

Make the Choice: Tobacco or Health?
Evaluation Form for Children

1. What's the most important thing you learned from my presentation?

2. Do you think that you will ever smoke or chew tobacco?
 - If no, why?

 - If yes, why?

3. What would you say to a friend who wants you to try a cigarette or cigar?

4. What would you say to a friend who smokes or chews tobacco?
 - A person your age?

 - A grownup?

5. What age is the youngest kid you know of who smokes or chews tobacco?

6. What can I do to make my talk better for kids like you?

Name_____

Address_____

City_____State_____Phone_____

Email_____

Date_____