



3300 Reynolda Road
Winston Salem, NC 27106
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Evaluation of the Health Fair

Your name _____ Date _____

Your organization _____

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 others. 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/speakers | 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!