



Anne Arundel County Department of Health  
LearnToLiveHealthy.org  
410-222-7979

## 2020 Nicotine Free Week Evaluation Survey

**How did your Nicotine Free Week activity go?** Please let us know by filling out this brief evaluation form. This evaluation is also available online at [www.NicotineFreeWeek.org](http://www.NicotineFreeWeek.org). Your comments are very important and will help us make next year's program even better.

Name of Your Group: \_\_\_\_\_

City: \_\_\_\_\_

1. What was your group's activity? (Check all that apply.)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Announcements  | <input type="checkbox"/> Guest Speaker | <input type="checkbox"/> Nicotine Free Week Poster Contest |
| <input type="checkbox"/> Trivia Game  | <input type="checkbox"/> Skit/Play     | <input type="checkbox"/> Pledge Wall/Signing Pledge Cards  |
| <input type="checkbox"/> Discussion/Lesson  | <input type="checkbox"/> Poster Making | <input type="checkbox"/> Display/Exhibit                   |
| <input type="checkbox"/> Video Showing (CDC, Truth or No Smoking/Vaping Prevention Video) |  |  |
| <input type="checkbox"/> Other: _____   |  |  |

2. Did you visit the new NicotineFreeWeek.org website?

- Yes  No

If yes, how can the Department of Health improve the website?

\_\_\_\_\_  
\_\_\_\_\_

3. Did you use information on NicotineFreeWeek.org for planning your Nicotine Free Week activities?

- Yes  No

If **yes**, which pages?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Activity Ideas                 | <input type="checkbox"/> Photo Release Form                              | <input type="checkbox"/> Nicotine Free Week Contest Entry Form |
| <input type="checkbox"/> Fast Facts                     | <input type="checkbox"/> Hot Topics                                      | <input type="checkbox"/> Tobacco-Use Prevention Video          |
| <input type="checkbox"/> Registration and Free Supplies | <input type="checkbox"/> Nicotine Free Week Contest Rules and Guidelines | <input type="checkbox"/> Quit Smoking and Vaping Resources     |

4. Was your event a success? Why or why not?

- Yes  No

Reason:

\_\_\_\_\_  
\_\_\_\_\_

5. What items did you order from Nicotine Free Week supplies?

(Check all that apply.)

Stylus Pens

Pencils

Pencil Sharpener Erasers

Nicotine Free Week Fliers

Nicotine Free Pledge Cards

How did you use them?

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6. Did you participate in the Nicotine Free Week Poster Contest?

Yes  No

If yes, do you think the contest was a success? Why or why not?

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If you answered no, why did you not participate? How can the Department of Health make it easier for you to participate next year?

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7. What can the Department of Health do to improve Nicotine Free Week for next year?

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**Thank you for your help.**

Please send this evaluation to Learn To Live, Anne Arundel County Department of Health, MS#3012,  
1 Harry S. Truman Parkway, Annapolis, MD 21401, or fax it to 410-222-4067.