



Health Progress Survey

Name _____ Date of Birth _____

1. Approximately how long have You been a patient at Eze Family Health Center?

3 months _____ 6 months _____ 12 months _____

2. Are you a Primary Care patient or a Holistic Health patient here?

_____ Primary Care _____ Holistic Health

3. How much do you feel your overall health has improved since your first visit here?

___ No change ___ Worse ___ Some Improvement ___ Significant Improvement

4. Have you noticed any change in your lifestyle or habits since being a patient here? If so, what were these changes? (select all that apply)

___ I stopped smoking _____ I exercise more often
___ I eat more healthy foods _____ I drink less alcohol
___ My sleep habits have improved _____ I can manage stress better
___ Nothing in my lifestyle has changed _____ I can manage my weight
Other: _____

Do you think any of these positive changes are linked to you being a patient with us? ___ YES ___ NO

5. What activities or services offered through Eze Family Health Center do you feel had the greatest impact on improving your health since you have been a patient here? (select all that apply)

_____ Nutritional Counseling _____ Health Seminars & Screenings
_____ "No More Pills" Program _____ Meditation & Stress Reduction Classes
_____ Exercise Counseling _____ Vitamin & Mineral Supplements
_____ Power of Faith Sessions _____ Youth Rejuvenation Program
_____ Group Exercise Activities _____ Wellness & Weight Loss Program
_____ Healthy Family Makeover Program

