Your clinic, along with the Minneapolis Department of Health and Family Support, is asking you to fill out this survey. The purpose of the survey is to get information from patients about their interest in community and clinic based places and programs to exercise, eat healthy, and stop smoking. This information may be used to help your clinic connect patients to resources that can help them stay healthy. Your survey responses will be put together with other patient responses, so you cannot be identified. A report will be shared with the public and used to develop systems to help patients stay healthy. The survey is completely voluntary and there is not a right or wrong answer. If you decide not to take the survey, it will not affect your relationship with your doctor or your clinic. You may skip any questions you don't want to answer. You do not need to provide your name. For questions regarding this survey, please contact Kristen Godfrey at 612.673.2075.

1. **If your doctor recommended that you participate in physical activity, which of the following places would you like to go for exercise?** (check all that apply)
   - ☐ Public recreation center such as community center or fitness center that does NOT require a membership
   - ☐ Fitness center or health club such as the YMCA or Lifetime Fitness that requires a membership
   - ☐ School or church that allows public use of gym or equipment for exercise
   - ☐ Public park
   - ☐ Trail for walking, running, biking, or skating
   - ☐ Public swimming pool
   - ☐ Public places open for exercise (malls, buildings, skyways, etc.)
   - ☐ Other (please list) _____

2. **If your doctor recommended that you participate in physical activity, which of the following activities would you like to do for exercise?** (check all that apply)
   - ☐ Group exercise class such as aerobics, yoga, or dance
   - ☐ Organized sports such as basketball, soccer, volleyball
   - ☐ Learn how to add exercise into daily activities such as working and housework
   - ☐ Use exercise equipment such as hand weights, exercise ball, jump rope
   - ☐ Use exercise equipment such as a treadmill or weight machine
   - ☐ Walk, jog, or run
   - ☐ Use an exercise video
   - ☐ Other (please list) _____

3. **If your doctor recommended that you participate in physical activity, which of the following types of support would you like for exercise?** (check all that apply)
   - ☐ Individual face-to-face counseling or coaching on health and wellness
   - ☐ Phone counseling or coaching on health and wellness
   - ☐ Support group on health and wellness
   - ☐ Personal trainer to help you exercise
   - ☐ Paper information on ways to be active or how to exercise
   - ☐ Online information and learning on ways to be active or how to exercise
   - ☐ Other (please list) _____

4. **If your doctor recommended that you eat healthy, which of the following places and programs would you like for diet and nutrition?** (check all that apply)
   - ☐ Meet with an expert on diet or nutrition
   - ☐ Weight loss program such as Weight Watchers
   - ☐ Phone counseling or coaching for health and wellness
   - ☐ Face-to-face counseling or coaching for health and wellness
   - ☐ Classes on healthy eating, shopping, or cooking
   - ☐ Programs to help access healthy foods such as WIC or Fare for All
   - ☐ A garden in the community to grow healthy food
   - ☐ A farmers market in the community to buy healthy food
   - ☐ Online information and learning on healthy eating, shopping, or cooking
   - ☐ Paper information on healthy eating, shopping, or cooking
   - ☐ Other (please list) _____

Please turn the page for more questions

5. If your doctor recommended that you quit smoking or tobacco use, which of the following types of support would you like? (check all that apply)

- ☐ Phone counseling to help you quit
- ☐ Face–to-face counseling to help you quit
- ☐ Online information to help you quit
- ☐ Culturally specific class to help you quit
- ☐ Paper information on how to quit
- ☐ Other (please list) _____
- ☐ Does not apply

6. If your doctor recommended a place or program to help you be healthy, what help would you want from your clinic? (check all that apply)

- ☐ Give me a phone number to call for information on community resources
- ☐ Give me a phone number to call for information on services offered through my health insurance
- ☐ Give me a list of places or programs to take home with me
- ☐ Talk with me about places or programs offered
- ☐ Help me select a place or program to meet my needs
- ☐ Set up an appointment for me
- ☐ Remind me about my appointment
- ☐ Check in with me after my appointment
- ☐ Other _____
- ☐ Unsure
- ☐ None

7. If your doctor recommended programs at the clinic to help you be healthy, which of the following do you want located at your clinic? (check all that apply)

- ☐ Group exercise class
- ☐ Fitness center or exercise equipment
- ☐ Counseling on health and wellness
- ☐ Counseling on diet or nutrition
- ☐ Counseling on tobacco or alcohol use
- ☐ Support groups for health and wellness
- ☐ Classes on healthy eating, shopping, or cooking
- ☐ Diet or weight loss program
- ☐ Educational information sheets
- ☐ Farmers Market or community garden
- ☐ Unsure
- ☐ Other _____
- ☐ None

8. What is most important to you when looking for a place or program to help you be healthy? (check all that apply)

- ☐ Childcare is offered
- ☐ Low cost
- ☐ Can be paid for by health insurance
- ☐ Relates to my culture
- ☐ Family friendly
- ☐ Female only
- ☐ Male only
- ☐ Adult only
- ☐ Hours that work for me
- ☐ Services offered in other languages
- ☐ Location that works for me
- ☐ Easy to get to by the bus or train
- ☐ Safety
- ☐ Other _____
- ☐ Unsure

9. What keeps you from using places or programs to help you be healthy? (check all that apply)

- ☐ Not having childcare
- ☐ Cost is too high
- ☐ Not having health insurance
- ☐ Not having programs that relate to my culture
- ☐ Not having programs for my family
- ☐ Not having programs for adults
- ☐ Not having female only resources
- ☐ Not having male only resources
- ☐ Not having programs in different languages
- ☐ Hours do not work for me
- ☐ Location does not work for me
- ☐ Not having a way to get there
- ☐ Not easy to get there by the bus or train
- ☐ Making an appointment or initial contact
- ☐ Not having safe places or programs
- ☐ Not having time in my schedule
- ☐ Other _____
- ☐ None
- ☐ Unsure

Optional Demographic Questions

1. What is your gender? ☐ Male ☐ Female
2. What is your age? ____
3. What is your main language? _____
4. What is your zip code? _____