Los Angeles County - Tobacco Control & Prevention Program

RETAILER LICENSING 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: EXAMPLE 123

Black Ink Pen **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.**

Jurisdiction Code ☐☐☐ **Date of Activity** ☐☐ / ☐☐ / ☐☐ (m m / d d / y y) **Unique ID** ☐☐☐☐☐

Site Code ☐☐☐☐ **Surveyor Code** ☐☐☐ **Residence Zip Code** ☐☐☐☐☐

1. What city do you live in? ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

2. What is your age? ☐☐☐ **Years** ○ Don't Know ○ Refused

3. Do you think it is easy for youth under 18 to buy cigarettes in your community?

○ Yes ○ No ○ Don't Know ○ Refused

4. Would you be in favor of a local law requiring [INSERT CITY NAME] retailers to have a city-issued license to sell tobacco?

○ Yes ○ No ○ Don't Know ○ Refused

If "No", skip to Questions #6. If "Yes", "Don't Know" or "Refused", go on to Question #5

5. Would you be in favor of a license fee to pay for enforcement of this law?

○ Yes ○ No ○ Don't Know ○ Refused

6. If a local licensing law was passed, should retailers who repeatedly violate the law have their tobacco license taken away?

○ Yes ○ No ○ Don't Know ○ Refused

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

○ Yes ○ No ○ Don't Know ○ Refused

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

○ Every day ○ Some days ○ Not at all ○ Don't Know ○ Refused

9. What is your sex?

○ Male ○ Female ○ Don't Know ○ Refused

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

○ African American/Black ○ Hispanic/Latino ○ Native American/Alaskan Native

○ Asian/Pacific Islander ○ White/Non-Hispanic ○ Mixed/Multiethnic

○ Other: Specify ☐ ○ Don't Know ○ Refused

Thank you for your participation in this survey.