

**All responses will be confidential. This survey is being done to collect information on the health habits of church members.**

**Demographic Information**

Survey Date: \_\_\_\_\_

Church: \_\_\_\_\_

Age (in years): \_\_\_\_\_

Weight (in pounds) \_\_\_\_\_ Height (in inches) \_\_\_\_\_

**Circle either Yes (Y) or No (N)**

1. Do you currently smoke?-----Y-----N
2. Do you exercise at least 5 times per week (30 minutes each time)?-----Y-----N
3. Do you eat 5 servings of fruits or vegetables per day?-----Y-----N
4. Do you have diabetes or take medicines for diabetes?-----Y-----N
5. Do you have high blood pressure or take pills for high blood pressure?--Y-----N
6. Do you have high cholesterol or take medicines for high cholesterol?-----Y-----N
7. Do you have heart disease or take medicines for heart disease?-----Y-----N
8. Do health problems affect your ability to do the work of Jesus?-----Y-----N
9. Is the Holy Spirit active in your life?-----Y-----N
10. Is the Holy Spirit able to help Christians overcome poor health habits?--Y-----N