

Individualized Health Feedback Questionnaire

Date: [Insert Date]

Dear [Patient's Name],

Thank you for participating in our health feedback program. Your insights are valuable in helping us provide personalized care. Please take a moment to answer the following questions:

Health Status

1. How would you rate your overall health? (Poor, Fair, Good, Very Good, Excellent)
2. Have you experienced any significant health issues in the past year? (Yes/No)

Lifestyle Habits

3. How often do you engage in physical exercise? (Never, Rarely, Occasionally, Frequently)
4. On average, how many servings of fruits and vegetables do you consume daily?

Mental Well-being

5. How would you describe your current stress level? (Low, Moderate, High)
6. Do you feel you have adequate support for your mental health? (Yes/No)

Additional Comments

7. Please provide any additional comments or concerns regarding your health:

Thank you for your input! Your responses will help us tailor our services to better meet your health needs.

Sincerely,

[Your Name]

[Your Position]

[Your Contact Information]