

[Insert company logo]

Dear [Business/organization] Employee:

[Business/organization] is evaluating current wellness resources provided to employees. We are requesting your input on current and potential ways to improve employee health, specifically related to tobacco cessation. Survey results will be anonymous and will assist [Business/organization] in determining employee wellness needs.

This survey should only take a few minutes to complete. Your participation in this survey is anonymous.

Thank you for taking the time to complete this survey. Please complete the survey by [date] and return to [location]. If you have any questions, or need any additional information, please contact [wellness team contact info].

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1. **Currently, do you smoke, use tobacco, or use nicotine products (such as an e-cigarette)?**  
 Yes       No (Skip to question 4)
  
  2. **Are you interested in quitting tobacco/nicotine?**  
 Yes       Maybe       No (Skip to question 4)
  
  3. **If you are interested in quitting, which of these options would you consider to help you quit? (check all that apply)**  
 Telephone counseling  
 Online counseling  
 Group counseling at work during work hours  
 Group counseling at work before/after work or during breaks  
 Individual counseling at work during work hours  
 Individual counseling at work before/after work or during breaks  
 Individual counseling in health care setting  
 Time off to attend group counseling away from work  
 Cessation medications (patch, gum, lozenge, Chantix/varenicline, Zyban/bupropion/Wellbutrin)  
 Cash incentive or fee reimbursement for counseling and medication

- Discount on health insurance
- Other: \_\_\_\_\_

**4. Have you heard of Quitline Iowa?**

- Yes
- No (Skip to question 6)

**5. Are you aware that Quitline Iowa provides free cessation resources?**

- Yes
- No

**6. Are you ever bothered by the smell of smoke on clothes/hair, or by other tobacco use at work while inside the workplace?**

- Yes
- No

If yes, please describe:

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**7. Are you ever bothered by secondhand smoke, the smell of smoke, or by other tobacco use at work while outside on the grounds/parking lot?**

- Yes
- No

If yes, please describe:

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**8. Are you every bothered by secondhand emissions from electronic smoking devices, such as an e-cigarette, at work while inside the building?**

- Yes
- No

If yes, please describe:

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9. Are you every bothered by secondhand emissions from electronic smoking devices, such as an e-cigarette, at work while outside on the grounds/parking lot?

Yes  No

If yes, please describe:

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10-15. Please answer the following items by circling one number from 1 (strongly disagree) to 5 (strongly agree).

	Strongly Disagree			Strongly Agree	
10. I would be in favor of a tobacco free/nicotine free policy* at [Business/organization].	1	2	3	4	5
11. I feel that most employees would favor a tobacco free/nicotine free policy* at [Business/organization].	1	2	3	4	5
12. Prohibiting tobacco use in the workplace is good for the health of employees, clients, and visitors.	1	2	3	4	5
13. I think that people should be allowed to use smokeless tobacco and electronic smoking devices such as e-cigarettes in the building.	1	2	3	4	5
14. I think people should be allowed to smoke, use smokeless tobacco, and electronic smoking devices (e-cigarettes) on the grounds/parking lot.	1	2	3	4	5
15. Tobacco cessation services should be a part of wellness services for employees.	1	2	3	4	5

Thank you for taking the time to complete this survey. When you are finished, please return to [person and/or location] by [date].

\*All tobacco/nicotine products not regulated and approved by the FDA for cessation.

