

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: | | Tally of smokers: | Tally of people: |
| 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: | | | |

| | | | |
|--|---|------------------------------|---|
| 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: | | Tally of smokers: | Tally of people: |
| Smell smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, tally number of times: | | | |

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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