



Outdoor Dining Survey

1. How often do you go out to eat where you can sit outside?
 rarely occasionally often daily
2. Have you ever been bothered by cigarette smoke when eating outside?
 Yes No
3. When eating outside, I prefer an area where—
 smoking is allowed smoking is not allowed
4. If outdoor eating areas were smoke free, I would eat outside—
 more often less often the same
5. What would you do if someone lit a cigarette near you when you were eating outside? *(please choose one)*
 ask to sit somewhere else ask them to put it out
 hurry up and leave ask my server to handle it
 do nothing
6. Even when I'm outside, breathing secondhand smoke is bad for my health.
 Yes No
7. Cities should have laws that prohibit smoking on outdoor restaurant patios and sidewalk cafés.
 Yes No
8. Have you smoked a cigarette in the last 30 days?
 Yes No
9. Have you used an electronic smoking device (ex. Electronic cigarette) on a restaurant patio in the last 30 days?
 Yes No
10. City I live in: _____ Are you visiting our city?
 Yes No
11. Gender: Male Female
12. Age: 18-24 25-34 35-44 45-54 55-64 65+

Thank you! We appreciate your time!



Outdoor Dining Survey

1. How often do you go out to eat where you can sit outside?
 rarely occasionally often daily
2. Have you ever been bothered by cigarette smoke when eating outside?
 Yes No
3. When eating outside, I prefer an area where—
 smoking is allowed smoking is not allowed
4. If outdoor eating areas were smoke free, I would eat outside—
 more often less often the same
5. What would you do if someone lit a cigarette near you when you were eating outside? *(please choose one)*
 ask to sit somewhere else ask them to put it out
 hurry up and leave ask my server to handle it
 do nothing
6. Even when I'm outside, breathing secondhand smoke is bad for my health.
 Yes No
7. Cities should have laws that prohibit smoking on outdoor restaurant patios and sidewalk cafés.
 Yes No
8. Have you smoked a cigarette in the last 30 days?
 Yes No
9. Have you used an electronic smoking device (ex. Electron cigarette) on a restaurant patio in the last 30 days?
 Yes No
10. City I live in: _____ Are you visiting our city?
 Yes No
11. Gender: Male Female
12. Age: 18-24 25-34 35-44 45-54 55-64 65+

Thank you! We appreciate your time!