

PROVIDER EVALUATION FORM

Thank you so much for your participation in our health fair. We would like to get your feedback about the health fair so we can make it even better next year. Please complete this evaluation form at your booth. We will collect it before you leave. Thanks!!

Name _____

Organization _____

1. Please rate the health fair on the following aspects using a scale from poor to excellent.
(Circle your responses.)

Poor	Fair	Good	Excellent	
1	2	3	4	Information in advance regarding the health fair
1	2	3	4	Accessibility of the health fair staff for questions/problems
1	2	3	4	Location and set up of your booth
1	2	3	4	Organization of the health fair
1	2	3	4	Number of employees participating in your booth
1	2	3	4	Meeting your expectations and objectives
1	2	3	4	Overall perception of the health fair

2. Approximately how many employees visited your booth? _____

3. Please list the services, products, or giveaways that you provided today and estimate the cost of that product or service.

4. Would you be interested in participating in a future health fair? Yes No

5. Please make any comments or suggestions on improving the health fair from your perspective as a provider.
