

**Minority Health Month April 2012  
Evaluate Your Town Hall Form**

**Event Name:**  
**Time:**

**Date:**  
**Location:**

**1. How did you learn about the event?**

\_\_\_ Website \_\_\_ Poster/Flyer \_\_\_ Word of Mouth \_\_\_ Other

Please, circle one number for each question (1 being poor and 5 being excellent)

**2. The quality of the speakers was** 1 2 3 4 5  
**Comments:**

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**3. My favorite speaker was:** \_\_\_\_\_

**4. Town Hall meeting organization was conducive to audience participation** 1 2 3 4 5  
**Comments:**

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**5. The Town Hall helped me understand the role of the government in advancing health equity** 1 2 3 4 5  
**Comments:**

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**6. My rating and comments on the Town Hall overall:** 1 2 3 4 5  
**Comments:**

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Name (optional): \_\_\_\_\_

**Stay Involved!**

**Do you want to receive a monthly newsletter from the Office of Minority Health?**

Circle one: Yes (provide email below)                      No

Email: \_\_\_\_\_