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:

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  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.