



TRIBAL TOBACCO POLICY NEEDS ASSESSMENT

The Northern Plains Tobacco Prevention Project (NPTPP) is conducting a needs assessment of tobacco policy implementation within your community. The information you provide is critical for assessing the current policy needs among Northern Plains tribes.

SECTION 1: DEMOGRAPHIC DATA

1. Agency/ Establishment Type: _____
2. What is your current position? _____
3. Tribal Community Served: _____
4. Years you have worked in your current position: _____
5. About how many people are employed at your place of work? _____

SECTION 2: TOBACCO POLICY

1. Does the establishment have a policy regulating smoking?

Yes () No () If No skip to Section # 3

2. How would you describe the smoke-free policy of your establishment?

100% Tobacco-Free () 100% Smoke-Free () Smoking Allowed in Some Areas () Smoking Allowed in All Areas ()
(Chew & cigarette)

3. Does the policy prevent smoking on:

The entire grounds () 50 feet or more from entries () 0 to 49 feet from entries () inside building(s) only ()

4. If your establishment is smoke-free are no-smoking signs posted?

Yes () No ()

5. If smoking is allowed in designated area only, are people smoking only within the designated smoking section?

Yes () No () Smoking does not occur anywhere on grounds ()



SECTION 3: YOUR OPINION

*Please rate the level of your agreement with each of the following statements below between 1 and 5; (1) being Strongly Agree and (5) being Strongly Disagree.

Description of Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	1	2	3	4	5
1. Requiring worksites/ businesses to be smoke-free would save businesses money.					
2. Requiring worksites/ businesses to be smoke-free would cost businesses money.					
3. The administration in your establishment would be supportive of a smoke-free policy.					
4. The staff in your establishment would be supportive of a smoke-free policy.					
5. The tribal government has an obligation to protect public health, including restricting secondhand smoke exposure within tribal land boundaries.					
6. People in my community have a good understanding about the health effects of tobacco use and secondhand smoke.					
7. I am concerned about the health effects of secondhand smoke to myself and my family members.					

SECTION 4: SMOKE-FREE & TOBACCO ADVERTISING

*Please rate the frequency for each item below between 1 and 5; (1) being frequently and (5) being never.

Description of Item	Frequently	Sometimes	Neutral	Rarely	Never
	1	2	3	4	5
1. How often do you see smoke-free promotional ads on television, newspapers and billboards, or hear smoke-free radio messages in you community?					
2. How often do you see tobacco advertisements in your community publications?					

Thank you for taking the time to complete this assessment. Your efforts will help us serve you better. Please return this assessment to: AATCHB

1770 Rand Road
Rapid City, SD 57702
Fax: (605) 721-1932

