Return to Toolkit contents

ASH – Questionnaire on Smoking at Work

The purpose of this questionnaire is to find out your opinions about smoking at work. Your answers, together with those of your colleagues, will be used along with other information to produce a smoking policy which is best suited to this organisation.
Your responses are completely confidential, although you may wish to add your name and/or department/section at the bottom.

For further information please contact (named individual) _____
at (department / room) _____
to whom the completed questionnaire should be returned by (date) _____

Please tick the appropriate boxes.

1) Which of theses phrases best describes your view about smoking at your usual work area? Tick one.
☐ Smoking should not be allowed
☐ There should be separate areas where smoking is permitted
☐ Smoking should be allowed in all areas
☐ Don't know

2) Which of the following best describes your usual work area? Tick one.
☐ Private office
☐ Shared office
☐ Open plan office
☐ Shop floor
☐ Vehicle
☐ Outside
☐ Other (please specify) ……..

3) Which of the following best describes you? Tick one.
☐ A non-smoker
☐ An ex-smoker
☐ A smoker who wants to give up
☐ A smoker who wants to cut down
☐ A smoker who doesn't want to give up

4) Do people currently smoke in your usual work area?
☐ Yes
☐ No

5) Are you bothered by tobacco smoke at work?
☐ Yes
☐ No

6) If you are bothered by tobacco smoke at work, how does it affect you? Tick any that apply.
☐ Worries about its affect on my long term health
☐ Asthma attacks
☐ Allergic reaction
☐ Breathing difficulties
☐ Feel sick
☐ Eye irritation
☐ Headaches
☐ Coughing
☐ Stuffy or runny nose
☐ Loss of concentration
☐ Clothes and hair smell

7) Where do you think that smoking causes problems?
Please tick the box on each line that is nearest to your opinion.

	No problem	Some problems	A lot of problems	Don't know
Corridors	☐	☐	☐	☐
Lifts	☐	☐	☐	☐
Meeting rooms	☐	☐	☐	☐
Open plan offices	☐	☐	☐	☐
Private offices	☐	☐	☐	☐
Reception areas	☐	☐	☐	☐
Restaurant / Canteen	☐	☐	☐	☐
Rest rooms	☐	☐	☐	☐
Shared offices	☐	☐	☐	☐
Shop floor	☐	☐	☐	☐
Stairways	☐	☐	☐	☐
Toilets	☐	☐	☐	☐
Vehicles	☐	☐	☐	☐

8) Have you ever had, or wanted, to move away from the area in which you where working because of other people's tobacco smoke? Tick one.

☐ Frequently
☐ Occasionally
☐ Never

9) Have you ever taken time off work because passive smoking in the workplace has affected your health?

☐ Yes
☐ No

10) Which of the following policy options do you think should be introduced here? Tick one.
☐ Smoking allowed everywhere
☐ Smoking permitted only in a separate smoking room
☐ Smoking not permitted anywhere
☐ Other (please specify) ……..

Questions 11-17 are for smokers only.

11) Do you smoke in your work area?
☐ Yes
☐ No

12) Would you smoke less, or try to quit, if you could not smoke in your work area?
☐ Yes
☐ No

13) Do you smoke somewhere other than your work area?
☐ Yes
☐ No
If yes, where? …….

14) Would you smoke less, or try to quit, if you could not smoke at all during working hours?
☐ Yes
☐ No

15) How would you be able to cope if you could not smoke at all during working hours? Tick one.

☐ Very easy
☐ Easy
☐ Difficult
☐ Very difficult

16) How would you be able to cope if you could only smoke at certain times in a designated smoking room? Tick one.

☐ Very easy
☐ Easy
☐ Difficult
☐ Very difficult

17) Would you use help to quit smoking if it were offered at work?

☐ Yes
☐ No

18) What sort of help would you like?

☐ Nicotine Replacement Gum
☐ Nicotine Replacement Patches
☐ Telephone Helpline
☐ Workplace support groups