SOUTHSIDE CHURCH OF THE NAZARENE

Congregational Health Survey

October 28, 2001

In order for the Parish Nurse and Wellness Committee to effectively plan, your assistance is needed to identify your health and health education needs. Please answer the following questions and return the survey after completion. If you attach your name, know that personal responses will be kept confidential. Thank you.

   30-45 years____ Female____ Married____
   45-65 years____ Widowed____
   66-75 years____ Divorced____
   76+ years____

4. What health conditions have been or currently are concerns of your family?
   ______ Arthritis ______ High Blood Pressure
   ______ Cancer ______ Mental Illness
   ______ Depression ______ Physical Disability
   ______ Diabetes ______ Substance Abuse
   ______ High Cholesterol ______ Weight Problems
   ______ Sexually Transmitted Disease
   ______ Other____

5. Please indicate areas for which you feel our Parish Nurse Program could be helpful and put an asterisk (*) beside the topic you might attend if a program was offered.

LIFESTYLE
   ______ Exercise
   ______ Stop Smoking Clinic
   ______ Nutrition, Weight Control
   ______ Substance & Addictive Behaviors

ADULT
   ______ Mid-Life Adjustments
   ______ Living Wills
   ______ Medicare
   ______ Hospice
   ______ Home Alone

FAMILY LIFE ISSUES
   ______ Family Life Changes i.e. Divorce
   ______ Domestic Violence
   ______ Blended Families
   ______ Single Parenting
   ______ Care for Aging Parents
   ______ Coping with Cancer
   ______ Attention Deficit
   ______ Hyperactivity Disorder (ADHD)
   ______ Grandparents raising Grandchildren

[OVER]
6. Do you know that we offer Weight Control and Exercise classes?
   Yes____________ No____________

7. Do you know that we offer Blood Pressure Screenings?
   Yes____________ No____________

8. Do you have expertise in the health field or a related field?
   Yes____________ No____________

   If yes: Name________________________________________
   Expertise________________________________________

9. Please add any suggestions or comments you would like to make regarding the Parish Nurse Program.
   __________________________________________________
   __________________________________________________
   __________________________________________________

III John 2: Dear friend, I pray that you may enjoy good health and that all may go well with you, even as your soul is getting along well. (NIV)

Thank you for your time and input regarding the Parish Nurse Program at Southside Church of the Nazarene.