



Presenter Survey

Dear Presenter:

Thank you for helping us evaluate *Poison Control In Action . . . An Adult Education Program that Saves Lives*. Your comments are important in determining the effectiveness of this program and in guiding our future educational efforts.

Name: _____

Title: _____ E-mail: _____

Organization: _____ Phone: _____

Organization Address: _____

City: _____

State: _____ Zip: _____

1. Had you taught adult poison prevention before receiving this program? YES NO If yes, how often? _____
 What materials did you use? _____

2. From where/whom did you receive this *Poison Control In Action* program? _____

3. What groups have you presented *Poison Control In Action* to? _____
 Where were the presentations held (e.g., school, community center, etc.)? _____

4. Which materials did you use?
- **VIDEO** YES NO Why or why not? _____
 - **PRESENTER'S GUIDE** YES NO Why or why not? _____
 - **TAKE-HOME BROCHURE** YES NO Why or why not? _____
 - **POISON CONTROL STICKERS** YES NO Why or why not? _____

5. Please rate the following components:

VIDEO	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
PRESENTER'S GUIDE	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
BROCHURE	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
STICKERS	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

6. How many programs have you presented since receiving these materials? _____

Average number of adults attending each presentation: _____

Do you plan on presenting additional programs in the next 12 months? YES NO If yes, how many? _____
 If no, why not? _____

7. Would you recommend this program to a colleague? Why or why not? _____

8. Do you need more Poison Control stickers? If so, how many? _____

9. Would you like a Poison Center educator to call you to discuss other materials or programs that may be available? YES NO If yes, please provide your phone number: _____

Comments/Suggestions: _____

Additional comments: _____

Thank You!

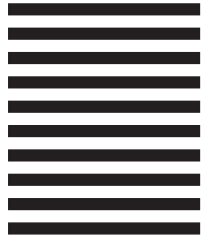


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