



1. Please tell us how Parish Nurse Services have been helpful to you.
  
2. What could the Parish Nurses do to better serve the congregation?
  
3. If the Parish Nurses had regular "office hours" so that you could "drop in" or make appointments would you use that service?     Yes     No    If yes, suggest day/s and time frame \_\_\_\_\_
  
4. Health Status: Please check if you have or have had any of the following:
 

<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Lung Disease	<input type="checkbox"/> Mental illness	<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Stroke	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Fibromyalgia
<input type="checkbox"/> Neck/Back pain	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Cancer	<input type="checkbox"/> Other: _____
  
5. What are your sources of health care information? Check all that apply.
 

<input type="checkbox"/> Family Physician	<input type="checkbox"/> Specialist (MD)	<input type="checkbox"/> Friends/Family/Colleagues
<input type="checkbox"/> Medical Clinic	<input type="checkbox"/> Internet	<input type="checkbox"/> Parish Nurse
<input type="checkbox"/> Health Magazines	<input type="checkbox"/> Other	
  
6. Part of the Parish Nurse Ministry is to provide health-related education using local speakers with expertise in these areas. Would you be interested in hearing a speaker on a specific topic?
 

No     Yes (Mark all of the topics that would be of interest to you.)

<input type="checkbox"/> Children	<input type="checkbox"/> Bringing Baby Home	<input type="checkbox"/> Breast Feeding
<input type="checkbox"/> When to call the doctor	<input type="checkbox"/> Dealing with Minor illness and injury	<input type="checkbox"/> Nutrition and children
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Parenting Teens	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Depression/ Mental Health	<input type="checkbox"/> Men's and Women's Health Issues	<input type="checkbox"/> Hypertension/ Stroke
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Understanding Cholesterol and Lipids	<input type="checkbox"/> Pain Management
<input type="checkbox"/> Health Nutrition/weight loss	<input type="checkbox"/> Elder Abuse	<input type="checkbox"/> Mental Health Care
<input type="checkbox"/> Stress Reduction	<input type="checkbox"/> Coping with Chronic Illness	<input type="checkbox"/> Life changes and aging
<input type="checkbox"/> Assisting Aging Parents	<input type="checkbox"/> Selecting a nursing home	<input type="checkbox"/> Dementia
<input type="checkbox"/> Caring for the caregiver	<input type="checkbox"/> Health Care Power of Attorney, Living Will, End of Life Decisions	

Other topics of interest to me: \_\_\_\_\_

What would be a good time for hearing a speaker on health care??

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> During Sunday School                       | <input type="checkbox"/> Wednesday Evening                                  | <input type="checkbox"/> Saturday Morning (once a month) |
| <input type="checkbox"/> Once a month Lunch Meeting (suggest a day) | <input type="checkbox"/> I am not interested in having Health Care Speakers |  |

7. I prefer to receive health education information by:
 

<input type="checkbox"/> Reading articles in newsletter	<input type="checkbox"/> Listening to guest speakers
<input type="checkbox"/> Reading printed educational materials	<input type="checkbox"/> Meeting with PN to discuss health issues

A Parish Nurse Program requires more than a nurse or nurses. It needs Leadership from the Church members. To accomplish this, we need to create a Health and Wellness Committee made up of willing Church Members. It is not necessary to have a health or medical background to serve on this committee, simply an interest and willingness to share your ideas and provide direction for the ministry. If you are interested and willing to serve on this committee, please sign below:

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

I am a Nurse or other Health Professional and would be willing to volunteer to the P.N. Ministry

**Thank you very much** for your time and consideration of the Parish Nursing Ministry at Northminster. Please return the completed survey by placing it in the Centrum in the PN box or mail the survey to the church.

Signature: \_\_\_\_\_ (Optional)