

## 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.

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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

- Healthy Back/Spine Care
- Stress Reduction
- Women's Health Issues
- Men's Health Issues
- Grief and Loss
- Other \_\_\_\_\_

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: \_\_\_\_\_

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Thank you for taking the time to complete this survey.

Name optional: \_\_\_\_\_