

Smoking in Public Places

RESPONSE FORM



SCOTTISH EXECUTIVE

RESPONSE FORM

1. **Having considered the health risks associated with passive smoking, do you think that further action needs to be taken to reduce people's exposure to second-hand smoke?** *(Please tick one box only)*

Yes

No

Don't Know

Please provide any other comments here

2. **Would you support a law that would make enclosed public places smoke-free? (Public places include workplaces and public transport)** *(Please tick one box only)*

Yes

No

Don't Know

Please provide your reasons or any other comments here

3. If a law was introduced, do you think there should be any exemptions to it? (i.e. any enclosed public places where smoking should be allowed) (Please tick one box only)

Yes

No

Don't Know

Please provide any suggestions, reasons or other comments here

4. If we decide not to introduce a law, what more could be done to encourage individual businesses to take voluntary action to become smoke-free or to provide more smoke-free provision?

Please provide any suggestions or other comments here

5. What else could we do to reduce people's exposure to second-hand smoke?

Please provide any other suggestions here

6. Please let us know about any other views you have about smoking in public places

INFORMATION TO HELP US UNDERSTAND YOUR VIEWS

7. Are your views personal or are you representing those of an organisation? (Please tick one box only)

Personal *Go to question 8*

On behalf of a group or organisation *Go to Respondee Information Form overleaf*

8. Do you smoke? (Please tick one box only) Yes No

9. Are you? (Please tick one box only) Male Female

10. What age are you? (Please tick one box only)
Under 16 16-24 25-59 60 and over

PLEASE COMPLETE THE RESPONDEE INFORMATION FORM OVERLEAF TO ENSURE WE HANDLE YOUR RESPONSE APPROPRIATELY

RESPONDEE INFORMATION FORM

Please complete the details below and attach it with your response. This will help ensure we handle your response appropriately:

1. **Name:**

Address:

Consultation title: Smoking in Public Places

2a. IF YOU ARE RESPONDING AS AN INDIVIDUAL:

Do you agree to your response being made available to the public (in SE library and/or on SE website)?

Yes (go to 2b below)

No, not at all

2b. Where confidentiality is not requested, we will make your response available to the public on the following basis (**please tick one** of the following boxes)

Yes, make my response, name and address all available

Yes, make my response available, but not my name or address

Yes, make my response and name available, but not my address

2c. IF YOU ARE RESPONDING ON BEHALF OF A GROUP OR ORGANISATION:

Your name and address as respondees *will be* made available to the public (in the SE library and/or on SE website). Are you content for your response to be made available also?

Yes

No

THANK YOU FOR COMPLETING THIS CONSULTATION DOCUMENT

