

***Make the Choice: Tobacco or Health?***  
**Evaluation Form for Adult Women**

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. If you used tobacco and quit, how did you do it? What suggestions do you have for others?

5. What's the hardest part of quitting?

6. What would you say to a loved one who smokes or chews tobacco?

- A person your age?
- A child?

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

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

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_