

Health Interest Survey
Crossroads to Health and Recovery

Name: _____

Please check the areas that you are interested in:

- Weight Management (weight loss, maintenance, or gain)
- Healthy Cooking/Nutrition
- Healthy Shopping
- Yoga
- Exercise Bootcamp
- Walking Group
- Gardening (grow and manage a community garden)
- Fitness in the community
- Cholesterol Education
- High Blood Pressure Education
- Diabetes Education/Management
- Smoking Cessation: Help to quit smoking
- Stress Management

Other: _____

Do you have a primary doctor that you see on a regular basis for your physical health?

Yes

No

If yes, when was the last time you saw your doctor?

Over a year ago In the last 6 months In the last 3 months

Are you interested in receiving your primary healthcare at Crossroads Clinic at Community Alliance?

Yes

No

If so and would like us to contact you, who is your team and/or staff and phone number?
