

Congregational Survey for the Parish Nurse Program

The Parish Nurse Program is just beginning at our church and we would like your input as to what type of programs and activities hold your interest. Please help us by completing the following survey. Thank you for your help!

1. Parish Nurses can arrange for health screenings at the church. Check any screenings that you might attend (some screenings may have a nominal fee): Blood Pressure _____
Cholesterol _____ Diabetes _____ Colon-Rectal Cancer _____
2. Health education programs are also part of the Parish Nurse Program. Check all the health issues that you are interested in learning more about:

____ CPR Training	____ Nutrition	____ Grief & Loss
____ Heart Disease	____ Diabetes	____ Exercise Class
____ Women's Health Issues	____ Parenting Skills	____ Alternative
____ Men's Health Issues	____ Children's Nutrition	____ Medical Therapies
____ Cancer Prevention	____ AIDS	____ Prayer and Healing
____ Weight Loss	____ Managing Stress	____ Arthritis
____ Depression/Loneliness	Other _____	
3. Check the time that would be most convenient for you to attend a health education class.
____ Day-time ____ Evenings ____ Evening with dinner ____ Sunday morning
4. Check any other services of a Parish Nurse you'd like to see offered.
____ A nurse to call to answer your own personal health questions
____ Health information in the church's monthly newsletter
____ Help with transportation to health related appointments
____ A pamphlet rack or bulletin board at the church with health information
____ Wholistic nursing visits
5. Other volunteers are always needed in this ministry of health (you don't have to be a nurse to be involved). Would you be interested in helping?
____ In prayer for this new ministry
____ Serving on a Planning Committee (quarterly meetings)
____ I'm not a health professional but I would be interested in helping out as needed
____ I am a health professional and would be willing to help in my area of expertise
area of expertise _____

To volunteer: Name _____ Phone Number _____

6. Gender (circle) M F Age _____ 1-18 _____ 19-40 _____ 41-50 _____ 51-60
_____ 61-70 _____ 71-80 _____ over 80

Thank you again. We appreciate your input!