

Ohlone Student Health Center

The purpose of this survey is to determine the awareness of, the value of, and the intention to comply with current smoking policies on Ohlone College Campus

1. Age:____
2. You are:
 - a. Male
 - b. Female
3. How do you describe yourself?(You can choose more than one answer)
 - a. African American
 - b. Asian/Pacific Islander
 - c. Caucasian
 - d. Hispanic
 - e. Native American
 - f. Middle Eastern
 - g. Other_____
4. Do you currently smoke?
 - a. Yes, I smoke everyday
 - b. Yes, I smoke occasionally
 - c. No, I used to smoke regularly, but I quit
 - d. No, I tried smoking once or a few times and never smoked after that
 - e. No, I have never smoked in my life
5. Do you know the smoking policy on campus?
 - a. Yes
 - b. No
6. Do you feel reasonable distance smoking areas are clearly marked?
 - a. Yes
 - b. No
7. If you don't smoke do you feel that people who smoke are following current smoking policies?
 - a. Yes
 - b. No
 - c. Sometimes
8. Have you read any articles regarding the smoking policy on campus?
 - a. Yes
 - b. No
9. Have you been aware of the following activities?
 - a. Ziggy Butts
 - b. Kick Butts Day
 - c. STARSS Club table during activities day
 - d. Designated smoking areas petition
 - e. Designated smoking areas survey
10. Do you feel that newly designated smoking areas on campus?
 - a. Protect the public health
 - b. Help keep the campus cleaner
 - c. Impose too many restrictions on smokers
 - d. Other_____
11. If you smoke, do you plan to comply with current smoking policies on campus?
 - a. Yes
 - b. No
12. Are you in support of making Ohlone a smoke-free campus?
 - a. Yes
 - b. No