ExpertScan Health Survey

TO HELP US PROCESS YOUR SURVEY EFFICIENTLY AND ACCURATELY:

- Use *black* or *blue* ink
- Leave a space between house/appartment number and street address
- Print clearly in CAPITAL letters (as shown below) and stay within the boxes
- Mark the checkboxes with an **X** or a **checkmark**

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 0 1 2 3 4 5 6 7 8 9

Personal Data

NAME

ADDRESS

CITY

STATE

ZIP CODE

PHONE

GENDER

☐ Male ☐ Female

AGE

☐ 18-22 ☐ 23-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60-69 ☐ 70+

Which best describes your job? **Mark only one.**

☐ Clerical/Office ☐ Homemaker ☐ Laborer/Production
☐ Engineer ☐ Retired ☐ Sales/Marketing
☐ Professional ☐ Technician ☐ Manager/Supervisor
☐ Student

Chronic Health Conditions

Has a doctor ever said you have any of these chronic health problems? **Mark all that apply.**

☐ Allergies ☐ Arthritis ☐ Asthma
☐ Cancer ☐ Depression ☐ Diabetes
☐ High blood pressure ☐ High cholesterol ☐ Lung disease
☐ Back injury/pain ☐ Heart disease ☐ Osteoporosis

Copyright 2002 MediMed Health Systems, Inc.