

Make the Choice: Tobacco or Health?
Evaluation Form for Health-Care Professionals/Students

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

2. Did you already know what you wanted to know about tobacco use before this talk?

3. Have you ever smoked or chew tobacco?
 - ∞ If no, why?
 - ∞ If yes, why?
4. If you used tobacco and quit, how did you do it? What suggestions do you have for others? What was the hardest part of quitting for you?

5. What do you think health-care professionals should do to help kids from starting to use tobacco or help those who smoke?

6. Will you do anything differently for patients as a result of this talk?

7. What can I do to make my talk more effective?

8. Could you help me talk to kids and adults about tobacco? I could use your talents in reaching the people in our area.

Name _____

Address _____

City _____ State _____ Phone _____

Email _____

Date _____