

Are you a Tenant, Property Manager, or Owner? _____

How did you learn about Live Smoke Free? _____

The name of the Live Smoke Free staff person who you worked with: _____

On a scale of one to five, one meaning **Not Satisfied At All** and five meaning **Extremely Satisfied**, please rate your experience working with the Live Smoke Free Program staff.

1. The Live Smoke Free staff person was an attentive listener.

1 2 3 4 5

2. The Live Smoke Free staff person asked me good questions so they could better understand my situation.

1 2 3 4 5

3. The Live Smoke Free staff person thoroughly answered my questions.

1 2 3 4 5

4. The Live Smoke Free staff person was polite and friendly.

1 2 3 4 5

5. The Live Smoke Free staff person explained things to me in easy to understand terms.

1 2 3 4 5

6. The Live Smoke Free staff person provided me with relevant resources.

1 2 3 4 5

7. The Live Smoke Free staff person provided me with suggestions to help me solve my problem.

1 2 3 4 5

For the following questions, please circle Yes or No and explain your choice.

8. Overall, the Live Smoke Free staff person was helpful.

Yes No Comments: _____

9. I would refer someone to a Live Smoke Free Advocate.

Yes No Comments: _____

Overall Comments/ Suggestions

Live Smoke Free Satisfaction Survey

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On a scale of one to five, one meaning **Not Satisfied At All** and five meaning **Extremely Satisfied**, please rate your experience working with the Live Smoke Free Program.

1. The resources I was given by Live Smoke Free were informative and helpful.

1 2 3 4 5

The resources I found most helpful are: _____

The resources I wish Live Smoke Free had are: _____

2. Live Smoke Free acted promptly when answering questions and/or providing me with resources.

1 2 3 4 5

3. The Live Smoke Free program was easy to work with.

1 2 3 4 5

Please circle your answer:

4. After working with Live Smoke Free are you more or less likely to adopt a smoke-free policy?

More likely Less likely

5. After working with Live Smoke Free are you likely to continue working with Live Smoke Free?

Yes No

6. If you used the Live Smoke Free online directory, did you find it easy to use?

Yes No N/A

If not, what could be improved? _____

7. If you visited the Live Smoke Free website, did you find it easy navigate?

Yes No N/A

If not, what could be improved? _____

8. I would refer someone to a Live Smoke Free.

Yes No Comments: _____

9. Would you be interested in receiving updates about Live Smoke Free? If so, what would be the best way to reach you? **Yes I would be interested No I would not be interested**

The best way to reach you: _____

We appreciate that you took the time to complete this survey. Please return completed surveys to:

**Live Smoke Free
Association for Nonsmokers- MN
2395 University Ave. West, Suite 310
St. Paul, MN 55114**