

SAMPLE ASSESSMENT

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Church Family Health Ministry Survey

In order to help for health education events and meet health needs at _____ the Helath Ministry is asking for your assistance in answering the following questions. There is no need to sign your name unless you want to do so. All information is confidential and will only be used for planning purposes in our church. Thank you for your help!

Please check the appropriate response.

1. Your Age: under 21 21-35 36-55 56-69 over 70
2. Gender: male female
3. Marital Status: single married widowed divorced separated
4. Employment Status:
 employed full time employed part time unemployed
 homemaker retired retire in 5 years
5. Do you have a wellness program at your place of employment? yes / no
6. How do you rate your health? excellent good fair poor
7. Do you engage in regular exercise? yes / no
8. Health Status: please check if you have, or have had, any of the following conditions.
 Heart Disease Lung Disease Mental Illness
 High Blood Pressure Stroke Headaches
 Diabetes Back Pain Arthritis
 Physical Disability Neck Pain Cancer
 Multiple Sclerosis Other: _____
9. What is/are your most important health concern(s) including physical, spiritual, and emotional?

10. What is/are the most important health concern(s) for your family, including physical, spiritual, and emotional?

11. What are your sources of health care information? Check all that apply.
 Family Doctor Specialist (MD) Internet
 Medical Clinic (no designated MD) Health Magazines
 Other: _____

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12. Where do you get health care treatment?

- Medical Clinic Alternative Medicine Family Doctor
 Health Care Specialist Do not have a doctor

13. How do you pay for your health care?

- Medical Insurance Medicare Self-pay
 Medical Assistance Christian Medi-share program

14. Do you receive dental care regularly? yes / no

15. What type of alternative medicine have you used, if any?

- natural medicine herbal medicine chiropractor care
 relaxation methods acupuncture other

16. The following are health education topics that enhance our physical, spiritual, and educational health. Please indicate if you would be interested in learning more about these topics. Mark as may as you like.

- | | | |
|---|--|--|
| <input type="checkbox"/> men's health issues | <input type="checkbox"/> women's health issues | <input type="checkbox"/> adolescent health |
| <input type="checkbox"/> aging | <input type="checkbox"/> arthritis | <input type="checkbox"/> elder care |
| <input type="checkbox"/> stroke/hypertension | <input type="checkbox"/> preretirement planning | <input type="checkbox"/> sleep disorders |
| <input type="checkbox"/> mental health | <input type="checkbox"/> domestic violence/abuse | <input type="checkbox"/> headaches |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> substance abuse | <input type="checkbox"/> healing prayer |
| <input type="checkbox"/> heart disease | <input type="checkbox"/> maintaining health | <input type="checkbox"/> nutrition |
| <input type="checkbox"/> stress reduction | <input type="checkbox"/> retirement adjustment | <input type="checkbox"/> chronic disease |
| <input type="checkbox"/> nursing home placement | <input type="checkbox"/> Alzheimer's disease | <input type="checkbox"/> family issues |
| <input type="checkbox"/> coping with life changes | <input type="checkbox"/> depression | <input type="checkbox"/> sexual concerns |
| <input type="checkbox"/> weight control | <input type="checkbox"/> parenting teens | <input type="checkbox"/> cancer |
| <input type="checkbox"/> other: _____ | | |

17. If you have health concerns, would you attend a service of "Prayer for Health and Healing?"

- Yes No Unsure

Thank you for taking the time to complete this survey! Please give your completed survey to the parish nurse office.