SURVEY

DO YOU TAKE CARE OF YOURSELF?

NAME: Tommy Miller OCCUPATION: student

GENDER: M X F OTHER AGE:

PART 1 - PHYSICAL HEALTH

1. DO YOU LIKE EXERCISING? YES: NO:

2. IF YES, HOW OFTEN DO YOU EXERCISE?
   ONCE A WEEK TWICE A WEEK THREE TIMES A WEEK NEVER

3. WHAT KIND OF EXERCISE DO YOU DO?
   WALKING CYCLING SOCCER SWIMMING
   RUNNING AEROBICS TENNIS MARTIAL ARTS
   OTHER

4. HOW MANY MEALS DO YOU HAVE A DAY?
   ONE TWO THREE FOUR

5. HOW OFTEN DO YOU EAT FAST FOOD?
   ONCE A WEEK TWICE A WEEK THREE TIMES A WEEK NEVER

6. HOW MANY HOURS A DAY DO YOU SLEEP?
   LESS THAN 5 BETWEEN 6 AND 8 MORE THAN 8

7. HOW OFTEN DO YOU HAVE A CHECK-UP?
   PHYSICAL: FREQUENTLY OCCASIONALLY NEVER
   DENTAL: FREQUENTLY OCCASIONALLY NEVER