do you enforce the 100% smoke-free policy? (Select all that apply.)

- ☐ Warnings
☐ Fines
☐ Eviction
☐ No enforcement policy
☐ Other (please specify: _____)

10. Please list other challenges you have faced in implementing the 100% smoke-free policy.

11. Do you advertise your 100% smoke-free policy?

- ¹☐ Yes → If **Yes**, what are the benefits to advertising this policy? _____

²☐ No → If **No**, what is your reason for not advertising? _____

12. Would you like to have your 100% smoke-free buildings/properties listed on the Metro Omaha Tobacco Action Coalition's website, rentsmokefree.org?

¹ ☐ Yes

² ☐ No

If **Yes**, which properties shall we list?

Property name	Address	City	State	Zip Code	Phone number
1.					() -
2.					() -
3.					() -
4.					() -
5.					() -
6.					() -
7.					() -
8.					() -

Instructions: Please continue with QUESTION #19

Instructions: Please continue with this section only if you do not have any buildings or properties that are 100% smoke-free (you answered "No" to Question #3).

13. Overall, how many of your tenants are bothered by secondhand smoke? *(Select only one.)*

- ¹ ☐ Many
² ☐ Some
³ ☐ Few
⁴ ☐ No one

14. How often do you receive complaints from tenants about secondhand smoke? *(Select only one.)*

- ¹ ☐ Very often
² ☐ Somewhat often
³ ☐ Not very often
⁴ ☐ Never

15. If your any of your buildings/properties became 100% smoke-free, how would that policy affect the following?

	Increased	Decreased	No effect	Don't know/ Not sure
a) Vacancy rates	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁷ <input type="checkbox"/>
b) Turnover rates	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁷ <input type="checkbox"/>
c) Rental fees	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁷ <input type="checkbox"/>
d) Management time	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁷ <input type="checkbox"/>
e) Maintenance costs (for example: painting, carpet cleaning)	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁷ <input type="checkbox"/>
f) Other (please specify: _____)	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>	⁷ <input type="checkbox"/>

16. How significant are the following factors in your decision **not to implement** a 100% smoke-free policy for any of your buildings/properties?

	Very significant	Somewhat significant	Not very significant	Not at all significant	Don't know/ Not sure
a) Potential loss of market share	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	7 <input type="checkbox"/>
b) Potential liability and legal issues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	7 <input type="checkbox"/>
c) Potential enforcement problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	7 <input type="checkbox"/>
d) Potential objections from existing tenants	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	7 <input type="checkbox"/>
e) Other (please specify: _____)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	7 <input type="checkbox"/>

17. Are you interested in implementing a 100% smoke-free policy for any or some of your buildings/properties?

1 ☐ Yes

2 ☐ No

18. Are you interested in receiving information about implementing a 100% smoke-free policy from the Metro Omaha Tobacco Action Coalition?

1 ☐ Yes

2 ☐ No

If **Yes**, please specify the name and mailing address you wish to have materials sent to:

Name:

Street address:

City:

State:

Zip code:

Phone number:

19. Who is the decision-maker regarding a smoke-free policy for your building(s)/property(ies)? (*Select only one.*)

1 ☐ The property owner decides

2 ☐ The property manager decides

3 ☐ The property management company decides

4 ☐ Other (please specify: _____)

20. In your opinion, what are the most important factors that tenants consider when deciding on a property rental? *(Please rank the items in the list from 1-5, with 1 being **most** important and 5 being **least** important.)*

- a) Safety
- b) Cost
- c) Location
- d) Appearance & Cleanliness
- e) Smoking policy

21. What is your **primary** means of communication with tenants? *(Select only one.)*

- ¹ ☐ Phone calls
- ² ☐ Written notification (for example: emails, newsletters, or other mailings)
- ³ ☐ Signage on building
- ⁴ ☐ Other (please specify: _____)

22. Which advertising venue is the most successful for your properties? *(Select only one.)*

- ¹ ☐ Omaha World Herald
- ² ☐ Other newspapers
- ³ ☐ Internet
- ⁴ ☐ Word of mouth
- ⁵ ☐ Telephone book
- ⁶ ☐ Apartment rental guides

23. Are you a member of a landlord association?

- ¹ ☐ Yes → If **Yes**, which ones? _____

- ² ☐ No

24. Which of the following best describes your own smoking status? *(Select only one.)*

- ¹ ☐ I am a current smoker
- ² ☐ I am a former smoker
- ³ ☐ I have never smoked

Thank you for your participation!

Please return completed surveys to:
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