

HEALTH ASSESSMENT SURVEY

**CONGREGATIONAL HEALTH MINISTRY
BRANDON BAPTIST CHURCH**

One of the goals of a congregational health ministry is to provide health care programs that will assist you in reaching and maintaining optimum wellness. Please help us by completing this survey. Place the completed survey in one of the boxes located around the church, in the offering plate, in the church office, or mail it to the church office. Additional copies are available in the church office and in the Sunday School rooms.

PLEASE DO NOT GIVE US YOUR NAME.

Age: _____ Gender: _____ Weight: _____ Height: _____ feet _____ inches
Marital status: Married Widowed Single Divorced

1. Has a physician or other health professional ever told you that you had any of the following? (Circle all that apply)

- | | | |
|----------------|-----------------------------|------------------|
| angina | arthritis | asthma |
| bronchitis | cancer | diabetes |
| emphysema | eye or vision problem | hearing problem |
| heart attack | high blood pressure | high cholesterol |
| memory problem | mental or emotional problem | osteoporosis |
| sleep problem | | |

2. Have you had any of the following in the last year? (Circle all that apply)

- | | | |
|------------------------------|---|-------------------|
| blood pressure check | blood sugar check | bone density exam |
| cholesterol check | dental exam | eye exam |
| flu shot | pneumonia vaccination | |
| sigmoidoscopy or colonoscopy | stool test for blood | |
| <u>WOMEN only:</u> | pap smear | mammogram |
| | breast exam by your healthcare provider | |
| <u>MEN only:</u> | prostate exam | |

3. Do you exercise? Yes No

If yes, what type and how often? _____

If no, why not? _____

4. Do you think you are overweight? Yes No

Have you been on a diet in the last 12 months? Yes No

If yes, what kind and why? _____

Would you say you have good eating habits? Yes No

