

## Anonymous Health Questionnaire for Wildwood Crest Residents

## Please take a moment to reply to the following questions. This information will help us create wellness programs designed to serve this community. Please circle yes or no.

1. Do you have trouble sleeping?	Yes or No
2. Do you often feel stressed/ overworked?	Yes or No
3. Do you work 2 jobs?	Yes or No
4. Do you have a long commute?	Yes or No
5. Do you stress eat?	Yes or No
6. Do you drink alcohol to help you relax?	Yes or No
7. Do you devote time each week to fitness?	Yes or No

8. Do you engage regularly in mindfulness activities such as meditation, yoga, art, reading?

	Yes or No
9. Do you have health insurance?	Yes or No
10. Are you up to date with your annual health screenings?	Yes or No

11. Would you be interested in learning how to improve your health from experts in the medical field?

	Yes or No
12. Do you eat a healthy, balanced diet?	Yes or No
13. Would you like to lose weight?	Yes or No
14. Do you enjoy line dancing?	Yes or No
15. Would you attend a tai chi, yoga, meditation class?	Yes or No
16. Would you enroll in an adult art class?	Yes or No
17. Would you consider taking a weight training class?	Yes or No
18. Do you take time to rest and relax?	Yes or No
19. Do you use sunscreen?	Yes or No
20. Do you schedule regular dental exams/cleanings?	Yes or No
21. Do you consider yourself in good health?	Yes or No



5800 Ocean Avenue Wildwood Crest NJ 08260		
	yor's Wellness Campaign Recreation Department	
	nis anonymous annual health assessment.	
Age Gender Suggestions for we	Ilness programs	
29. If so, please specify activity and time. Exar	mple, aerobics @ 5 pm	
28.Would you be interested in an evening fitn	ess or art class? Yes or No	
27. Are you easily distracted or forgetful?	Yes or No	
26. Are you hooked on technology?	Yes or No	
25. Where do you get most of your health info	ormation?	
24. Do you go to a doctor for routine care?	Yes or No	
23. Do you go to urgent care when you are sid	ck? Yes or No	

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