



L A W R E N C E

**Bar & Restaurant Survey**

Fax completed survey to 785-272-9272

or email it to cpohl@kumc.edu

**Name of Bar or Restaurant:**

\_\_\_\_\_

**Date & Time:** \_\_\_\_\_

There are \_\_\_\_\_ number of people in this bar/restaurant.

There are \_\_\_\_\_ number of people smoking in this bar/restaurant.

I asked \_\_\_\_\_ (customer) how he/she felt about a smoke-free ordinance, and he/she responded (use back side if necessary):

I asked \_\_\_\_\_ (employee) if he/she would like to work in a smoke-free establishment, and he/she responded (use back side if necessary):