

Survey

Name: _____ Date: _____ Age: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email Address: _____ Phone: _____ Date of Birth: ___/___/___

QUESTIONNAIRE

What is the purpose of attending the Salad Mixer? _____

What would you like to learn today? _____

Is there any Health concern that you would like to learn about?

Please indicate the areas of health that you want to improve:

___ Lose weight ___ More energy ___ Sleep better ___ Improve digestion

___ Improve blood work ___ Prevent problems ___ Anti-aging support ___ Improve general health

If you could improve ONE thing about your health, what is your priority?

Do you consume dietary supplements? ___ No ___ Yes If yes, please list all of them below. Additionally, please bring them in so we can check for ingredients that are not healthful or may have contraindications with medications.

If there was a workshop or training regarding health would you like to attend? ___ Yes ___ No

IDENTIFYING YOUR HEALTH GOALS: To help our office understand your wellness goals and give you the type of care that you want, please use this chart to answer the questions below

| -5 | -4 | -3 | -2 | -1 | 0 | +1 | +2 | +3 | +4 | +5 |
|---|---|--|--|--|--|-----------------------|------------------------------|------------------------------|---------------------------------|---|
| I have serious concerns about my overall health | I have serious concerns about my overall health | I have constant concerns that affect my health | I have health challenges that affect me on a daily basis | I have some minor complaints about my health | I feel okay about my health with no complaints | I feel good most days | I feel well on a daily basis | I feel energetic and healthy | I feel active energetic and fit | I feel great and am proactive about my health |

What number best describes how you feel about your health today? _____

If there was an opportunity would you like to learn more about health? Please indicate your preference of information:

___ Workshop ___ Training ___ Online Webinar ___ Email Information

Would you like to join a Facebook Group to Stay Plug in? ___ Yes ___ No