

PARISH NURSE PROGRAM

CONGREGATIONAL HEALTH SURVEY: *Taking the Pulse of Munsey*

We need your assistance as we plan health educational programs for Munsey Memorial UMC Church. Please complete the following questionnaire and return to Lindy Kinser, RN, Parish Nurse. All information is confidential and will be used only for planning programs in this Church.

1. Age: under 20 20-29 30-39 40-49 50-59 60-69 70 or over
2. Male Female
3. Single Married Divorced/Separated Widowed
4. How do you rate your health? Excellent Good Fair Poor
5. Do you exercise regularly? Yes No
6. Are you at your ideal weight? Yes No
7. Are you concerned about good nutrition? Eat Anything Watch my diet
8. Do you have or have you had any of the following? (“C” for current; “P” for past)

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|-------------------------------|--------------------------------|
| C P Heart/Vascular Disease | C P Respiratory Disease |
| C P High Blood Pressure | C P Cancer |
| C P Arthritis | C P Mental Illness |
| C P Diabetes | C P Physical Disability |
| C P Depression | C P Alcohol/Drug Dependency |
| C P Other _____ | |

9. Programs and classes will be offered. Please indicate what topics you would like for us to cover. Mark as many as you wish.

- | | |
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| <ul style="list-style-type: none"> Spiritual Emptiness/Dryness Prayer/Personal Devotional Life Marriage Enrichment First Aid/CPR Training Self Esteem Advanced Directives/Living Will Understanding Insurance Living with Chronic Illness Money Management Time Management Communication Skills Sleep Disorders Allergies Addiction/Dependency Other _____ | <ul style="list-style-type: none"> Loneliness/Depression Weight Control Healthy Lifestyle Exercise Women’s Health Issues Men’s Health Issues Adolescent Health Issues Children’s Health Issues Infant’s Health Issues The Aging Process Stress Reduction Caregiving Parenting Loss & Grief |
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10. Are you willing to volunteer a few hours each month (as few as one, as many as you wish) to assist with the Parish Nurse Program, assist with educational classes, etc.)? Yes No If yes, how do you wish to help? _____

11. Comments: _____

SIGNATURE: _____

(Optional)

PHONE: _____