

**POST-IMPLEMENTATION SURVEY
SMOKEFREE OUTDOOR SETTINGS**

1a. How often do you come to this _____? *(when surveying specific setting)*

Daily	Weekly	Monthly	Less than monthly	(Do not read) Don't Know	(Do not read) Refused
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _98	<input type="checkbox"/> _99

1b. How often do you use parks, playgrounds and outdoor sports fields? *(when surveying general outdoor settings)*

Daily	Weekly	Monthly	Less than monthly	(Do not read) Don't Know	(Do not read) Refused
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _98	<input type="checkbox"/> _99

2. Do you bring children with you to this _____?

Yes	<input type="checkbox"/> _1
No	<input type="checkbox"/> _2
Sometimes	<input type="checkbox"/> _3
Don't know	<input type="checkbox"/> _98
Refused	<input type="checkbox"/> _99

3. In your opinion do you think people should be able to smoke anywhere they want, only in set areas, or not at all, in the following places?

	Anywhere	Set Areas	Not at All	Don't Know
a. Outdoor sports fields or courts	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _98
b. Outdoor children's playgrounds	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _98
c. Local parks or reserves	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _98
d. Town or city squares	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _98
e. Beaches	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _98
f. Outdoor areas at marae	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _98

4. I am going to read out a list of statements. For each could you state whether you agree or disagree.

	Strongly disagree	Slightly disagree	Neither agree/disagree	Slightly agree	Strongly agree	Don't know
a. Smoking should be banned in all outdoor public places where children are likely to go	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _98
b. Children who see their parents smoke are more likely to become smokers themselves	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _98
c. Its OK to smoke around non-smokers	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _98

5. I am going to read you another list of statements. Which of these do you think is most likely to encourage young people to start smoking? *(Tick one box only)*

Having friends who smoke	<input type="checkbox"/> _1
Having parents who smoke	<input type="checkbox"/> _2
Seeing smoking generally by people	<input type="checkbox"/> _3
Don't know	<input type="checkbox"/> _98
Refused	<input type="checkbox"/> _99

6. Have you ever smoked tobacco? *(If necessary, "This includes if you are currently smoking")*

Yes	<input type="checkbox"/> _1
No	<input type="checkbox"/> _2
Don't know	<input type="checkbox"/> _98
Refused	<input type="checkbox"/> _99

(If respondent answers 'No' above, skip to Question 11)

7. Which of the following best describes how often you smoke tobacco now?

At least once a day	<input type="checkbox"/> _1
At least once a week	<input type="checkbox"/> _2
At least once a month	<input type="checkbox"/> _3
Less often than once a month	<input type="checkbox"/> _4
You do not smoke now	<input type="checkbox"/> _5
Don't know	<input type="checkbox"/> _98
Refused	<input type="checkbox"/> _99

(If respondent answers 1-3 above, ask the following questions. Otherwise, skip to Question 11)

8. I'm going to read out some of the places that you might go to. For each could you tell me whether you smoke more, less, or about the same as normal, or not at all, when you are at those places.

	More Than Normal	Same As Normal	Less Than Normal	Not at all	Don't go to this place	Don't Know	Refused
a. Outdoor sports fields or courts	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _98	<input type="checkbox"/> _99
b. Outdoor children's playgrounds	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _98	<input type="checkbox"/> _99
c. Local parks or reserves	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _98	<input type="checkbox"/> _99
d. Town or city squares	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _98	<input type="checkbox"/> _99
e. Beaches	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _98	<input type="checkbox"/> _99
f. Outdoor areas at marae	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _98	<input type="checkbox"/> _99

9. When you're with or around children, do you smoke more, less or about the same as normal or not at all?

More Than Normal	About The Same As Normal	Less Than Normal	Not at all	N/A I'm never around children	Don't Know
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99

10. Do you smoke at this _____?

Yes	<input type="checkbox"/> _1
No	<input type="checkbox"/> _2
Don't know	<input type="checkbox"/> _98
Refused	<input type="checkbox"/> _99

We are trying to get a range of people answering this survey— could you look at this card (give them showcard) and just tell me the number of your answer to each of the four questions?

11. Are you aware that there is a smokefree policy at this _____ ?

Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. If so, how did you find out about it?

Signs on site	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper coverage	<input type="checkbox"/>	<input type="checkbox"/>
Radio coverage	<input type="checkbox"/>	<input type="checkbox"/>
Word of mouth (friend, colleague)	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe below)	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>
Refused	<input type="checkbox"/>	<input type="checkbox"/>

Other: _____

13. Which of the following do you think was the main reason for the smokefree policy here?

To reduce the effects of smoking (SHS) on people's health	<input type="checkbox"/>	<input type="checkbox"/>
To reduce the number of role models who smoke for children	<input type="checkbox"/>	<input type="checkbox"/>
To encourage people who smoke to quit, or cut down	<input type="checkbox"/>	<input type="checkbox"/>
To reduce the impact on the environment, like litter and fire risk	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>
Refused	<input type="checkbox"/>	<input type="checkbox"/>

14. Which of the following reasons do you think is most likely to persuade other people that a smokefree are a good idea?

To reduce the effects of smoking (SHS) on people's health	<input type="checkbox"/>	<input type="checkbox"/>
To reduce the number of role models who smoke for children	<input type="checkbox"/>	<input type="checkbox"/>
To encourage people who smoke to quit, or cut down	<input type="checkbox"/>	<input type="checkbox"/>
To reduce the impact on the environment, like litter and fire risk	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>
Refused	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or feedback that you would like to add?

15. Which of the following age groups best describes you?

15-24 years	<input type="checkbox"/>	<input type="checkbox"/>
25-34 years	<input type="checkbox"/>	<input type="checkbox"/>
35-54 years	<input type="checkbox"/>	<input type="checkbox"/>
55 years and older	<input type="checkbox"/>	<input type="checkbox"/>
Refused (Don't read)	<input type="checkbox"/>	<input type="checkbox"/>

16. This is a standard question that I need to ask, are you male or female?

Male	<input type="checkbox"/>	<input type="checkbox"/>
Female	<input type="checkbox"/>	<input type="checkbox"/>
Other (Don't read)	<input type="checkbox"/>	<input type="checkbox"/>
Refused (Don't read)	<input type="checkbox"/>	<input type="checkbox"/>

17. Could you please tell me which ethnic group or groups you belong to?

New Zealand European	<input type="checkbox"/>	<input type="checkbox"/>
Maori	<input type="checkbox"/>	<input type="checkbox"/>
Samoan	<input type="checkbox"/>	<input type="checkbox"/>
Cook Island Maori	<input type="checkbox"/>	<input type="checkbox"/>
Tongan	<input type="checkbox"/>	<input type="checkbox"/>
Niuean	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Indian	<input type="checkbox"/>	<input type="checkbox"/>
Other European	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

18. Do you have or regularly care for children aged 16 and under?

Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>
Refused	<input type="checkbox"/>	<input type="checkbox"/>

Additional info:

- Core questions: All except 4, 5, 8, 13, 14
- Give stickers to identify who's already filled in survey, to avoid them being approached again.