

HEALTH MINISTRY SURVEY

In order to help the Faith Community Nurses plan their ministry at St. Columba's, we need your assistance in answering the following questions. There is NO need to sign your name unless you want to. All information is confidential and will only be used for planning programs in this church. Thank you for your assistance.

Put an X by your answer:

1. *Your age:* under 20 21 – 29 30 – 39
 40 - 49 50 – 59 60 – 69
 70 - 79 80 and over

2. *Gender:* female male

3. *Marital Status:* Single Married Divorced Widowed

4. *Employment Status:* Employed? Yes No

 If yes, Full time Part time Retired

Planning retirement within 3 years

5. *Are you covered by a medical health insurance plan?* Yes No

HMO PPO Medicare Supplement Other

6. *Do you get an annual physical?* Yes No

 Date of your last physical? _____

7. *Would you be interested in learning more about the Medicare Drug Plan?*

Yes No

8. *Does your medical plan cover screenings?* ___Mammogram ___Fitness
___Pap smear ___cholesterol ___osteoporosis ___colonoscopy ___PSA

9. *How do you rate your health?*
___Excellent ___Good ___Fair ___Poor ___Very Poor

10. *Do you engage in regular exercise?* ___Yes ___No

If yes, please state what kind _____ and
frequency _____.

11. *Do you engage in any spiritual practices, such as daily prayer, meditation, labyrinth walking, or other?* ___Yes ___No

If yes, please state what kind _____ and
frequency _____.

12. *Health Status:* Please check if you have or have had any of the following conditions. Place a “C” for current conditions and “P” for past conditions.

___Heart Disease

___Physical Disability

___Cancer

___Limited Mobility

___Diabetes

___High Blood Pressure

___Lung Disease

___Mental Illness

___Increased Weak

___Depression

___Constant Stress

___Other

___Frequent Forgetfulness

13. *Support Groups:* Please indicate with an “I” if you would like information or a “P” if you would be interested in participating in any of the following. You may place both an “I” and “P” and mark as many as you are interested in.

_____ Enhancing Communication with Others

_____ Living with Chronic Illness/Pain

_____ Caregiving of Chronically Ill/Disabled

_____ Loneliness

_____ Loss and Grief

_____ Weight Control

_____ Caregiving of Aged Relative

_____ Parenting

_____ Unemployed/Underemployed

_____ Relating to Parents/adults

Other: _____

14. *Health Promotion:* The following are areas of health promotion that are able to enhance emotional, physical and spiritual health. Please indicate with an “I” if you would like information or a “P” if you would be interested in participating in any of the following. You may place both an “I” and “P” and mark as many as you are interested in.

_____ Communication

_____ Exercise

_____ Healthy Eating

_____ Prayer Group

_____ Aging Process

_____ Stress Reduction

_____ Time Management

_____ Depression

_____ Marriage Enrichment

_____ Adolescent Issues

_____ Domestic Violence

_____ Substance Abuse

_____ Cancer Recognition

_____ CPR Course

_____ ”Break a Habit”

_____ Women’s Health Issues

_____ Men’s Health Issues

_____ Pre-retirement Planning

_____ Sexuality: _____ Teen

_____ Young Adult

_____ Middle Age

_____ Senior

Other: _____

15. *What day of the week would you be willing to attend a class or group?*
(Circle)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What time would you be willing to attend a class or group? (Circle)

Morning Afternoon Evening Weekend Retreat

16. *What is your major health concern(s), including emotional, physical, or spiritual?*

17. *What is your major health concern(s) for your family, including emotional, physical or spiritual?*

18. *Do you have:*

____ Advanced Health Care Directive ____ Durable Power of Attorney

____ Living Will ____ Living Trust ____ Financial Trust

What is the date of last revision? _____

Would you like information on any of these? ____ Yes ____ No

Name (Optional) _____

Thank you for taking time to fill out this questionnaire. This information will be utilized in planning programs in wellness promotion and preventative medicine.

Health Ministries working to serve you.