

OBSERVATIONAL CHECKLIST FOR TOBACCO-USE ON-CAMPUS IN OUTDOOR AREA

PRIOR TO IMPLEMENTATION

- Start with a detailed map of the entire campus or campuses if there is more than one
- Mark locations where tobacco use may be occurring
- Conduct observations for each location. Consider conducting observations at multiple times during the day/evening
- Complete an observation form (below) for each location

Background Information

Building/Campus Name: _____

Department: _____

Date: _____ / _____ / _____

Location of Observation: _____

Briefly describe weather conditions: _____

Time of Observation: Start ____ : ____ am / pm End: ____ : ____ am / pm

Specific Questions

1) Is tobacco use permitted in this area?

- Yes
- No

2) If tobacco use is not permitted in this area, are there signs posted clearly stating that the area is tobacco-free?

- Yes
- No
- N/A

3) Do you see people using tobacco in this area?

- Yes
- No

If yes,

A. How many people do you see using tobacco in this area? # _____ people

B. Who is using tobacco in this area? (Check all that apply.)

- Employees (# _____)
- Clients (# _____)
- Visitors (# _____)

4) Do you smell cigarette smoke?

- Yes

No

If **yes**, approximately how many cigarette butts do you see?

1-10

11-25

26-50

Too many to count

6) Do you see anyone approaching a person using tobacco and asking them to stop?

Yes

No

If yes, please briefly describe the situation:

7) Please provide any additional comments you may have:

Adapted from Louisiana Department of Health and Hospitals' Tobacco Control Program

OBSERVATIONAL CHECKLIST FOR TOBACCO-USE ON-CAMPUS IN OUTDOOR AREA

6 MONTH IMPLEMENTATION FOLLOW-UP SURVEY

Background Information

Building/Campus Name: _____

Department: _____

Date: _____ / _____ / _____

Location of Observation: _____

Briefly describe weather conditions: _____

Time of Observation: Start _____: _____ am / pm End: _____: _____ am / pm

Specific Questions

1) Is tobacco use permitted in this area?

- Yes
- No

2) If tobacco use is not permitted in this area, are there signs posted clearly stating that the area is tobacco-free?

- Yes
- No
- N/A

3) Do you see people using tobacco in this area?

- Yes
- No

If yes,

A. How many people do you see using tobacco in this area? # _____ people

B. Who is using tobacco in this area? (Check all that apply.)

- Employees (# _____)
- Clients (# _____)
- Visitors (# _____)

4) Do you smell cigarette smoke?

- Yes
- No

If yes, approximately how many cigarette butts do you see?

- 1-10
- 11-25
- 26-50
- Too many to count

6) Do you see anyone approaching a person using tobacco and asking them to stop?

Yes

No

If yes, please briefly describe the situation:

7) Please provide any additional comments you may have:

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Brought to you by:
The State of Oregon Health Division
Health Promotion and Chronic
Disease Prevention Program



OBSERVATIONAL CHECKLIST FOR TOBACCO-USE ON-CAMPUS IN OUTDOOR AREA

12 MONTH IMPLEMENTATION FOLLOW-UP SURVEY

Background Information

Building/Campus Name: _____

Department: _____

Date: _____ / _____ / _____

Location of Observation: _____

Briefly describe weather conditions: _____

Time of Observation: Start _____: _____ am / pm End: _____: _____ am / pm

Specific Questions

1) Is tobacco use permitted in this area?

- Yes
- No

2) If tobacco use is not permitted in this area, are there signs posted clearly stating that the area is tobacco-free?

- Yes
- No
- N/A

3) Do you see people using tobacco in this area?

- Yes
- No

If yes,

A. How many people do you see using tobacco in this area? # _____ people

B. Who is using tobacco in this area? (Check all that apply.)

- Employees (# _____)
- Clients (# _____)
- Visitors (# _____)

4) Do you smell cigarette smoke?

- Yes
- No

If yes, approximately how many cigarette butts do you see?

- 1-10
- 11-25
- 26-50
- Too many to count

6) Do you see anyone approaching a person using tobacco and asking them to stop?

Yes

No

If yes, please briefly describe the situation:

7) Please provide any additional comments you may have:

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