

# Health Fair Participant Feedback Form

Name (optional)

Email (optional)

Phone (optional)

Age Group

How did you hear about this health fair?

How would you rate your overall experience?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

What did you like about the health fair?

What can we improve for next time?

Which services or booths did you visit? (Check all that apply)

☐ Screenings ☐ Immunizations ☐ Fitness Activities ☐ Nutrition Counseling ☐ Dental Services ☐ Vision Services ☐ Mental Health ☐ Other

Other suggestions or comments