



# HEALTH AND WELLNESS SURVEY

**1. What health conditions are PAST and CURRENT concerns of your family?** Please indicate with an "X".

- |  |   |
|--|---|
| <input type="checkbox"/> Arthritis           | <input type="checkbox"/> Mental illness               |
| <input type="checkbox"/> Cancer              | <input type="checkbox"/> Stroke/Neuro disease         |
| <input type="checkbox"/> Depression          | <input type="checkbox"/> Physical disability          |
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Drug/Substance abuse         |
| <input type="checkbox"/> HIV (AIDS)          | <input type="checkbox"/> Tobacco usage                |
| <input type="checkbox"/> Heart disease       | <input type="checkbox"/> Sexually transmitted disease |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Weight Control               |
| <input type="checkbox"/> High cholesterol    | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> Lung disease        |   |

**2. Do you have any major health concerns?** (Be sure to include emotional, mental, physical and spiritual health concerns.)

For yourself? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For your family? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For our church and community? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. How could the Parish Nurses/Wellness Committee be helpful to you and your family?** Please indicate with an "X".

- | LIFESTYLE   | ADULT  |       |  |
|---|--|-------|--|
| <input type="checkbox"/> Time Management          | <input type="checkbox"/> Assertiveness         |       |  |
| <input type="checkbox"/> Exercise                 | <input type="checkbox"/> Anxiety/Depression    |       |  |
| <input type="checkbox"/> Smoking Cessation        | <input type="checkbox"/> Mid-life Adjustments  |       |  |
| <input type="checkbox"/> Stress Management        | <input type="checkbox"/> Living Wills          |       |  |
| <input type="checkbox"/> Grief Issues             | <input type="checkbox"/> Medication Management |       |  |
| <input type="checkbox"/> Nutrition/Weight control | <input type="checkbox"/> Long Term Care        |       |  |
|   | <input type="checkbox"/> CPR/AED Instruction   |       |  |
| FAMILY ISSUES                                     | WHEN ILLNESS STRIKES                           |       |  |
| <input type="checkbox"/> Family Life changes      | <input type="checkbox"/> Coping with Cancer    |       |  |
| <input type="checkbox"/> Domestic Violence        | <input type="checkbox"/> Chronic Illnesses     |       |  |
| <input type="checkbox"/> Divorce/Separation       | <input type="checkbox"/> Alzheimer's Disease   |       |  |
| <input type="checkbox"/> Blended Families         | <input type="checkbox"/> Back Pain             |       |  |
| <input type="checkbox"/> Sexuality                | <input type="checkbox"/> Heart Disease/Strokes |       |  |
| <input type="checkbox"/> Single Parenting         | <input type="checkbox"/> Osteoporosis          |       |  |
| <input type="checkbox"/> Marriage Enrichment      | <input type="checkbox"/> AIDS                  |       |  |
| <input type="checkbox"/> Aging Parent Issues      | <input type="checkbox"/> Memory Loss           |       |  |
| <input type="checkbox"/> Parenting Skills         | <input type="checkbox"/> Low Vision            |       |  |
| <input type="checkbox"/> Babysitting Classes      | <input type="checkbox"/> Hospice               |       |  |
| <b>OTHER</b> Please indicate interest             | YES  | NO    |  |
| Healing Service                                   | _____  | _____ |  |
| Vial of Life                                      | _____  | _____ |  |
| Community Blood Drive                             | _____  | _____ |  |
| Health Fair Screening                             | _____  | _____ |  |
| Community Resources                               | _____  | _____ |  |
| Medication Assistance                             | _____  | _____ |  |
| Medicare/Medicaid Info                            | _____  | _____ |  |