

SURVEY

Do You take care OF YOURSELF?

NAME: Tommy Miller

OCCUPATION: student

GENDER: M ☒ 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 ☐