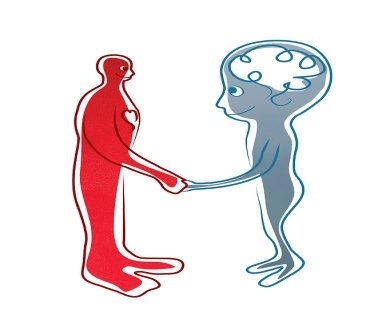
|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ahve  **Questions** | Name | Name | Name | Name |
| Do you feel healthy? |  |  |  |  |
| How often do you exercise? |  |  |  |  |
| Do you smoke? If yes, for how long? |  |  |  |  |
| How often do you drink alcohol? |  |  |  |  |
| Do you get sick often? |  |  |  |  |
| Do you eat a lot of fruit? |  |  |  |  |
| Do you eat a lot of vegetables? |  |  |  |  |
| Do you eat a lot of junk food? |  |  |  |  |
| Do you have a lot of stress? |  |  |  |  |
| Do you eat or drink a lot of things that are sweet? |  |  |  |  |
| Do you have any allergies? |  |  |  |  |
| Do you usually get enough sleep at night? |  |  |  |  |
| Do you worry a lot? |  |  |  |  |
|  |  |  |  |  |
| Healthy Score 1-10 |  |  |  |  |



**How healthy are you ?**

Survey 4 people!