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Health Objectives Questionnaire

Name: _____ Date: _____

What are your health objectives? _____

Have you ever been put on a health development program by a health practitioner?

Yes No _____

How long were you able to stay on the program? _____

What were your results? _____

Are you healthier today than you were 5 years ago?

Yes No My health has not changed

If yes, what have you done to improve your health? _____

If no, why do you think your health has declined? _____

Do you think your health will be better in 5 years from now than it is today?

Yes No I don't expect it to change

If yes, what do you plan to do to improve your health? _____

Do you think there is anything you can do to prevent your health from declining? _____

