

St. Lawrence Valley Parish Nurse Ministry

St. Lawrence Valley Parish Nurse Ministry Mission Statement

The Parish Nurse Ministry is to prayerfully care for our Faith Community in order to promote the health of body mind and spirit.

Survey of Community of Faith Health Needs

1. Male Female
2. Single Married Divorced Widowed Separated Other _____
3. I have children: Yes No If yes, ages _____
4. Number of persons living in the household: _____
5. Participation in worship services, mass and/or other spiritual development activities:

<input type="checkbox"/> Rarely(1-2 times per year)	<input type="checkbox"/> Seldom(3-11 per year)
<input type="checkbox"/> Occasionally(Monthly)	<input type="checkbox"/> Regularly(Weekly)
<input type="checkbox"/> Daily	
6. Do you currently smoke? Yes No
7. Prioritize, by numbering, the top 5 concerns you have about your health from the list below:
(#1 would be the most pressing or greatest concern)

<input type="checkbox"/> Cancer	<input type="checkbox"/> Depression	<input type="checkbox"/> Nutrition
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Anxiety/Fears	<input type="checkbox"/> Anorexia/Buliemia
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Sleep Problems	<input type="checkbox"/> Weight Control
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Environmental Issues	<input type="checkbox"/> Abuse
<input type="checkbox"/> Lung Disease	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Violence
<input type="checkbox"/> Asthma	<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Sexual Issues
<input type="checkbox"/> Difficulty Breathing	<input type="checkbox"/> Alzheimer's/Dementia	<input type="checkbox"/> Menopause
<input type="checkbox"/> Pain	<input type="checkbox"/> Caregiver Stress/Strain	<input type="checkbox"/> Incontinence
<input type="checkbox"/> Headaches	<input type="checkbox"/> Knowledge of Medications	<input type="checkbox"/> HIV/AIDS

(Over)

8. How would you rate your health?
 Poor Fair Good Very Good Excellent
9. How would you rate your ability to take care of yourself?
 Poor Fair Good Very Good Excellent
10. How would you rate the availability of transportation to meet your health care needs?
 Poor Fair Good Very Good Excellent
11. How would you rate your comfort in talking with your health care provider about your or your family's health care concerns?
 Poor Fair Good Very Good Excellent
12. Do you have any spiritual concerns related to:
 Prayer Faith Anger Grief Death Loneliness
 Forgiveness Acceptance Ability to let go of Issues Spiritual Healing

13. If you are responsible for the care of a special needs or aging family member, please describe:

14. Are there any other physical, emotional, or spiritual health concerns that you have about yourself, your family or your community of faith not mentioned above?

Thank you for participating in our survey. The information will help guide the Parish Nurse Team to determine what programs are most needed by the congregation.

Your responses are confidential. Please do not put your name on the survey.

THANK YOU!