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?