Health & Wellness Poll

A. List the major health & wellness issues in your family/household, club/organization. Circle or check all that apply to you and your family.

1. Diabetes 2. Prostrate Cancer 3. Sinus 4. Hypertension

5. Insomnia 6. Heart Disease 7. Allergies 8. Glaucoma

9. Respiratory Disease 10. Kidney Disease 11. Arthritis

12. Cancer (List type) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Vitamin/Nutrient Deficiency \_\_\_\_\_\_\_\_ 14. Other: \_\_\_\_\_\_\_\_\_\_\_.

B. How many prescription drugs do you and members of your household?

take or have been prescribed? 1. \_\_\_ 2. Over the counter \_\_\_\_ 3. None

C. Describe your lifestyle:

1. Smoker 2. Inhale Secondhand Smoke 3. Meditate often

4. Churchgoers 5. Consume alcohol excessive 6. Easily stressed

7. Single 8. In a relationship 9. Widow(er)

10. Retired 11. Unemployed 12, Employed

13. In School 14. Children 15. Elderly Parents

16. Sickness 17. Debtless 18. In Debt

19. Homeowner 20. Handicapped 21. Exercise often

22. Breakfast 23. Lunch 24. Dinner

Do you consider most meals as highly nutritious? \_\_\_ Yes \_\_\_ No

D. What is the average number of hours of sleep you get each day or night?

1. 5 or less hours 2. 5-7 hours 3. 7 or more hours

E. Approximately how many ounces or glasses/bottles of water do you drink each day?

1. 2 or less glasses 2. 3-4 glasses 3. 5 or more glasses

4.\_\_\_\_\_\_ glasses 5. \_\_\_\_\_\_ bottles 6. \_\_\_\_\_\_ ounces

F. Do you take vitamins and or nutrients supplements? \_\_\_\_ Yes \_\_\_No

G. Your age group: 1. 25 and Under 2. 25-50 3. 50-75 4. Over 75

H. Have you or anyone in your household taken a vitamin/nutrient test?

 Yes\_\_\_\_\_ No\_\_\_\_\_, How long ago? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_