

Faith Community Health Needs Survey

In order to help develop the Faith Community Health Ministry Program at _____, the Faith Community Nurses and Health Ministry Committee would appreciate your thoughts regarding the following questions. All information will be kept confidential.

1. Your age: under 20 20–29 30–39 40–49 50–59 60–69 over 70

2. Health status: Please indicate if you have any of the following conditions. Place **C** by any current conditions and a **P** by any past conditions.

<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Physical disabilities	<input type="checkbox"/> Cancer
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Lung/respiratory disease	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression
<input type="checkbox"/> Overweight	<input type="checkbox"/> Other _____	

3. Which of the following topics are of particular interest to you?

<input type="checkbox"/> Blood pressure	<input type="checkbox"/> Know your medications	<input type="checkbox"/> Cancer
<input type="checkbox"/> Stroke	<input type="checkbox"/> First aid safety	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Heart disease	<input type="checkbox"/> CPR instruction	<input type="checkbox"/> Exercise
<input type="checkbox"/> Digestive disease	<input type="checkbox"/> Lung disease	<input type="checkbox"/> Parenting
<input type="checkbox"/> Advance directives	<input type="checkbox"/> Freedom from smoking	<input type="checkbox"/> Self-esteem
<input type="checkbox"/> Babysitting tips	<input type="checkbox"/> Stress and coping	<input type="checkbox"/> Cholesterol
<input type="checkbox"/> Healthy eating	<input type="checkbox"/> Weight management	<input type="checkbox"/> Nutrition
<input type="checkbox"/> Medicare update	<input type="checkbox"/> Caring for aging relatives	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Hospice Care	<input type="checkbox"/> Alzheimer's disease/dementia	<input type="checkbox"/> Spiritual growth
<input type="checkbox"/> Bereavement	<input type="checkbox"/> Caregiver stress/respice care	<input type="checkbox"/> Prayer
Other _____		
Other _____		

4. Would you attend sessions on any of the above topics? Yes No

If yes, when would be the best time to attend classes?

Weekdays, daytime Weekdays, evening Saturday morning

5. If you would like to serve as a volunteer, include your name and phone number below and then indicate your area of interest.

6. What ways would you like to see the faith community nurse and health ministry utilized in this faith community?

<input type="checkbox"/> Health education	<input type="checkbox"/> Personal health counseling
<input type="checkbox"/> Health referrals	<input type="checkbox"/> Visitation of hospitalized, homebound
<input type="checkbox"/> Screening programs	<input type="checkbox"/> Advocacy

7. Additional Thoughts and Comments
