

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

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

2. Do you already smoke or chew tobacco?
 - If no, why?

 - If yes, why?

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

 - If yes, why?

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

 - A grownup?

5. What do you think adults should do to help kids from starting to use tobacco or help those who smoke?

6. What's the age of the youngest smoker/chewing tobacco user you know?

7. What can I do to make my talk better for teenage girls?

Name_____

Address_____

City_____State_____Phone_____

Email_____

Date_____