



Community Health Agency Employee & Client Survey

Some of the examples used in this survey are for a behavioral health agency. Feel free to revise as necessary so the questions are pertinent to your organization.

Dear [Organization Name] [Client or Employee]:

[Organization 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 [Organization 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]. Thank you for taking the time to complete this assessment. If you have any questions, or need any additional information, please contact [Organization contact info].

1. I am a Client 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
- 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. Have you smoked at least 100 cigarettes in your entire life (5 packs equals 100 cigarettes)?
- Yes
 - No (**If you answered "No," please skip to Question #12**)
 - Don't know
8. Currently, do you use tobacco every day, some days, or not at all?
- Every day
 - Some days
 - Not at all
9. If you are currently a tobacco user, in the past 12 months, has your doctor, nurse or other healthcare provider ever offered help or counseled you to stop using tobacco?
- Yes
 - No
 - Don't know/ Not sure
10. 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
11. If you have previously tried to quit using tobacco, 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, please specify: _____

**12. 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 products (If you checked this box, please skip to Question #14)
- Cigarettes
- Chewing tobacco
- Cigars
- Pipe
- Snuff
- E-cigarettes or vaping
- Hookah or waterpipe
- Other tobacco products, please specify: _____

13. Which statement best describes tobacco use in the place you live now?

- People can use tobacco anywhere inside the home
- People use tobacco in some rooms or at some times
- People only use tobacco outside (yard or patio)
- Tobacco use is not allowed anywhere on the property

14. Answer the following questions on a scale of 1 (Strongly Disagree) to 5 (Strongly Agree).

	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
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