

**WELLNESS PROGRAMS/ACTIVITIES (continued)**

Not at all interested	Not very interested	Undecided	Somewhat interested	Very interested
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**NUTRITION**

Healthy Cooking	1	2	3	4	5
Healthy Eating Classes	1	2	3	4	5
How to Read Food Labels	1	2	3	4	5

**MENTAL HEALTH**

Dementia/Alzheimer's Education	1	2	3	4	5
Grief and Loss	1	2	3	4	5
Stress Reduction	1	2	3	4	5
Mental Health Issues	1	2	3	4	5

**LIFESTYLE ACTIVITES**

Community Gardening	1	2	3	4	5
Exercise Classes	1	2	3	4	5
Walking Clubs	1	2	3	4	5

**SUPPORT GROUPS**

Cancer Support Group	1	2	3	4	5
Caregiver Support Group	1	2	3	4	5

Other (please write): \_\_\_\_\_

I would attend these programs/activities at my congregation during these days and times (select all that apply).

**Day(s):**

- Monday - Friday
- Saturday
- Sunday

**Times:**

- Morning
- Afternoon
- Evening

# HEALTH INTEREST SURVEY

Name of Faith Community:

Date:

Home Zip Code:



**Texas Health Resources**<sup>®</sup>

Healing Hands. Caring Hearts.<sup>SM</sup>

Thank you for taking the time to complete this survey. Your input is very important to us as we work to serve you. The material and content contained in this survey is for general health information only and is not intended to be a substitute for professional medical advice, diagnosis or treatment.

**All Information provided will be kept confidential**

**DIRECTIONS:** Please read each statement carefully. Record your response by checking the box or circling the number that best represents your answer.

## BASIC DEMOGRAPHICS

Gender  Male  Female

Age  Under 19  20-29  30-39  
 40-49  50-59  60-69  
 70-79  80 and up

Race  American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White or Caucasian

Ethnicity  Hispanic or Latino  
 Not Hispanic or Latino

Health Insurance  Yes  No

## PERSONAL HEALTH INFORMATION

I rate my overall health	Poor 1	Fair 2	Unsure 3	Good 4	Excellent 5
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
I see a health provider at least 1 time a year.	1	2	3	4	5
I see a dentist at least 1 to 2 times a year.	1	2	3	4	5
I exercise for at least 30 minutes 3 times a week.	1	2	3	4	5
I know where to go for the health services that I need	1	2	3	4	5

## PERSONAL HEALTH INFORMATION (continued)

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
I have the information that I need to take care of my health.	1	2	3	4	5
I feel that my religious/spiritual beliefs have a positive effect on my health.	1	2	3	4	5
I feel that taking an active role in my health is important to my overall health.	1	2	3	4	5

**DIRECTIONS:** Please read the statements below and circle the number that best represents how interested you are in each program/activity (1 = Not Interested to 5 = Very Interested).

## WELLNESS PROGRAMS/ACTIVITIES

I would be interested in the following programs/activities at my faith community if it were offered.

	Not at all interested	Not very interested	Undecided	Somewhat interested	Very interested
Cancer Prevention	1	2	3	4	5
Diabetes	1	2	3	4	5
End of Life Planning	1	2	3	4	5
Health Screenings (ex: blood pressure)	1	2	3	4	5
Heart Health	1	2	3	4	5
Men's Health	1	2	3	4	5
Women's Health	1	2	3	4	5

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