

# PARTICIPANT EVALUATION FORM

To make the health fair even better next year, we would like your feedback regarding today's health fair. Please complete and return this evaluation form at the end of the fair.

1. What motivated you to attend the health fair? *(Please check all that apply.)*

- Health screenings
- Seemed like fun
- Get away from work
- Incentive prizes
- Learn about health issues
- Free food
- Other \_\_\_\_\_

2. How did you hear about the health fair? *(Please check all that apply.)*

- Posters
- Newsletter
- Flyers
- Someone told me
- Electronic mail
- Other \_\_\_\_\_

3. Did you attend any of the health screenings?

- Yes    No    If no, why not \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

4. Please rate the following aspects of the health fair on a scale of poor to excellent. *(Please circle your responses.)*

Poor	Fair	Good	Excellent	
1	2	3	4	Volunteers/staff at the booths
1	2	3	4	Set up/organization of the fair
1	2	3	4	Choice of date and time
1	2	3	4	Location
1	2	3	4	Variety of topics covered
1	2	3	4	Explanation of screening results
1	2	3	4	Overall impression of the fair

5. Would you recommend the health fair to your co-workers?

- Yes    No

6. Please make any comments or suggestions about the health fair. What booths were you most interested in?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. As a result of this health fair, are there any changes you will be making in your health behavior?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OPTIONAL:

- Your age \_\_\_\_\_
- Male    Female
- Your department \_\_\_\_\_

RETURN TO:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_