



**Taster Session- Evaluation Form**

**Date:** \_\_\_\_\_

We'd like to know what you think of the 'Come and try it' taster session.

Please answer the following items on a scale of agreement from 1 to 5, where 1= not at all and 5= extremely. Please circle your answer.

Not at all.....Extremely

- 1. This taster session contained a lot of new information:  1  2  3  4  5
- 2. The information provided at this taster session was easy to understand:  1  2  3  4  5
- 3. The information provided at this taster session was interesting:  1  2  3  4  5
- 4. The information provided at this taster session was useful:  1  2  3  4  5
- 5. As a result of attending this taster session, I feel more confident about quitting:  1  2  3  4  5
- 6. As a result of attending this taster session, I am more determined to quit.  1  2  3  4  5

7. What did you think of the taster session overall? Please write your comments below:

8. If this is the second taster session to which you were invited, what were your reasons for not attending the first?

9. Would you like to make a follow up appointment with the NHS Stop Smoking Services? Please circle one below:

Yes                      No

Name: \_\_\_\_\_

Day time phone number: \_\_\_\_\_

**PLEASE HAND COMPLETED FORM TO AN ADVISOR**