**Health Survey**

Dear (congregant, parishioner, member, etc.):

Please assist us in planning for health screenings and health promotion programs for our faith community by answering the following questions. There is no need to sign your name. All the information is confidential.

**Please put an X by your answer(s).**

I would have interest in attending the following types of health screening programs:

\_\_\_\_Blood pressure \_\_\_\_Stroke prevention

\_\_\_\_Blood sugar \_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would be interested in learning more about:

\_\_\_\_Adolescent health issues \_\_\_\_Addictions

\_\_\_\_Advance Directives/Living Wills/POLST \_\_\_\_Alternative/Complimentary therapies

\_\_\_\_Alzheimer’s disease/dementia \_\_\_\_Anxiety disorders

\_\_\_\_Arthritis \_\_\_\_Cancer

\_\_\_\_CPR \_\_\_\_Caring for aging parents

\_\_\_\_Depression/mental illness \_\_\_\_Diabetes

\_\_\_\_Eating disorders \_\_\_\_Exercise and health

\_\_\_\_Grief and loss \_\_\_\_Healthy food choices that taste good

\_\_\_\_Heart disease \_\_\_\_Hypertension

\_\_\_\_Medication management \_\_\_\_Men’s health issues

\_\_\_\_Pain management \_\_\_\_Respiratory diseases

\_\_\_\_Sleep disorders \_\_\_\_Smoking cessation

\_\_\_\_Weight control \_\_\_\_Women’s health issues

Which day of the week and time would you be interested in attending a program?

\_\_\_\_Monday \_\_\_\_Tuesday \_\_\_\_Wednesday \_\_\_\_Thursday \_\_\_\_Friday

\_\_\_\_Saturday \_\_\_\_Sunday

\_\_\_\_Morning \_\_\_\_Afternoon \_\_\_\_Evening

Thank you!