

5. Have you ever smoked tobacco?

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

(If your answer is 'No', skip to Question 8)

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

At least once a day	<input type="checkbox"/>
At least once a week	<input type="checkbox"/>
At least once a month	<input type="checkbox"/>
Less often than once a month	<input type="checkbox"/>
I do not smoke now	<input type="checkbox"/>

7. Please answer the following questions if you currently smoke tobacco. Do you smoke...?

	Yes	No	Sometimes
g. Around children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. In cars with children as passengers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. In homes around children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Outdoor sports fields or courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Outdoor children's playgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Local parks or reserves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Town or city squares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Lakes/Beaches (make relevant to local community)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Outdoor areas at marae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Are you aware that _____'s council owned outdoor public spaces are going to become smokefree on (Insert date)?

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

9. Do you think having a smokefree outdoor spaces policy is a good idea?

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

10. Which of the following do you think is the main reason for the proposed smokefree policy here?

To reduce the effects of smoking on people's health	<input type="checkbox"/>
To reduce the exposure of second hand smoke	<input type="checkbox"/>
To reduce the number of people who smoke around children	<input type="checkbox"/>
To encourage people who smoke to quit, or cut down	<input type="checkbox"/>
To protect the natural environment	<input type="checkbox"/>
Other (describe below)	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

Other:

Do you have any other comments or feedback that you would like to make about smoking?

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

15-24 years	<input type="checkbox"/>
25-34 years	<input type="checkbox"/>
35-54 years	<input type="checkbox"/>
55 years and older	<input type="checkbox"/>

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

New Zealand European	<input type="checkbox"/>
Maori	<input type="checkbox"/>
Pacific Islander	<input type="checkbox"/>
Other (Please specify) _____	<input type="checkbox"/>

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

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

14. Gender

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

Thank you for completing the survey. End.

Post-implementation survey



(PLACE NAME) DISTRICT COUNCIL OUTDOOR SPACES

_____, is collecting information from the general public here in _____ as part of an evaluation of _____ District Council's Smokefree outdoor spaces policy.

Please answer each question to the best of your ability. The questions are about your opinions, knowledge, and experience.

1. Are you aware that _____'s council owned outdoor public spaces are smokefree?

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

2. How did you hear about the policy?

Newspaper article	<input type="checkbox"/>
On the radio	<input type="checkbox"/>
On TV	<input type="checkbox"/>
Council Panui	<input type="checkbox"/>
Word of mouth	<input type="checkbox"/>
Other	<input type="checkbox"/>

3. Do you think the smokefree outdoor spaces policy is a good idea?

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

4. What do you think is the main reason for the smokefree policy here?

To reduce the number of people who smoke around children and young people	<input type="checkbox"/>
To protect the natural environment	<input type="checkbox"/>
To promote non-smoking	<input type="checkbox"/>
To provide a cleaner _____	<input type="checkbox"/>
Other (describe below)	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

Other:

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5. Have you seen the new smokefree signs in ____'s outdoor spaces?

Yes	
No	
Not sure	

6. Thinking about the signs, what do you think of them? Do you think they will remind people not to smoke in those areas?

7. In your opinion, do you think people should be able to smoke in the following places?

	Yes	No
Outdoor children's playgrounds		
Outdoor sports fields or courts		
Local parks or reserves		
Lakes/Beaches (make relevant to local community)		

8. Do you still see people smoking in the following places?

	Yes	No
Outdoor sports fields or courts		
Outdoor children's playgrounds		
Local parks or reserves		
Lakes/beaches (make relevant to local community)		

9. If you saw someone smoking around children in these areas, would you say something to them?

Yes	
No	

10. For each statement, could you say whether you agree or disagree?

	Disagree	Agree	Neither agree / disagree
Smoking should be banned in all outdoor public places where children are likely to go			
Its OK to smoke around non-smokers			
Its OK to smoke in cars			
Its OK to smoke in homes			
Its OK to smoke during pregnancy			
Its OK to smoke around pregnant women			

11. Do you currently smoke tobacco?

Yes	
No	

12. Please answer the following questions if you currently smoke tobacco. Do you smoke...?

		Yes	No	Sometimes
Outdoor children's playgrounds				
Outdoor sports fields or courts				
Local parks or reserves				
Lakes/Beaches (make relevant to local community)				
Around children				
In homes				
	Is your home smokefree?			
	Would you consider making your home smokefree?			
In cars				
	Is your car smokefree?			
	Would you consider making your car smokefree?			
During pregnancy				
Around pregnant women				

13. Please answer the following...

	Yes	No
Did you know that more than 200 poisons from cigarettes settle on surfaces and linger for weeks?		
Did you know that second hand smoke is dangerous for children causing chest infections, glue ear and asthma?		

14. Do you have any other comments or feedback that you would like to make?

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

15-24 years	
25-34 years	
35-54 years	
55 years and older	

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

New Zealand European	
Maori	
Pacific Islander	
Other (Please specify)_____	

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

Yes	
No	
Don't know	

18. Gender

Male	
Female	

Thank you for completing the survey. End

Cigarette Butt Counts

When counting cover these areas in each park: along fences, the bark area of playground, around seating and playground equipment

Record the following

Geographic Location: <i>(name of park)</i>	Area Covered: <i>(e.g. barked playground area and 1m around seating/picnic tables)</i>	Number of Butts collected (please include cigarette butts and filters from hand rolled cigarettes):

Smokefree Outdoor Public Spaces Evaluation Field Research Checklist

Dress Code:

Each field researcher should be wearing appropriate identification and casual, but presentable, dress with comfortable walking shoes

Dealing with Potential Difficulties:

On rare occasions, members of the public may challenge the reasons for conducting such surveys. Although healthy questioning is good and staff should make every effort to answer questions honestly and professionally, some members of the public may push with an agenda that is inappropriate. As a representative of (organisation name), the field researcher should not involve themselves in any such agenda but instead should smile politely, thank the person for their time, and discontinue the survey.

Each field researcher should have the following:

Survey

- Clipboard [can be made out of a heavy piece of card]
- Pens
- Supply of scripted questionnaires
- Supply of info sheets for participants

Observations

- Clipboard
- Pens
- Supply of observation tally sheets

Cigarette Butt Collection

- Latex gloves
- Re-sealable zip lock bags prepped with location, date, time labels
- Permanent marker for labelling
- Pieces of string (measured in metre increments)
- Scissors

Miscellaneous items:

- Sunblock/ hat/ sunglasses
- Water bottles
- Snacks and/or lunch
- Backpack for supplies
- Toi Te Ora- issued work phone
- Camera