**Response Form Community Health Fair**

**How was the Community Health Fair in your opinion?**

Very Good Good Fine Could be better

**Which section of the fair did you like the most?**

Awareness Symposium Kids Section Eatables Basic Health Program

**How was the volunteer’s behavior?**

Very Good Good Fine Could be better

**What are your views about basic health programs?**

Very Good Good Fine Could be better

**What do you comment on eatables section?**

Very Good Good Fine Could be better

**Did you like our symposium activities?**

Very Good Good Fine Could be better

**What’s your view about activities of kids section?**

Very Good Good Fine Could be better

**How efficient were the efforts of awareness campaign on stalls?**

Very Good Good Fine Could be better

**Will you come again in an event like this?**

Yes Maybe No(Why\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Additional comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Info (Optional): Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College/Profession:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(for updates etc.)