

PROMOTING HEALTH IN THE MAD RIVER VALLEY



1. What health issues concern you?

2. What do you think you need to help yourself be healthier?

- | | |
|---|---|
| <input type="checkbox"/> More information, such as:
___ Written materials
___ List of health resources on the Internet
___ Classes/workshops
___ Presentations
___ Other _____ | <input type="checkbox"/> Help in paying for:
___ Medicines
___ Health care visits
<input type="checkbox"/> An alternative approach:
___ Referral to alternative health providers
___ More information
<input type="checkbox"/> Support group, about: _____
<input type="checkbox"/> Other: _____ |
|---|---|

3. Would you be interested in participating in a workshop, class, or support group about:

- | | |
|--|---|
| <input type="checkbox"/> Strategies for healthy living
<input type="checkbox"/> Weight Watchers class or nutrition education
<input type="checkbox"/> Bereavement or caregiver support
<input type="checkbox"/> Managing chronic conditions, such as diabetes, asthma, heart disease, arthritis, lung disease, etc. | <input type="checkbox"/> Managing chronic pain
<input type="checkbox"/> Menopause
<input type="checkbox"/> Parenting
<input type="checkbox"/> Smoking cessation
<input type="checkbox"/> Substance abuse
<input type="checkbox"/> Other: _____ |
|--|---|

4. What times would be best for you? (circle all that apply)

Mornings Afternoons Evenings Weekdays Weekends

5. What might prevent you from attending?

- Cost Transportation Care of family members Other: _____

6. Are you: Male _____ Female _____ What is your age? _____

7. Please add my name to MRVHC's e-mail list and notify me of upcoming programs:

Name: _____ E-mail: _____

Complete the Mad River Valley Health Center survey and enter to win a raffle!

Thanks for your participation in our survey. Please complete the information below to enter our raffle to win either a one-month membership at the Sugarbush Health & Racquet Club, a one-hour massage at SugarMountain Massage, or five classes of your choice at Health in Motion!! Raffle drawing is October 21st.

Name: _____ Phone/e-mail: _____

Please place in the designated drop box or mail. Fold so the return address label shows. Thank you!

www.mrvh.com

This survey is sponsored by the Board of the Mad River Valley Health Center, Inc., whose mission is promoting the well-being of all Valley residents by increasing access to diverse health education and outreach resources.



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