

Tucker First United Methodist Church Health & Wellness Ministry Survey

Mission Statement of the Health and Wellness Ministry:

Serving God, by providing help, hope, and care for the mind, body, and spirit.

In an effort to meet the congregation's needs and interests by providing desired services, we invite your input.

Please fill out this survey as honestly and informatively as possible. We welcome as much input as you can provide.

SECTION I – Desired Services and Programs

If programs/services of interest to you were offered, would you attend: Yes ___ No ___

If yes, when do you prefer? Please circle: Sat Sun Mon Tue Wed Thu Fri

Times _____ AM or PM

If not, why not? Too busy ___ Not interested ___ Time programs offered ___ Single parent ___
Can get info elsewhere ___ Don't drive at night ___ Other (be specific) ___

If yes, what topics/programs/services would you like?

Nurse services ___ B/P screenings ___ Flu shots ___ Printed info ___ Health fairs ___ Blood drives ___

Program topics:

1 - Wellness, Prevention, Health Promotion:

CPR ___ Death, Dying, Grief&Loss ___ Healthy Eating ___
Alcohol/Drugs ___ Depression ___ Heart Disease ___ Allergy/Asthma ___
De-stressing the Holidays ___ Hepatitis ___ Dementia ___ Diabetes ___
High Blood Pressure ___ Divorce ___ HIV/AIDS ___ Anger/Violence ___
Exercise ___ Self Esteem ___ Arthritis ___ Healthy Aging ___ Smoking Cessation ___
Stress Management ___ Stroke ___ Winter Wellness ___ Back Pain ___ Cancer ___
First Aid ___ Food Safety ___ Osteoporosis ___ Safety ___ Weight Loss/Control ___

2 - Family Related:

Care Giving ___ Infant/Newborn ___ Pregnancy ___ Eldercare ___ Childhood Growth and Development ___ Mid-Life Crisis ___ Womens/Mens Issues ___ Sex Education for Adolescents ___ Communication in the Family ___ Parenting ___ Single Parenting ___

3 - Spirituality & Ethical Issues:

Abortion ___ Advance Directives ___ Alternative Therapies ___
Cloning/Stem Cell Research ___ Healing Services ___ Meditation/Prayer ___
Quality of Life ___ Holistic Health ___ Health Ministry ___
Organ Donation ___ Other programs in which you are interested (Please be specific)

SECTION II – *Active participation*

We'd love to have you be an active part of our Health and Wellness Ministry - whether for a single event or on an ongoing basis.

Please indicate your area of interest and/or expertise and we'll contact you. Check all that apply:

Health and Wellness Committee ___ General Help ___ Health Fairs ___
Blood Drives ___ B/P Screenings (MA, EMT, RN, NP, PA, DO, MD) ___
Program Speaker (&Topics) ___ Host at Programs ___ Publicity ___
Hospitality (Baking/Food Supply) ___ Computer Issues ___ Transportation ___
Support Group Facilitator (Specify) ___ Telephoning ___
Health Care Resource (Specify) ___ Other ___

Availability: Check all that apply: Weekdays ___ Weekends ___ Mornings ___
Afternoons ___ Evenings ___ Fall ___ Winter ___ Spring ___ Summer ___
Occasional ___ On-going ___

Name (needed for us to contact you) _____
Daytime phone _____ evening/cell phone _____
E-mail address _____

Is there anything else you want us to know? _____

***Thank you for taking the time to give us your invaluable input ***

Please return survey to Susan Wasmer, any Health and Wellness Committee member, or place in the collection plate. You can also fill it out electronically and return it to Suzanne_wilson@tfumc.org.