

STATEN ISLAND HEALTH & WELLNESS SURVEY

1. Age Range: ☐ 18-25 ☐ 26-35 ☐ 36-45
☐ 46-55 ☐ 56-70 ☐ Over 70

2. How would you rate your health?

- ☐ Excellent ☐ Good ☐ Fair ☐ Poor

3. How often do you exercise per week?

- ☐ 5 or more times ☐ 2 – 4 times ☐ Less than 2 times ☐ Never

4. What food(s) do you consider harmful? _____

5. How many glasses of water do you drink each day?

- ☐ None ☐ 1-3 ☐ 4-6 ☐ 7 or more

6. What do you think is the greatest danger to Americans' health today? _____

7. In what areas of your life would like to improve your health?

- ☐ Exercise ☐ Nutrition ☐ Sleep ☐ Beverages
☐ Stress Management ☐ Smoking ☐ Other: _____

8. How important is your spiritual life to your overall health?

- ☐ Not Important ☐ Somewhat Important ☐ Extremely Important

9. Which of the following programs or activities would you be interested in attending if they were held in your area? *(Check all that apply)*

- | | | |
|--|--|---|
| <input type="checkbox"/> Healthful Cooking Class | <input type="checkbox"/> Stress Management Class | <input type="checkbox"/> Stop Smoking Clinic |
| <input type="checkbox"/> Money Management Seminar | <input type="checkbox"/> Weight Loss Program | <input type="checkbox"/> Social Activities |
| <input type="checkbox"/> Depression Recovery Seminar | <input type="checkbox"/> Personal Bible Studies | <input type="checkbox"/> Bible Prophecy Seminar |
| <input type="checkbox"/> Vacation Bible School | <input type="checkbox"/> Mental Health Training | <input type="checkbox"/> Other |

Name: _____

Address: _____ Apt.: _____

City: _____ State: _____ Zip code: _____

Email: _____ Cell: _____