

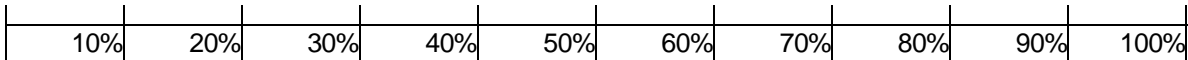
# Restaurant Observation Form

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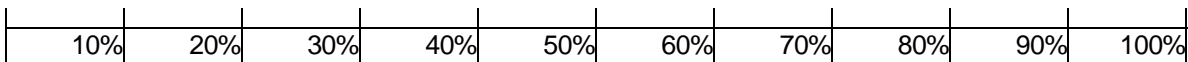
This observation is to be implemented from the inside of a restaurant or bar that allows smoking. The form can be completed while dining or immediately after a visit. Observations can be estimations and approximations, but should be as accurate as conditions permit.

Please observe the following in as much detail as possible:

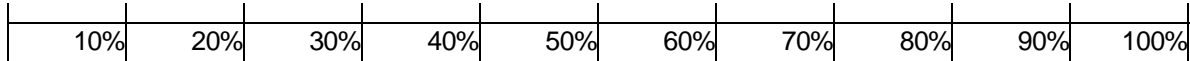
1. Establishment name:
2. Day of observation: \_\_\_\_\_ Time of observation: \_\_\_\_\_
3. Establishment type (circle number below)
  1. Fast food (no table service)
  2. Restaurant with table service, but no separate bar (may or may not serve alcohol)
  3. Restaurant with separate bar area
  4. Bar (primarily alcoholic beverage service; very limited food menu, if any)
4. If you were told you would have to wait for a table, how long was the estimated wait in the:  
Smoking Section (record minutes):  
Non-smoking section (record minutes):
5. Approximate number of customers in the establishment:
6. Approximately, what percentage of the total available seating in this establishment is occupied?



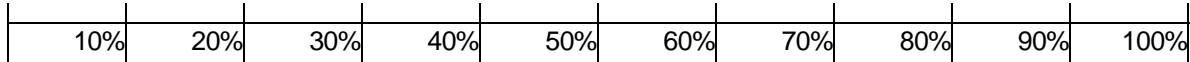
7. Sketch the floor plan on the back of this sheet, indicating the smoking section, entrances or exits and the location of the restrooms.
8. Approximately what percentage of the establishment's seating is available for smokers:



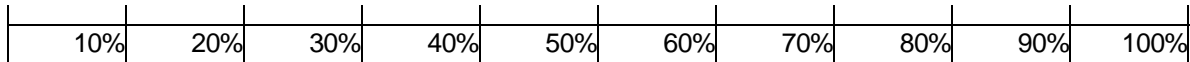
9. Approximately what percentage of the non-smoking section is occupied?



10. Approximately what percentage of the smoking section is occupied?



11. Approximately what percentage of the customers in the restaurant are smoking?



12. Approximately how many customers in this restaurant are smoking (record number)? \_\_\_\_\_

13. To what extent is airborne cigarette smoke and cigarette odor apparently present?

**Cigarette odor**

- Very strong cigarette smoke odor
- Strong cigarette odor
- Moderate cigarette odor
- Weak cigarette odor
- No cigarette odor

**Visible cigarette smoke**

- Heavy visible cigarette smoke is lingering in the air
- The only visible cigarette smoke in the air is from burning cigarettes or exhaled by smokers (no lingering smoke)
- no visible cigarette smoke

When this form is completed, please notify Paul Holze at [pholze@uiuc.edu](mailto:pholze@uiuc.edu) of the location and time of your observation.

Completed observation forms can be mailed, faxed, or dropped off at:

The Center for Prevention Research and Development  
510 Devonshire Drive, Center Suite  
Champaign, IL 61820  
Fax: 244-0214

**Thank You for participating in this important research project – and enjoy your evening out!**