Forsyth Farmer's Market Wellness Screening
Participant Survey

Name: ___________________________ Glucose Reading: _______________
Age: ___________________________ Gender: ___________________________

This test is intended for informational purposes only. It is not a substitute for professional medical advice, diagnosis or treatment. Never ignore professional medical advice in seeking treatment. If you do not have a regular physician, please ask us for a referral to Curtis Cooper Primary Clinic.

1. Do you have a regular doctor that you see?
   Yes   No
   How often? ___________________________

   If no, when is the last time you saw a doctor? ___________________________

   By seeing a physician regularly, and getting regular testing that scans for things like diabetes, hypertension, and cholesterol, you are more prepared to deal with them in a timely manner before they cause life threatening danger to your health.

2. Are you currently being treated for a medical condition, such as Diabetes, HBP or high cholesterol?
   Yes   No
   What kind? ___________________________

3. Do you have a family (parents, grandparents, brothers or sisters) history of:
   Diabetes  Yes   No
   Type_________
   High blood pressure  Yes   No
   High cholesterol  Yes   No

   Having someone in your family who suffered from a disease can greatly increase YOUR chances of having the disease. A family history of diabetes increases your risk of developing diabetes by up to 26% and HBP pressure increases your risk of developing the disease up to 40%.

4. Have you ever taken medication for high blood pressure?
   Yes   No

   High blood pressure (hypertension) can lead to and make worse many complications of diabetes, including diabetic eye disease and kidney disease. Most people with diabetes develop high blood pressure during their life.

5. Are you currently on a special (vegetarian, low-fat, gluten free) diet?
   Yes   No

   If yes, which one? ___________________________

   Every person's body is different and every special diet is different. Take care when adopting a vegetarian/low-fat/gluten free diet and make sure to consult a medical/nutrition professional to ensure you are getting enough protein/fiber/nutrients and other essential needs for your body.
6. **How many soft drinks (coke, sprite) do you drink a day?**

   I do not drink them  \hspace{1em} Less than 2 per week  \hspace{1em} 1-3 per day \hspace{1em} 4-6 per day \hspace{1em} More than 6 per day

   *Give up one sugary soda a day. Cutting just one can of regular cola means losing more than 30 grams of sugar -- or about 8 teaspoons -- from your diet. Replace sodas and other sugary drinks with water or unsweetened tea. Other ways to cut sugar: Fresh fruit or fruit canned in water or juice has less sugar than fruit canned in syrup. And choose unsweetened cereals.*

7. **How many servings of fruit and vegetables do you eat daily?**

   7 half cup servings or more  \hspace{1em} 5-6 half cup servings \hspace{1em} 3-4 half cup servings \hspace{1em} Less than 3 half cup servings

   *The greatest possibility for complete nutrition lies in unprocessed natural foods, especially fruits and vegetables. Eating with the season ensures the highest nutritional “bang for your buck” and provides antioxidants (cancer-preventing), fiber, vitamins and minerals. Supplementing with quality proteins and fats creates a well-rounded eating plan.*

8. **How often do you eat fast food per week?**

   I do not eat fast food  \hspace{1em} 1 time per week \hspace{1em} 2-3 times per week  \hspace{1em} 4-6 times per week \hspace{1em} More than 6 times per week

   *Try to reduce fast-food temptations. Take a different route to avoid seeing drive-through restaurants. Keep fruit or nuts with you to hold you over until you get home or to work. If you can’t resist, look for fruit or veggie options like a salad (watch the dressing) or plain baked potato as a side.*

9. **Do you drink alcoholic beverages (beer, wine, liquor)?**

   Yes \hspace{1em} No

10. **How often do you drink alcoholic beverages?**

    Less than three drinks a week  \hspace{1em} 1 drink a day \hspace{1em} 2-3 drinks a day \hspace{1em} 4 or more drinks a day

    *Heavy drinking of alcohol contributes to high blood pressure, stroke and heart muscle damage, certain cancers, such as mouth, breast, liver, larynx and pharynx. Remember to drink alcohol in moderation or not at all.*

11. **Do you smoke?**

    Yes \hspace{1em} No

    *If yes, how many cigarettes per day? ____________________________

    *If no, have you ever smoked? _____________ How long ago did you quit? ________________

   *Smokers have a higher risk of heart disease, high blood pressure, cancer, diabetes and stroke and cigarettes are known to be harmful to most of your body’s systems. Cigarettes contain over 4900 chemicals and 69 of these are known to cause cancer. Here are some resources for quitting: [www.lung.org](http://www.lung.org) and [www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)*