



SAINT PATRICK
CATHOLIC
CHURCH & SCHOOL

HEALTH MINISTRY SURVEY

Help us to plan health programs and activities that are of interest to you and your family. Please take a minute or two to fill out this questionnaire. This is an anonymous survey and all responses will remain confidential. If you wish to speak to our health ministry leader, contact information is provided at the end of this survey.

Age: 13-18 19-29 30-39 40-49 50-59 60-69 Over 70

Gender: Male Female

Marital Status: Single Married Divorced Widowed Separated

Employed: Yes No Retired Disabled

Do you have Health Insurance: Yes No

*Check the top **five** concerns that you have about your physical health from the list below. Check only five.*

- | | | |
|---|--|--|
| <input type="checkbox"/> Abuse/Violence | <input type="checkbox"/> Grief/Loss | <input type="checkbox"/> Pediatric Concerns |
| <input type="checkbox"/> Affording Health Care | <input type="checkbox"/> Headaches | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Senior Housing Placement |
| <input type="checkbox"/> Anxiety/Fears | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Sexual Issues |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Sexually Transmitted Infections |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Understanding of Medications | <input type="checkbox"/> Sleep Problems |
| <input type="checkbox"/> Caregiver Stress | <input type="checkbox"/> Living with a Chronic Disease | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Dementia and Alzheimer's | <input type="checkbox"/> Lung Disease | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Menopause | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Developmental Disabilities | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Transportation to Appointments |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Weight Control/Obesity |
| <input type="checkbox"/> End of Life Decisions | <input type="checkbox"/> Lack of Exercise | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Financial Planning | | |

Other: _____

*Check the top **three** concerns that you have about your spiritual health from the list below. Check only three.*

- | | | |
|--|---|---|
| <input type="checkbox"/> Ability to let go | <input type="checkbox"/> Faith | <input type="checkbox"/> Sense of community |
| <input type="checkbox"/> Acceptance | <input type="checkbox"/> Forgiveness | <input type="checkbox"/> Spiritual Healing |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Loneliness and Isolation | <input type="checkbox"/> Trusting |
| <input type="checkbox"/> Death | <input type="checkbox"/> Past Trauma | <input type="checkbox"/> Divorce |
| <input type="checkbox"/> Prayer | | |

Other: _____

Rate your view of each of these health related statements between 1 – 5, with 1 meaning poor and 5 meaning excellent.

- ___ Your health
- ___ Your current knowledge about your own health
- ___ Your ability to take care of yourself or a family member
- ___ Your ability to pay for your current health care expenses
- ___ Your comfort and understanding in talking with your healthcare provider about diagnoses and concerns related to the health of you and your family.
- ___ Your comfort in talking with someone from our church's health ministry program about health concerns related to you and your family.

Of all the health concerns listed, which would you like to learn more about:

Are you aware of the health ministry program at our church? Yes No

What is your current level of satisfaction with the church's health ministry program?

[1 = not at all, 5 = very satisfied]

1 2 3 4 5

Has the health ministry program helped you understand your health needs? Yes No

What impact has the health ministry program had on your health?

- | | | |
|-------------------|---------------|--------------------|
| ___ Very positive | ___ Positive | ___ Some impact |
| ___ Little impact | ___ No impact | ___ Not applicable |

Thank you for taking the time to fill out this survey.

If you have any questions related to the Health Ministry
email Garry FitzGerald, ministry leader at: health@saintpats.org

Completed surveys can be dropped in the collection basket at Mass,
given to an usher, sent to health@saintpats.org or mailed to:
Saint Patrick Catholic Church
Attention: Survey
1001 North J Street
Tacoma, WA 98403