

Health Ministries Initial Congregational Survey

United Methodist Church of Monticello

Teen Form

To plan health programs in our parish, your assistance is needed to identify topics for your health. Please assist the Health Ministries Committee in offering programs to meet your needs by answering the following questions on this survey. All responses are considered CONFIDENTIAL. You may sign your name only if you wish. Thank you!

1. Your age: _____ 2. Male _____ Female _____

3. Do you have any major health concerns? Be sure to include mental, physical, emotional and spiritual health concerns.

For yourself? _____

For your family? _____

For our church? _____

For our community? _____

4. Please indicate areas where Health Ministries programs could be helpful to you:

- | | |
|---|------------------------------------|
| _____ Time Management | _____ Peers/When to say "no" |
| _____ Exercise | _____ Babysitting Skills |
| _____ Smoking Cessation | _____ Relaxation Techniques |
| _____ Grief/Bereavement/Loss | _____ CPR/First Aid |
| _____ Nutrition/weight control | _____ Sex and Dating Relationships |
| _____ Drug/alcohol abuse | _____ Dealing with Parents |
| _____ Safety at School & Recreation/Play | _____ Understanding Yourself & |
| _____ Understanding Feelings: happy
sad, mad, etc. | _____ Others |

Other Topics: _____

5. Comments:

Name (optional): _____