CONGREGATIONAL HEALTH MINISTRY SURVEY

To help plan for health ministry in our faith community, your assistance in answering the following questions is important. There is no need to sign your name unless you would like to be contacted. All information is confidential and will be used for planning programs in our congregation.

Please place an X by the appropriate response:

1. Your age:  ___under 20  ___20-29  ___30-39  ___40-49  
   ___50-59  ___60-69  ___70+
2. Gender:  ___Female  ___Male
3. Marital Status:  ___Single  ___Married  ___Divorced  ___Widowed
4. How do you rate your health?  ___Excellent  ___Good  ___Fair  ___Poor
5. Do you engage in regular exercise?  ___yes  ___no
   If yes, please explain:  ____________________________________________
6. Health Status: Please check if you have or have had any of the following conditions. Place a “C” by any current conditions and a “P” by those you have had.
   ___Heart Disease  ___Lung Disease  ___Cancer
   ___Arthritis  ___High Blood Pressure  ___Physical Disability
   ___Diabetes  ___Mental Illness  ___Depression
   ___Neurological Disease  ___Other:  __________________________________
7. Support groups can be developed to meet the interests of the greatest number of people. Please indicate if you would participate in any of the following. You may mark as many as you would participate in on a regular basis.
   ___Diabetes  ___Arthritis  ___Weight Control
   ___Grief and Loss  ___Alzheimer Care  ___Caregiving to Aged Relative
   ___Single Parents  ___Step-parenting  ___Parenting – ages ___________
   ___Living with Chronic Illness  ___Caregiving of Chronically Ill
   ___Families of Persons with Mental Health Problems  ___Other  _____________________
8. The following are health promotion/education classes that may enhance your emotional, physical and spiritual health. Classes will be developed to meet the interests of the greatest number of people. Please indicate if you would participate in any of the following. Mark as many as you have interest.
   ___Heart Disease/Stroke Prevention  ___Diabetes
   ___Healthy Eating/Cooking Demonstration  ___Exercise
9. What day of the week and time would you attend a class or group?
   ___Sunday  ___Monday  ___Tuesday  ___Wednesday
   ___Thursday  ___Friday  ___Saturday
   ___Morning  ___Afternoon  ___Evening

10. What is/are your major health concern(s)—physical, emotional and spiritual?

   ______________________________________________________________________________
   ______________________________________________________________________________

11. What is/are your major health concern(s) for your family?

   ______________________________________________________________________________
   ______________________________________________________________________________

12. Do you see an area of need in our congregation with which you would like to see a health ministry?

   ______________________________________________________________________________
   ______________________________________________________________________________

13. If you have had experience in any health topic and would be willing to teach or share your experience, please share your name and contact number below:

   Name: ______________________ Telephone: ______________________

   Topic: ______________________

14. Would you be interested in sharing some of your time as a volunteer? If so, please indicate your interest and share your name and contact number below.

   ___Visit in a home
   ___Provide Transportation
   ___Provide relief time for an adult caring for a dependent person
   ___Provide companionship as an emotional/spiritual support person

   Name: ______________________ Telephone: ______________________

Thank you for taking the time to complete this survey.

Name optional: ______________________