Interest Survey

Please complete the survey below.

Thank you!

What is your first name?

_____

What is your last name?

_____

What is your email?

_____

Which city/town do you represent?

_____

What is your position?

◯ Health Agent
◯ Public Health Nurse
◯ Board of Health Member
◯ Other

Please describe Other:

_____

How interested would your board be in more information about an initiative to limit the sale of nicotine products to those born after a certain date (nicotine free generation, NFG)?

◯ Highly interested
◯ Somewhat interested
◯ A little interested
◯ Not at all interested
◯ Already adopted NFG policy
◯ Other

Please describe Other:

_____

Do you have any other comments?
(We would love to hear from you!)

_____