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
22. What is your biggest challenge to good health? ________________________________

23. Do you go to urgent care when you are sick? Yes or No

24. Do you go to a doctor for routine care? Yes or No

25. Where do you get most of your health information? ___________________________

26. Are you hooked on technology? Yes or No

27. Are you easily distracted or forgetful? Yes or No

28. Would you be interested in an evening fitness or art class? Yes or No

29. If so, please specify activity and time. Example, aerobics @ 5 pm. ________________

________________________________________________________________________

Age _____ Gender_____ Suggestions for wellness programs________________________

________________________________________________________________________

Thank you for your participation in this anonymous annual health assessment.

Wildwood Crest Mayor’s Wellness Campaign

Wildwood Crest Recreation Department

5800 Ocean Avenue

Wildwood Crest NJ 08260

609-523-0202