

Assumption Faith Community Health Needs Survey

In order to help develop the Faith Community Health Ministry Program at Assumption Catholic Church, the Assumption Health Ministry would appreciate your thoughts regarding the following questions. All information will be kept confidential.

1. Your age: ☐ under 20, ☐ 20-35 ☐ 35-45 ☐ 45-55 ☐ 55-65 ☐ Over 65

2. Health Status: Please indicate I you have any of the following conditions. Place **C** by any current conditions and a **P** by any past conditions.

<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Physical Disabilities	<input type="checkbox"/> Cancer
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Lung/respiratory Disease	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression
<input type="checkbox"/> Overweight	<input type="checkbox"/> Other _____	

3. Please check which of the following topics are of particular interest to you?

<input type="checkbox"/> Blood pressure	<input type="checkbox"/> Know your Medications	<input type="checkbox"/> Cancer
<input type="checkbox"/> Stroke	<input type="checkbox"/> First aid safety	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> CPR instructions	<input type="checkbox"/> Exercise
<input type="checkbox"/> Digestive disease	<input type="checkbox"/> Lung disease	<input type="checkbox"/> Cholesterol
<input type="checkbox"/> Parenting	<input type="checkbox"/> Freedom from smoking	<input type="checkbox"/> Nutrition
<input type="checkbox"/> Advanced directives	<input type="checkbox"/> Stress and Coping	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Health eating	<input type="checkbox"/> Caring or aging relatives	<input type="checkbox"/> Hospice Care
<input type="checkbox"/> Medicare/Insurance	<input type="checkbox"/> Weight management	<input type="checkbox"/> Bereavement
<input type="checkbox"/> Alzheimer's disease/dementia		
<input type="checkbox"/> Spiritual growth	<input type="checkbox"/> Prayer	
Other: _____		

4. Would you attend sessions on any of the above topic ☐ yes ☐ no

If so, when would be the best time to attend sessions

<input type="checkbox"/> Senior Luncheon	<input type="checkbox"/> Weekdays, daytime
<input type="checkbox"/> Weekdays, evening	<input type="checkbox"/> Saturday morning

5. What ways would you like to see the faith community health ministry utilized in our Parish community?

<input type="checkbox"/> Health education	<input type="checkbox"/> Personal health counseling	<input type="checkbox"/> Health referrals
<input type="checkbox"/> Screening programs	<input type="checkbox"/> Advocacy	
<input type="checkbox"/> Visitation of hospitalized, homebound		

7. Additional thoughts and concerns: _____

If you are in the Health Care field and would be interested in participating or assisting with our Health Ministry, please email at: Call Mollie at (904) 403-0397 or email at health@assumptioncatholicchurch.org .