

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 ☐