

### Evaluation Form

**Title:** Diabetes and Tobacco Use - Take Action for Cessation

**Day, Date:** Tuesday, June 26, 2012

**Time:** 2:00 PM – 3:00 PM

**Event #:** 01-234DL

<b>I am</b>
<input type="checkbox"/> CHES
<input type="checkbox"/> MCHES

1.0 ☐ *Entry-level CECH* **OR** ☒ *Advanced-level CECH*

Please complete this evaluation. If applying for continuing education credits you **MUST** complete **all** questions.

For each of the following questions, mark (X) in the column that best represents your opinion regarding this session. Use the rating scale of 1-5 (1=strongly disagree, 5=strongly agree).

Learner Objectives	Strongly Disagree	2	Neutral	4	Strongly Agree
<b>As a result of this session, I am able to:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
a) Describe the multi-level relationship between tobacco use and diabetes contributing to health disparities.					
b) Discuss how to develop program plans to integrate tobacco cessation policies among professionals working in chronic disease care					
c) List the key strategies and resources at the state and local level to reduce smoking among diabetics and eliminate health disparities					
<b><i>Presenter's Name and Credentials</i></b>					
a) Tami MacAller, MPH demonstrated mastery of the topic.					
b) Tami MacAller, MPH was an effective presenter.					
c) The session was timely in terms of current public health and health education practice.					
d) Overall, this continuing education event was positive.					
e) Overall, this continuing education event met my satisfaction.					

Please answer the following questions.

1. Suggestions for presentation improvement such as length, audiovisuals, handouts, materials, or what you would change about this session.

2. Additional Comments/Observations

3. Suggestions for future webinar topics