

Congregational Wellness Needs Assessment

PURPOSE:

In order to assist the Parish Nurse Task Force in planning the health ministry, we need your help in answering the following questions. No need to sign your name, only the task force will see this survey.

INSTRUCTIONS:

Read each section carefully. Check boxes and lines are provided for you to answer each question.

I. PERSONAL INFORMATION

- A. Your age: under 20 21-29 30-39 40-49 50-59 60-69 70-79 80 & up
B. Sex: Female Male
C. Marital Status: Single Married Divorced Widowed

II. PERSONAL HEALTH INFORMATION

- A. How do you rate your health? Excellent Good Fair Poor
B. Do you engage in exercise at least 30 min. three times per week? Yes No
C. Please check if you have or have had any of the following conditions:
Heart Disease Diabetes Osteoporosis Physical Disability
High Cholesterol Cancer Arthritis Depression
Hypertension Lung Disease Mental Problems Weight Problems
Other _____

III. HEALTH CLASSES/INFORMATION

- A. The following is a list of various classes/information that could be offered. Please check all subjects that you would participate in.
CPR Course Depression Infant/Child Health
Prayer Group Healthy Eating Marriage Enrichment
Stress Reduction Time Management Cancer Recognition
Men's Health Women's Health Domestic Violence
Substance Abuse Heart Health Screenings(B/P, Lipid, Osteo)
Pre-retirement Planning Parenting Skills Exercise: Zumba Yoga
First Aid Safety (age group:____) Other:_____
- B. Do you have any suggestions of other programs or activities that you would like to see the Parish Nurse Task Force offer?

IV. VOLUNTEER OPPORTUNITIES

- A. Church ministry involves all congregation members. The Parish Nurse Task Force is very interested in your abilities. Will you be interested in assisting with the health ministry program? Yes No
If yes, in what areas could you serve? _____
List your name and phone number if you are willing to work: _____
- B. The outreach of the Parish Nurse Task Force will include physical, emotional and spiritual aspects, would you be willing to assist with phone calls, cards and/or meals? Yes No
If yes, please specify which area you would be able to work with: _____

*Thank you for taking time to fill out this survey. Your input is **very important** in helping the Parish Nurse Task Force better serve you. **Please place the completed survey in drop box or offering tray.***
