

Congregation Health Questionnaire for Adults

(Ages 18 years and older)

Please fill out this anonymous questionnaire to help our church find out what are our main health issues to work on. Place your completed survey in the box located in the Narthex by Sunday, December 2, 2018.

How old are you? _____

Please circle the letter to show your choice.

1. How many days per week do you do participate any kind of exercise like walking, swimming, running, soccer, baseball, bicycling or similar exercise for at least 30 minutes that makes your heart beat faster or makes you sweat?
 - a. _____ times per week
 - b. Never

2. Not including juices, how many times a week do you eat fruit? Please write in on average how many times per week. (Includes fresh, frozen or canned fruit, but not dry fruit)
 - a. _____ times per week
 - b. Never

3. During the past 7 days, how many times did you eat vegetables other than potatoes? Do not count potatoes.
 - a. I did not eat vegetables during the past 7 days
 - b. 1-3 times during the past 7 days
 - c. 4-6 times during the past 7 days
 - d. 1 time per day
 - e. 2 times per day
 - f. 3 times per day
 - g. 4 or more times per day

4. Do you smoke cigarettes (not including electronic cigarettes, cigars, pipes, water pipes or marijuana) every day, some days, or not at all?
 - a. Every day
 - b. Some days
 - c. Not at all
 - d. Don't know

5. Do you use e-cigarettes or other electronic "vaping" products every day, some days, or not at all?
 - a. Every day
 - b. Some days
 - c. Not at all
 - d. Don't know

6. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?
 - a. Yes
 - b. Yes during pregnancy
 - c. No
 - d. Don't know

7. Have you ever been told by a doctor or other health professional that you have diabetes?
 - a. Yes
 - b. Yes during pregnancy
 - c. No
 - d. Don't know

8. Has a doctor, nurse, or other health professional ever told you that you had a heart attack also called a myocardial infarction?
 - a. Yes
 - b. No
 - c. Don't know

9. Has a doctor, nurse, or other health professional ever told you that you had angina or coronary heart disease?
 - a. Yes
 - b. No
 - c. Don't know

10. Has a doctor, nurse, or other health professional ever told you that you had any type of cancer?
 - a. Yes
 - b. No
 - c. Don't know

11. Has a doctor, nurse, or other health professional ever told you that you have chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis?
 - a. Yes
 - b. No
 - c. Don't know

12. Has a doctor, nurse, or other health professional ever told you that you had asthma?
 - a. Yes
 - b. No
 - c. Don't know

13. Has a doctor, nurse, or other health professional ever told you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?
 - a. Yes
 - b. No
 - c. Don't know

14. Has a doctor, nurse, or other health professional ever told you that you have any mental health problems or learning difficulties such as Alzheimer, Dementia, Down Syndrome, etc.?
 - a. Yes
 - b. No
 - c. Don't know

15. Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?
 - a. Yes
 - b. Yes but only told during pregnancy
 - c. No
 - d. Told borderline high or pre-hypertensive
 - e. Don't know

16. Have you EVER been told by a doctor, nurse, or other health professional that your blood cholesterol is high?
 - a. Yes
 - b. No
 - c. Don't know

17. Would you say that in general your health is?
 - a. Excellent
 - b. Very good
 - c. Good
 - d. Fair
 - e. Poor
 - f. Don't know

THANK YOU!