DATE OF SURVEY:_____**DVD/CD TITLE:**_____**DATE MAILED:**_____

Health and Lifestyle Survey

Name: _____ **E-mail:** _____

Address: _____ **City, State, Zip:** _____

Phone Numbers: [H] _____ **[C]** _____ **[W]** _____

Occupation: _____ **Children/Ages:** _____

What Are Your Health Interests? Please Check All That Apply

___ Nutrition ___ Disease Prevention ___ Immune System (staying well) ___ Anti-Aging
___ Women/Men's Health ___ Understanding Food Labels ___ Children's Health ___ Weight Management

Your Family's Health History? Please Check All That Apply

Tell me about your health history._____
_____
Tell me about your family's healthy history._____
_____

___ Cancer
___ High Blood Pressure
___ Diabetes
___ Arthritis
___ Smoker in the Family or a Smoker Yourself
___ Heart Disease
___ High Cholesterol
___ Immune Disorder (like MS or Lupus)
___ Osteoporosis
___ Allergies
___ Stroke
___ Obesity
___ Digestive Disorders
___ Alzheimer's Disease
___ Trouble Sleeping

Health and Dietary Patterns

1a. What is your diet like?

1. Do you eat 9 to 13 servings of raw fruits/vegetables daily? ___Yes ___No
2. What are your health goals? _____
   _____
3. Which direction do you feel you are going? _____
4. Are you open to a solution that can help you achieve your goals? ___Yes ___No

4a. Would you be open to making a commitment with yourself to watch/listen to a powerful Health Lecture, on a DVD, that can help you achieve your goals? ___Yes ___No

OPTIONAL QUESTIONS:

5. Do you feel healthy most of the time? ___Yes ___No
6. On a scale of 1 to 10, with 10 being the highest, how would you rate your energy level? ___
7. Do you exercise 3 times a week for a half hour or more? ___Yes ___No
8. Would you consider diet or exercise to be more important? ___Diet ___Exercise
9. Do you consistently drink at least 64 ounces of water a day? ___Yes ___No
10. What is your biggest obstacle in staying healthy? _____

11. Would you like to receive free emails on the topics of health and wellness? ___Yes ___No
12. Would you like to be invited to local workshops on the subjects on health and wellness? ___Yes ___No

Thank You for Your Participation!