

CHOP (Community Health Outreach Program) Health Fair Request Form Survey

Instructions: The questions below have been developed to help the *Consortium for a Healthier Miami-Dade* identify the strengths and weakness of the current mechanism for using the CHOP Health Fair Request Form. Please fill out the information completely and candidly since this will help us improve the process so that we can better serve our community. **Once you have completed this survey please fax it back to (305) 278-0441. We appreciate your cooperation in helping us improve this process.**

For Event Planner/Health Fair Organizer:

1. Have you received e-mails from the Consortium for a Healthier Miami-Dade inviting people to use the CHOP Health Fair Request Forms?
 Yes No Don't Know

2. Have you ever submitted a CHOP Health Fair Request Form?
 Yes No
 - 2.a. If YES, why? (CHECK ALL THAT APPLY)
 Needed assistance; Needed participants; Needed vendors; Needed sponsors;
 Other (please explain): _____

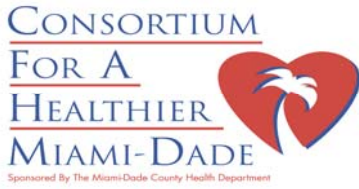
 - 2.b. If YES, did you obtain the help you needed from local organizations as a result of using the CHOP Health Fair Request Form?
 Yes No Unable to Determine

 - 2.c. If NO, why not? (CHECK ALL THAT APPLY)
 Did not need assistance with our event; Not sure of the benefits of using this form;
 The form was too confusing; Other (please explain): _____

For Consortium Members or Participating Organization at an Event:

3. Have you ever received a CHOP Health Fair Request Form completed by a community organization hosting a health fair event?
 Yes No Don't Know

4. Have you ever participated in a health fair event as a result of receiving a CHOP Health Fair Request Form?
 Yes No Don't Know
 - 4.a. If NO, why not? (CHECK ALL THAT APPLY)
 Funding has limited my organization's ability to participate in health fairs;
 My organization does not serve the target audience;
 Our services did not fit the focus of the health fair;
 I found the health fair request form confusing and not useful.
 Other (please explain): _____



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For Everyone:

5. Looking at the attached CHOP Health Fair Request Form, do you have any suggestions for improving the form?

6. What do you think would encourage more organizations to use the CHOP Health Fair Request Form?

We thank you for your time and willingness to help us improve the process. If you are willing to be contacted regarding any follow-up questions or if you would like to become a member of the Health Promotion and Disease Prevention Committee of the Consortium for a Healthier Miami-Dade please fill out the information below. For more information on the Consortium and its activities please visit our website at <http://www.healthymiamidade.org/>

Optional:

Name: _____ Title: _____

Organization: _____

Address: _____

Telephone number: _____ E-mail: _____

Please indicate which one you are interested in:

- I am willing to be contacted for follow-up questions.
- I would like to become a member of the Health Promotion and Disease Prevention Committee.

PLEASE FAX BACK TO (305) 278 – 0441.