**Community Health Survey**

(Door-to-door)

**\*\*\*Please circle or check off all that apply below\*\*\***

**#1: Do you or anyone in your home have** **HEART DISEASE, HIGH BLOOD PRESSURE,** **HIGH** **CHOLESTEROL?**

**ARTHRITIS, DIABETES, or CANCER? YES or NO**

**#2: Do you or anyone in your home currently have a** **COUGH, COLD, FLU, EARACHE, HEADACHE,**

**TOOTHACHE, or any OPEN WOUND? YES or NO**

**#3**: **Do you eat BREAKFAST every day?** YES or NO

**#4:** **How many cups of water have you had today?** (please give your answer in cups) \_\_\_cups

**#5: Do you drink Coffee, Tea** (Lipton, green, black, chai)**, Diet Soda, Regular Soda or any type** **of Energy**

**drink?** YES or NO

**#6:** **How often do you exercise a minimum of 30 minutes each day?**

\_\_Rarely \_\_1-2 times per week \_\_3-4 times per week \_\_5 or more per week

**#7:**  **How often do you get 7-8 HOURS OF SLEEP?**

\_\_Rarely \_\_1-2 times per week \_\_3-4 times per week \_\_5 or more per week

**#8: When is the last time you had your Blood Pressure Checked?\_\_\_\_\_\_\_\_\_\_\_ What was it?\_\_\_\_\_\_\_\_**

**#9:** **Have you seen the documentary 'Forks Over Knives'?** YES or NO

**#10:** **Do you know anyone that would be interested in getting a FREE HEALTH SCREENIING** **that includes**

**checking** **cholesterol, blood pressure, blood sugar, eyes, and other vital signs? YES or NO**

**Name of Person:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact #**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*BONUS QUESTIONS:**

**\*\*\*Please answer YES or NO to the following questions:**

\_\_\_ Are you interested in losing any weight?

\_\_\_ Do you want to feel better?

\_\_\_ Do you want to improve, stabilize, or even reverse a chronic condition such as heart disease, high

cholesterol, diabetes, high blood pressure or any other condition not mentioned?

\_\_\_ Would you like to take fewer medications?

\_\_\_ Are you open to changing your diet if it could really improve your health?

\_\_\_ Are you interested in learning how to quit SMOKING or DRINKING

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTACT #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**