

Los Angeles County Tobacco Control & Prevention Program

SMOKE-FREE BEACHES SURVEY

INTERVIEW: To Be Completed By Staff

For optimum accuracy, please print in capital letters and avoid contact with the edge of the box. The following will serve as an example:

E	X	A	M	P	L	E		1	2	3
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Use a black-ink pen to complete this answer sheet. Mark answers to each question as directed.

Completely fill in the space for your intended answer as follows: ● Please do not leave any stray marks.

Date of Activity:

m	m	/	d	d	/	y	y
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>

Site Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Surveyor Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Location Zip Code

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1. Cigarette butts on the beach are: (Mark all that apply.)

- A litter problem A choking hazard for small children Harmful to the environment
 An eyesore A tax-payer burden for clean-up A fire hazard
 A burn risk Other (specify) _____ Not a problem

2. Have you been exposed to secondhand smoke at the beach?

- Yes No

3. Do you think secondhand smoke is harmful to your health?

- Yes No

4. On a visit to the beach, have you ever had to do any of the following because someone was smoking: (Mark all that apply.)

- Move to another location Ask someone who was smoking to stop or to move away Leave the beach earlier than planned
 Other action (specify) _____ None of the listed

5. Would you support a total ban of smoking at beaches?

- Yes No

6. If no, would you support a policy that allows smoking only in certain areas at the beach?

- Yes No

7. What would help to maintain smoke-free beaches? (Mark all that apply.)

- Signs Complaint box/toll-free complaint hotline Media Education
 Fines Beach patrol Other (specify) _____ None of the listed

8. Have you smoked at least 100 cigarettes in your entire life?

- Yes No Don't know Refused

9. Do you now smoke cigarettes every day, some days, or not at all?

- Every day Some days Not at all Don't know Refused

10. Age: years

11. Sex: Female Male

12. Which race/ethnicity do you identify as? (Choose only one.)

- African American/Black Asian/Pacific Islander
 Hispanic/Latino White/Non-Hispanic
 Native American/Alaskan Native Mixed/Multiethnic

13. Zip Code of Residence:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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