



Evaluation

Please let us know how useful the programme was to you, by answering the following questions.

1. Did the programme help you to do any of the following?

Please tick yes or no.

Quit

YES

NO



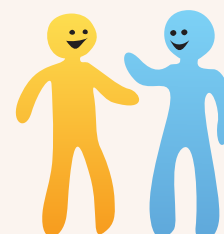
Cut down



Think about quitting another time

Improve your health

Protect others from passive smoking



Help friends or family to cut down or quit

2. How helpful was the programme to you?

Please mark a point on this scale:



1 Not helpful

5 OK

10 Very helpful



Evaluation

3. What did you find most useful?

.....

.....

.....

4. Would you advise other smokers to use this programme?

Please tick yes or no.

Yes No

If no, please say why

.....

.....

4. Use this space for anything else you'd like to say about the programme.

.....

.....

.....

.....