

## St. Boniface Church Health and Wellness Survey

In order to better serve you through our Health Ministry and to effectively plan for the health programming at St. Boniface, we would appreciate your assistance in answering the following questions. There is no need to sign your name unless you want to. All information is confidential and will be used to plan programs in our church. Your input is very important. Please check all of the items that are of interest to you.

<b>BODY</b>	<b>MIND</b>	<b>SPIRIT</b>
<input type="checkbox"/> Smoking	<input type="checkbox"/> Lonliness	<input type="checkbox"/> Guilt or Shame
<input type="checkbox"/> Overweight/Obesity	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Confusion about
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Eating Disorders	Faith
<input type="checkbox"/> Lung Disease/COPD	<input type="checkbox"/> Sleeping Disorders	<input type="checkbox"/> Discouragement
<input type="checkbox"/> Cancer	<input type="checkbox"/> Depression	<input type="checkbox"/> Christian
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Suicide	Commitment
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Unemployment	<input type="checkbox"/> How to Pray
<input type="checkbox"/> Alzheimers/Dementia	<input type="checkbox"/> Retirement	<input type="checkbox"/> Life's Meaning
<input type="checkbox"/> Vision Problems	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Devotional Time
<input type="checkbox"/> Drugs/Alcohol Abuse	<input type="checkbox"/> Gambling	<input type="checkbox"/> Lack of Personal
<input type="checkbox"/> Strokes	<input type="checkbox"/> Single Parenting	Connections
<input type="checkbox"/> HIV/Aids	<input type="checkbox"/> Aging Parents	<input type="checkbox"/> Bereavement
<input type="checkbox"/> Cholesterol Education	<input type="checkbox"/> Living Wills/Advance Directives	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Would you be interested in volunteering your skills and talents to assist others in the Parish?  Yes  No Name \_\_\_\_\_ Ph# \_\_\_\_\_

<b>Currently Use</b>	<b>Want Info</b>	<b>Plan to use</b>
Healing services _____	_____	_____
Health Screening _____	_____	_____
Flu Shots _____	_____	_____
Friendly Visitor _____	_____	_____
Prayer Groups _____	_____	_____

What programs would you utilize if offered at church or by a qualified health professional? Check all that apply: Support Group  Visiting Program  Health Screening  Informational Classes  Health Counseling  Transportation  Meals  Parish Nurse  CPR Training  Other

Circle the best time for you to attend events sponsored by the ministry:

<u>Weekdays:</u> M T W T F		<u>Weekends:</u> Sat. Sun.
Morning Mid-day Evening		Morning Mid-day Evening

Personal Information: Gender: M  F  Age \_\_\_\_\_  
 Perceived present health status: Excellent  Good  Fair  Poor

Thank you for your time in helping us with this important ministry. Please contact us with further questions or requests at: St. Boniface Church, 1750 Chase Ave., Cincinnati, OH 45223, (541-1563) Please mail survey to Health and Wellness Committee or drop in collection basket.