

OBSERVATION OF SMOKING BEHAVIOR-LASSEN COUNTY FAIR Data Collection Form

Survey Date: ____/____/____ **Day of the week:** Wednesday Thursday Friday Saturday Sunday

Observer: _____ **Location:** _____

Description of Location (Please use descriptors that identify the area so we may duplicate observations in future):

Please tally your observations of smoking *evidence*, smoking *behavior*, and the *total number* of people in the smoking area in 6 cycles. Rotate through each cycle for 5 minutes each, repeating each type of observation two times, for a total of 30 minutes. Please provide a photograph for each location observed. Record general observations, comments on the back and draw a rough sketch of the area observed.

Start Time	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	End Time	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Location comments	Is this a designated No Smoking area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know No Smoking signs posted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number / location: _____ Obtained a photograph of this location? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Cycle 1: Smoking evidence		Cycle 2: # of Smokers	Cycle 3: Total # people
Ashtrays? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number / location: _____ Tobacco litter? <input type="checkbox"/> Yes <input type="checkbox"/> No Type tobacco litter / Tally of litter: _____ Smell smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, tally number of times: _____		Tally of smokers:	Tally of people:

Start Time	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM	End Time	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Cycle 4: Smoking evidence		Cycle 5: # of Smokers	Cycle 6: Total # people
New Tobacco litter? <input type="checkbox"/> Yes <input type="checkbox"/> No Type tobacco litter / Tally of litter: _____ Smell smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, tally number of times: _____		Tally of smokers:	Tally of people:

Survey adapted from Vista Community Clinic Healthy Environments Against Tobacco (H.E.A.T.)
 by Lassen County Public Health Tobacco Use Reduction Program Summer 2010

This document was made possible by funds received from the California Department of Health Services, Tobacco Control Section, under Contract# _____.

California Smoker's Helpline – 1-800-NO-BUTTS or 1-800-45-NO-FUME

General Observations / Comments

Sketch and Description of Area Observed

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