

## 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 require a small 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	_____ Parenting Skills
_____ Heart Disease	_____ Children's Nutrition
_____ Women's Health Issues	_____ AIDS
_____ Men's Health Issues	_____ Managing Stress
_____ Cancer Prevention	_____ Grief and Loss
_____ Weight Loss	_____ Exercise Class
_____ Nutrition	_____ Alternative Medical Therapies
_____ Diabetes	_____ Prayer and Healing
_____ 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 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 (list 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!

