

Health Survey

Survey Introduction:

Good afternoon, my name is _____ I am conducting a short survey in this area with the desire to serve our community in a practical way. By taking a moment to complete this brief survey, you will help us create free health and wellness programs that would be of most interest to you. May we take a few moments of your time? Thank you.

Do you feel that having good health is essential for the maximum enjoyment of life?

- Yes No Not sure

Do you believe that good health is related to our lifestyle choices or is it just a matter of chance?

- Yes No Not sure

Would you be interested in educational programs that inform you on how to make the best lifestyle choices?

- Yes No Maybe

Which of the following educational programs would be of most interest to you? From the ones you choose list which are of greatest interest by numbering them (1, 2, and 3).

- | | | |
|--|---|---|
| <input type="radio"/> Basic laws of health seminar | <input type="radio"/> Weight management | <input type="radio"/> Healing of emotional wounds |
| <input type="radio"/> Nutrition classes | <input type="radio"/> Coping with stress | <input type="radio"/> Natural remedies |
| <input type="radio"/> Vegetarian cooking classes | <input type="radio"/> Smoking cessation | |
| | <input type="radio"/> How to deal with depression | |

What factors have prevented you from participating in wellness programs in the past? (Check all that apply.)

- | | |
|--|--|
| <input type="radio"/> Financial cost | <input type="radio"/> Not convenient |
| <input type="radio"/> Lack of energy | <input type="radio"/> Other (please list): |
| <input type="radio"/> Lack of interest | _____ |
| <input type="radio"/> Lack of time | _____ |

How often are you able to attend a community-based health educational program? (Check all that apply.)

- | | | |
|--|--------------------------------------|--|
| <input type="radio"/> A one-time only lecture, presentation, or workshop | <input type="radio"/> Once per month | <input type="radio"/> Twice per week |
| | <input type="radio"/> Once per week | <input type="radio"/> Three times per week |

What day(s) of the week would you most likely participate if given a chance to attend a health educational program (Check all that apply.)

- | | | |
|-------------------------------|---------------------------------|--------------------------------|
| <input type="radio"/> Sunday | <input type="radio"/> Wednesday | <input type="radio"/> Saturday |
| <input type="radio"/> Monday | <input type="radio"/> Thursday | |
| <input type="radio"/> Tuesday | <input type="radio"/> Friday | |

Name: _____

Gender: _____

Email: _____

Notes: _____