

CONGREGATIONAL HEALTH MINISTRY SURVEY

This survey has four purposes:

- a) Identify the health needs and interests of members.
- b) Introduce new ideas about health and wholeness.
- c) Discern the church's present health ministries.
- d) Discover resources for any additional health ministry actions your congregation may consider.

The term "health" is used here in its broadest sense to describe the physical, emotional, spiritual, and social well-being of a person or institution. "Health care" here means all the ways we promote and develop good health. "Medical care" refers to the ways we treat illness.

Using this broader view of health, please answer the following questions. You do not need to sign your name. Please return the completed survey to the committee or person collecting the results for the whole congregation.

1. What health and medical problems do you have, or do you know of in your family, congregation, and community? (Please check all that apply.)

Individual and Family

- Can't afford medical care
- Problems with stress
- Persons ill at home
- Substance abuse problems
- Problems with sexuality
- Under/uninsured persons
- Poor health habits
- Loneliness, isolation
- Grief and/or loss
- Physical/emotional abuse or neglect
- Problems in relationships with others
- Barriers to raising healthy children
- Need for spiritual renewal and focus
- Chronic illness or disability
- Primary caregiver for another person
- Need for personal counseling
- Financial problems
- Legal issues
- Housing problems
- Job problems
- End of life issues
- Other

Please list: _____

Community

- ___ Too few doctors/hospitals
- ___ Hard to get to medical services
- ___ Inadequate health promotion/illness prevention programs
- ___ Lack some medical services

Please list: _____

- ___ High infant mortality rate
- ___ Substandard housing or homeless
- ___ Lack of accountability for health/medical services
- ___ Environmental health risk (examples: water or air pollution, toxic disposal)
- ___ Other

Please list: _____

2. In your congregation's meetings, classes, worship, and sermons, about how often do you hear or talk about each of the following from a faith perspective? Please check all that apply.

- ___ Physical health
- ___ Emotional/mental health
- ___ Social/relational health
- ___ Medical care issues

3. How much interest do you and your congregation have in learning more and taking some active steps to improve health at each of these levels? Please check all that apply.

Myself	A Lot of Interest	Some Interest	No Interest
Individual health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Congregational health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health in our community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Congregation	A Lot of Interest	Some Interest	No Interest
Individual health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Congregational health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health in our community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How much interest is there in learning more and taking active steps to improve medical care at the same levels? Please rate each as (1) little interest, (2) some interest, or (3) high interest.

Myself	A Lot of Interest	Some Interest	No Interest
Individual medical issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family medical issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health issues in our congregation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health issues in our community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Congregation	A Lot of Interest	Some Interest	No Interest
Individual medical issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family medical issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health issues in our congregation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health issues in our community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Are there any specific health related activities you would like to see? (Please check all that apply, add others if needed)

	Now	Future
Observe Health Awareness Week	___	___
Observe an annual Health Care Sabbath	___	___
Health Risk Appraisal	___	___
Health Fair	___	___
Exercise program	___	___
Weight control program	___	___
Smoking cessation program	___	___
Illness/disability support groups	___	___
Alcohol/substance abuse support groups	___	___
Optional healthy snacks at meetings	___	___
Parish Nurse/Minister of Health	___	___
Study groups on health issues	___	___
Services of prayer and healing	___	___
Support for persons with mental illness	___	___
Stress management classes	___	___
Illness Screening: high blood pressure, diabetes...	___	___
Ministry to persons with or affected by HIV/AIDS	___	___
Education for youth about HIV/AIDS	___	___
Other: _____	___	___

Do you need additional information concerning specific health/medical topics or issues? Please list below. If you would like special assistance for yourself, a family member, or your congregation, please write below:

Please Return the Completed Survey to:

Person or Committee

(Adapted from the Presbyterian USA Church <http://www.pcusa.org/health/usa/survey.htm>.)