

Smokefree and Vapefree Places consultation

List of survey questions

Please use these questions to assist you in putting together your responses. This could be to support group feedback, discussion groups or to help you plan your response as an individual.

Please note that when completing an online survey, there may be routing applied to the survey which may mean that you are not asked all the questions that are visible here.

The questions asked in the survey include:

About smoke-free areas

1. Do you agree or disagree with government proposals to make the following places smoke-free?

- Children's playgrounds
- Outdoor areas of health and care settings
- Outdoor areas of education settings

2. Please explain your answers to the question above. (optional)

Share any comments on the types of settings you think should be included or not be included in these proposals and why.

3. Do you think that there needs to be clear signage to show which areas are smoke-free?

4. Please explain your answer. (optional)

How signs could be made clear, including design, format and positioning of signs.

About vape-free areas

Outdoor areas of health and care settings are proposed to be exempt from vape-free restrictions to support smoking-cessation efforts.

5. Do you agree or disagree with government proposals to make the following places vape-free?

- All indoor places that are currently smoke-free (such as workplaces, public places, public transport)
- Children's playgrounds
- Outdoor areas of education settings

6. Please explain your answers to the question above.

Share any comments on the types of settings you think should be included or not be included in these proposals and why.

7. Do you think that there needs to be clear signage to show which areas are vape-free?

8. Please explain your answer.

How signs could be made clear, including design, format and positioning of signs.

About You

9. Are you responding mainly as:

- A health professional
- A volunteer or employee that helps people to quit smoking
- A representative of a business or organisation
- A County Durham resident
- Other

10. Do you, or have you ever, smoked or vaped? **Choose as many as you like*

- Former smoker
- Current smoker
- Former vaper
- Current vaper
- Never smoked or vaped

11. What is the name of your business or organisation?

12. What is your postcode?

Further optional questions:

- What is your gender?
- Are you currently pregnant?
- Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?
- If yes, do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?
- What is your age?
- How would you best describe your sexual orientation?
- What is your ethnicity?
- What is your religion or belief?
- Are you, or have you ever been, a member of the armed forces?
- Have you ever been in care/are you care-experienced?

Submitting a response

Please do not use this information sheet to submit a response. You can formally respond to this project by either:

- Completing the online survey
- Writing out your responses to these questions and posting them to us at the following address: Consultations Team, Durham County Council, Rivergreen Centre, Aykley Heads, Durham, County Durham, DH1 5TS
- Typing out your responses to these questions and emailing them to: letstalkcountydurham@durham.gov.uk by the closing date.