



Sequim Area Health Alliance Needs and Interest Survey

Please take a moment to give us your answers to the questions on this survey. Our purpose is to use your responses to help design health forums that are of interest to our local citizens. We appreciate your taking the time to complete this questionnaire.

Your Interests

The following questions ask about your interest in regards to wellness. Please take a moment to let us know what topics you are interested in. The information will be used for planning purposes.

1. Please list your top three personal health issues that are high priority for you to improve in the coming year:

- a. _____
- b. _____
- c. _____

2. If seminars and written information were available for the topics listed below, please check those that you would attend or seek information about:

- | | | |
|--------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Tips for lowering cholesterol | <input type="checkbox"/> Medical self-care | <input type="checkbox"/> Prescription drug tips |
| <input type="checkbox"/> AIDS | <input type="checkbox"/> Talking to your doctor | <input type="checkbox"/> Home safety |
| <input type="checkbox"/> Weight management techniques | <input type="checkbox"/> Sleep deprivation | <input type="checkbox"/> Heart disease prevention |
| <input type="checkbox"/> Walking programs | <input type="checkbox"/> Second-hand smoke | <input type="checkbox"/> Cancer detection/prevention |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Alternative (Complimentary) Care | |
| <input type="checkbox"/> Drugs | <input type="checkbox"/> Living with diabetes | |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Controlling high blood pressure | |
| <input type="checkbox"/> Headache prevention | <input type="checkbox"/> Stop smoking programs | |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Driving safety | |
| <input type="checkbox"/> Starting to exercise | <input type="checkbox"/> Back care | |
| <input type="checkbox"/> Avoiding sports injuries | <input type="checkbox"/> Foot care | |
| <input type="checkbox"/> Stress reduction methods | <input type="checkbox"/> Depression | |
| <input type="checkbox"/> Low-fat cooking | <input type="checkbox"/> Other | |

Thank you for your cooperation in completing this survey!

Please return to City Clerk, City of Sequim, 152 W. Cedar Street, Sequim, WA, 98382
Before: May 1, 2006