

*St. Anthony, Sacred Heart, St. Ann*  
*Faith Community Needs Survey*

It has been two years since our initial health ministry survey. To continue to address the health needs of our cluster parishes, the Health Ministry team would appreciate your thoughts regarding the following questions. **All information will be kept confidential.** By answering the questions, you will help identify the focus of the health ministry team for the next 1-2 years.

Please indicate the number of family members living in your household by age:

\_\_\_\_ 0-12yrs \_\_\_\_ 13-17yrs \_\_\_\_ 18-30yrs \_\_\_\_ 31-50 yrs \_\_\_\_ 51-65 yrs \_\_\_\_ 66-80yrs \_\_\_\_ 81 and older

**1. Do you or any family members have any of the following health conditions?**

\_\_\_\_ Diabetes \_\_\_\_ High blood pressure \_\_\_\_ heart disease \_\_\_\_ cancer  
\_\_\_\_ Arthritis \_\_\_\_ Mobility Issues \_\_\_\_ Depression  
\_\_\_\_ Other (please explain) \_\_\_\_\_

**2. Please list any suggestions for health programs you would like to have presented.**

**3. Do you have any experience in your profession/career that you would be willing to teach or share with the cluster community? (Explain)**

**4. If you would like to serve as a volunteer, please provide your name and phone number and indicate your area of interest.**

**5. What do you do for your spiritual and emotional health? (Please circle)**

Prayer (Individual/group) Hobbies Meditation Activity Music Other \_\_\_\_\_

**6. Would you be interested in opportunities to deepen your prayer life? Yes\_\_\_\_\_ No\_\_\_\_\_**

**7. Are you aware of another member of the congregation that needs help? If so in what way?**

\_\_\_\_\_  
**Self-help groups may be developed to meet the interests and needs of the greatest number of people. Please indicate if you would participate in any of the following.** Please mark as

many as you would participate in: \_\_\_\_ multiple sclerosis \_\_\_\_ living with chronic illness  
\_\_\_\_ loneliness \_\_\_\_ loss and grief \_\_\_\_ caregiving to chronically ill \_\_\_\_ arthritis \_\_\_\_ diabetes  
\_\_\_\_ cancer \_\_\_\_ weight control \_\_\_\_ caregiving to aged relative  
\_\_\_\_ Other \_\_\_\_\_

You may drop this survey in the box at the back of the church door or in the collection basket or mail to the church office. Your prompt response will be greatly appreciated. Thank you for your Help and may God Bless you!

*ACT in Faith Health Ministry Team*