

**First English Lutheran Church
Health ministries needs assessment survey**

First English Lutheran Church members who are involved in the health ministries here are planning future health programs for members. You can help by completing this confidential questionnaire and submitting it in the designated packet on the health ministry section of the bulletin board at the Downtown Site and on the kiosk at the North Site by the end of February.

Please mark with an "x" the appropriate boxes.

General information:

1. Sex: Male____ Female____

2. Age: under 20__ 21-29__ 30-39__ 40-49__ 50-59__
 60-69__ 70-79__ 80-89__ 90 and over__

3. Marital status: Single__ Married__ Divorced__ Widowed__

4. Present living arrangements:
 Spouse__ Spouse and children__ Single parent__
Relatives__
 Retirement home__ Alone__
 Other, please
specify_____

5. Employment status: Employed? Yes__ No__
 If yes: Full-time__ Part-time__ Retired__

6. I have health insurance: Yes__ No__
 The children in my household have insurance: Yes__ No__

7. Health concerns you or your child may be experiencing. Please indicate with an "x" if you are experiencing the concern or a "c" if your child is experiencing the concern.

- | | |
|---|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Chronic headaches/migraines |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Back pain |
| <input type="checkbox"/> Dementia/Alzheimer's | <input type="checkbox"/> Substance abuse: alcohol/drugs |
| <input type="checkbox"/> HIV/hepatitis | <input type="checkbox"/> Sexually transmitted disease |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Weight problem |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> High cholesterol |
| <input type="checkbox"/> Lung disease | <input type="checkbox"/> High blood Pressure |
| Other _____ | |

8. Emotional issues you or your child may be experiencing. Please indicate with an "x" if you are experiencing the concern or a "c" if your child is experiencing the concern.

- | | |
|---|--|
| <input type="checkbox"/> Loneliness | <input type="checkbox"/> Loss and grief |
| <input type="checkbox"/> Weight control | <input type="checkbox"/> Care-giving to aged relative |
| <input type="checkbox"/> Preschool-parenting | <input type="checkbox"/> Elementary-age parenting |
| <input type="checkbox"/> Teen-parenting | <input type="checkbox"/> Step-parenting |
| <input type="checkbox"/> Single-parenting | |
| <input type="checkbox"/> Unemployed/underemployed | |
| <input type="checkbox"/> Living with chronic illness | <input type="checkbox"/> Care-giving to chronically-ill/disabled |
| <input type="checkbox"/> Families of persons with medical/emotional illness | |
| Other _____ | |

9. How do you handle stress?

- | | |
|---|---|
| <input type="checkbox"/> Talk to someone | <input type="checkbox"/> Read |
| <input type="checkbox"/> Anti-depressants | <input type="checkbox"/> Listen to music |
| <input type="checkbox"/> Pray | <input type="checkbox"/> Watch TV |
| <input type="checkbox"/> Read Scripture | <input type="checkbox"/> Alcohol/recreational drug use |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Raise your voice toward others |

10. Spiritual practices that are part of my life. Circle the number that is closest to your practice or thought:

a) On average, I attend worship services ___ times each month:

___0-1 ___2-3 ___4+

b) Other than meal-time prayers, I pray...

1 2 3 4 5

Only in church

Without Ceasing

c) I study God's word...

1 2 3 4 5

Only in Church

Daily

d) I volunteer/serve in my church/community...

1 2 3 4 5

Never

Daily

e) My life has meaning and purpose...

1 2 3 4 5

No purpose

Clear Purpose

f) I view my hardship(s) as a punishment...

1 2 3 4 5

No

Yes

g) I doubt God's love for me...

1 2 3 4 5

Often

Never

h) I struggle with feelings of guilt...

1 2 3 4 5

Often

Never

i) I suffer from chronic illness or chronic pain...

1 2 3 4 5

Often

Never

11. Comments _____
