

Evaluation of the Health Fair

Your name _____ Date _____

Your organization or school _____

Thank you for participating in the Health Fair. In order to plan for future events, we would appreciate answers to the following questions:

1. How would you rate the Health Fair in general? Excellent Fair Poor

Comments _____

2. Do you plan any changes in the things you normally do as a result of anything you learned or participated in at the Health Fair, such as taking a class or stopping smoking?

Yes No

Comments _____

3. How do you plan on using any of the Health Fair information received today? Please check all the ways you plan to use the information you received today.

- I do not plan to use the information.
- I plan to read pamphlets for my own benefit.
- I plan to share information with friends, relatives, or neighbors.
If so, how many? _____
- I plan to see a doctor.
- I found that I had a health problem I did not know about before.
- I found that someone in my family had a health problem we did not know about before.
- I learned about one or more health agencies and their services that I did not know about before.

4. List your favorite exhibitors/booths/activities and speakers.

My favorite exhibitors/booths/activities	My favorite speakers

5. Why did you come to the Health Fair? Check all that apply.

Free Convenient Curious about health Felt badly recently
 My school came My family came I was at the fair
 Other _____

6. How did you hear about the Health Fair?

TV (specify station) _____ Radio (specify station) _____
Newspaper (which one?) _____ Poster (specify where) _____
Word of mouth _____ Do not remember _____

Other _____

7. Screenings, etc., I had today:

Blood Pressure	_____	Flu Shots	_____
Blood Sugar	_____	Healthy Heart Evaluation	_____
Cholesterol	_____	Helicopter Tour	_____
Diabetes Education	_____	Hearing Screening	_____
Donated Blood	_____	Mammogram	_____
Donated Eye Glasses	_____	PSA Testing	_____
EMS Ambulance Tour	_____	Skin/Mole Screening	_____
Eye Screening	_____		

8. If you had an abnormality detected through screening, do you plan on getting a follow-up examination? Yes _____ No _____

9. I would attend a Health Fair next year. Yes _____ No _____

10. Topics I would like to see at the next Health Fair:

11. General comments and suggestions (bad and good equally welcome).

12. *Optional* (so we can get further information from you about the above, if needed):

Name: _____

Home Phone #: _____

Office Phone # _____

Thank you for your help!