

Bellefontaine Neighbors Health Fair

We are so happy you decided to attend our health fair. To make the health fair better in the future, we ask that you complete this evaluation. All information will be confidential.

- Gender and Age:** Male Female Age: _____
- Ethnicity:** Caucasian African American Bosnian
 Vietnamese Hispanic Korean
 Chinese Russian Other (Specify)
- Did you bring other family or friends with you?**
 Yes Children Grandchildren Others No
- How did you hear about the health fair?**
 Mailing Radio Other: _____
- What is your home zip code?** _____
- What did you like the most about the health fair?** _____

- What did you like the least about the health fair?** _____

- Did you receive any health screenings today?**
 No Yes, please specify: _____
- What information or resource tables do you think were most helpful?** _____



7. Information and resources:

- I was NOT aware of MOST of the information and resources
- I was aware of SOME of the information and resources before
- I was aware of MOST of the information and resources

8. On a scale of 1 to 4, indicate how satisfied you were with each of the activities below or indicate No Opinion. Please circle your answer for each question:

	1 = Poor	2 = Fair	3 = Good	4 = Excellent	No Opinion
Overall satisfaction with the health fair	1	2	3	4	No Opinion
Facility	1	2	3	4	No Opinion
Information & Resource Tables	1	2	3	4	No Opinion
Health Screenings	1	2	3	4	No Opinion
Educational Sessions	1	2	3	4	No Opinion
Medication Evaluation	1	2	3	4	No Opinion
Printed or Translated Information	1	2	3	4	No Opinion

9. If time allows, would you like to attend another health fair next year??

- Yes
- No

10. If you have diabetes, did you receive the following tests in the past 12 months?

- Hemoglobin A1c
- Eye exam
- Lipid test
- Foot exam by a physician
- Not sure about these tests, but saw a doctor within the past 12 months
- Don't have diabetes

11. Older women are at higher risk of breast cancer. If you are a medicare beneficiary, have you received a mammogram?

- Yes:** When? within the past 12 months in the past 2 years more than 2 years ago
- No, I never had one because:** *(please check appropriate responses below)*
- I didn't know I need one I don't care to I don't have the time and/or money

12. To receive additional health related information, please check all that apply:

- Diabetes information
- Breast cancer screening
- General Medicare benefits

Please provide name and address to which the information will be sent:

THANK YOU FOR COMING TO THE HEALTH FAIR & COMPLETING THIS SURVEY!

