Community Health Survey

1. How would you rate your health?
   ___Excellent    ___Good    ___Fair    ___Poor

2. How often do you exercise?
   ___5 or more times a week    ___2 – 4 times a week
   ___Less than 2 times a week    ___Never

3. What foods do you consider harmful?
   _______________________________________________________

4. How many glasses of water do you drink each day?
   ___None    ___1 – 3    ___4 – 6    ___7 or more

5. What do you think is the greatest danger to Americans’ health today?
   _______________________________________________________

6. In what areas of your life would you like to improve your health?
   ___Exercise    ___Nutrition    ___Sleep    ___Beverages    ___Smoking
   ___Stress management    ___Other

7. How important is your spiritual life to your overall health?
   ___Not important    ___Somewhat important    ___Very Important

8. Which of the following programs or activities would you be interested in attending if they were held in your area?
   ___Healthful Cooking Class    ___Weight-loss Program
   ___Stress Management Class    ___Stop Smoking Clinic
   ___Money Management Seminar    ___Depression Recovery Seminar
   ___Personal Bible Studies    ___Bible Prophecy Seminar
   ___Vacation Bible School    ___Social Activities

Name___________________________________________________________
Address_________________________________________________________
Phone or Email___________________________________________________