

# A smoke-free environment for your children. Tell us what you think.

## EVALUATION

Please take a few minutes to complete this form. It will help us to improve the session and increase its impact. Put an X in the box that describes what you think. Add comments if you wish.

1. Do you think the suggestions provided in the video are realistic?

- Yes    Maybe    Somewhat    No

2. Did the video and discussion increase your knowledge about second-hand smoke and children?

- Yes    Somewhat    No

3. Did the video and discussion change your point of view about second-hand smoke and children?

- Yes    Somewhat    No   Why?: \_\_\_\_\_

4. Would you have liked to hear more points of view during this session?

- Yes    No   If so, what are they?: \_\_\_\_\_

5. Do you plan to change the way you do things after seeing the video?

- Yes    Somewhat    No   Please explain: \_\_\_\_\_

6. Overall, did you enjoy the video and discussion?

- Yes    Maybe    Somewhat    No

7. What would you suggest to improve either the video or the discussion after the video?



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