



Behavioral Health & Wellness Program

University of Colorado Anschutz Medical Campus
School of Medicine

Tobacco-Free Environments Survey

Dear (Agency Name) Client or Employee:

(Agency Name) is currently developing plans for tobacco cessation services and tobacco-free policies. We are very interested in your experience with tobacco use and perspective on going tobacco-free. Survey results will assist (Agency Name) to determine next steps for implementing and sustaining smoking prevention and cessation strategies for clients and employees.

This survey should take about 5 minutes to complete. Your participation in this survey is confidential and anonymous.

Please complete the survey by (Enter date here). Thank you for taking the time to complete this assessment. If you have any questions, or need any additional information, please contact (Add agency contact info).

1. Are you a Client or Employee

2. If you are a client, what services are you receiving (check all that apply)?

- Inpatient mental health services
- Inpatient addictions services
- Outpatient mental health services
- Outpatient addictions services
- Residential mental health treatment services
- Residential addictions services
- Housing
- Court ordered services
- Other, please specify: _____

3. If you are an employee, what is your primary role (check all that apply)?

- Leadership/ management
- Administrative assistant
- Facility services
- Inpatient mental health clinician/ case manager



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- Inpatient addictions clinician/ case manager
- Outpatient mental health clinician/ case manager
- Outpatient addictions clinician/ case manager
- Residential mental health clinician/ case manager
- Residential addictions clinician/ case manager
- Other, please specify: _____

4. What is your age? _____

5. What is your gender? Male Female Other

6. Which one of the following categories best describes you?

- Hispanic or Latino
- White
- Black, African American
- Asian
- Native Hawaiian, Other Pacific Islander
- American Indian, or Alaskan Native
- Other, please specify: _____

7. In your lifetime, have you ever regularly used any of the following tobacco or nicotine products? “Regularly” is at least a few times every few days. (Check all that apply)

- I have never regularly used tobacco or nicotine products
- Cigarettes
- Chewing tobacco
- Cigars
- Pipe
- Snuff
- E-cigarettes or vaping
- Other tobacco products, please specify: _____

8. If you have ever regularly smoked or used other tobacco/nicotine products, have you used any of the above tobacco or nicotine products...

- In the last 7 days (week)
- In the last 30 days (month)
- I have been quit 30 days or more



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9. If you are currently using tobacco, check the box below which best describes you.

- I have tried to quit unsuccessfully
- I would like to try to quit over the next month (30 days)
- I would like to try to quit over the next 6 months
- I have no interest in quitting

10. If you have previously tried to quit smoking or using other tobacco/nicotine products, what methods have you used? (Check all that apply)

- No assistance or “cold turkey”
- Group treatment
- Individual counseling
- Telephone counseling (like the quitline)
- Help from friends/ family
- Internet programs or materials
- Phone apps and/or texting programs
- Zyban/ bupropion/ Wellbutrin
- Chantix/ varenicline
- Nicotine patch
- Nicotine gum
- Nicotine inhaler
- Nicotine nasal spray
- Nicotine lozenge
- Other: _____
- Other: _____

11. Which statement best describes smoking in the place you live now?

- People smoke anywhere inside the home
- People smoke in some rooms or at some times
- People only smoke outside (yard or patio)
- Smoking is not allowed anywhere on the property

	Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree
It is possible for persons with mental illnesses and addictions to quit smoking or using other tobacco products.	1	2	3	4	5



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Not allowing smoking in residential treatment is good for the health of employees and clients.	1	2	3	4	5
I think people should be allowed to smoke wherever they want.	1	2	3	4	5
People will not seek services here if we are tobacco-free.	1	2	3	4	5
I would support a tobacco-free policy at this treatment agency and/or residential setting.	1	2	3	4	5
Tobacco cessation services should be a part of wellness services for employees and clients.	1	2	3	4	5