



Questionnaire for Presenters

1. I am a:
 - Family Physicians**
 - Resident**
 - Medical Student**
 - School Nurse**
 - Physicians Assistant**
 - Health Educator**
 - Other (please identify)**_____

2. Are photos of you presentation available? **Yes** **No**

3. Was the Tar Wars Program Guide useful in helping you prepare for your presentation? **Yes** **No**

4. If yes, how useful would you rate it? **5-Very useful** **4** **3-Somewhat** **2** **1-Not useful**

5. If no, please explain. _____

6. How many years have you presented Tar Wars? _____

7. How many times have you presented Tar Wars this year? _____

8. How many students would you estimate you have reached this year with your presentation? _____

9. Did you contact your state coordinator prior to presenting in the classroom? **Yes** **No**

10. Did you encounter any problems in making contact with your coordinator or the school? If so, please explain. _____

11. Do you have any suggestions for improving the Tar Wars Program? _____

12. Would you be willing to present for the 2012 & 2013 school year? **Yes** **No**

13. Please provide us with your contact information:
Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____