SOUTHSIDE CHURCH OF THE NAZARENE

Congregational Health Survey
for
TEENS
October, 2001

In order for the Parish Nurse and Wellness Committee to effectively plan, your assistance is needed to identify your health and health education needs. Please answer the following questions and return the survey after completion.

1.Age group:
12-13 years_____
14-16 years_____
17-18 years_____

2. Sex: Male_____
Female_____

3. Single_____
Married_____

4. What health concerns have been or currently are concerns in your family?

_____Cancer
_____Depression
_____Diabetes
_____Sexually Transmitted Diseases
_____High Blood Pressure
_____Mental Illness
_____Physical Disabilities
_____Substance Abuse i.e. Drugs, Alcohol
_____Weight Problems

5. Please indicate areas for which you feel our Parish Nurse Program could be helpful and put an asterisk (*) beside the topic you might attend if a program was offered.

_____Depression/Suicide
_____Home Alone
_____Eating Disorders
_____Social Skills/Peer Pressure
_____Social Violence in Society
_____Other Beliefs(i.e. Muslim)_____

Family Life Issues
_____Family Life Changes (Divorce, etc.)
_____Domestic Violence
_____Blended Families
_____Coping with Cancer
_____Attention Deficit Hyperactivity Disorder (ADHD)