

TPC Congregational Health Assessment Survey
Please fill out this survey and return it to Dianne Lemmon or leave in the TPC office. Thanks!

This survey is being done to determine the needs of the congregation at TPC.

Demographics: Your age: _____ Sex: M ___ F ___
Marital Status: Married ___ Divorced ___ Widowed ___ Single ___
Are you the primary caregiver for an elderly or disabled person? Yes ___ No ___
How would you rate your health? ___ Excellent ___ Good ___ Fair ___ Poor

Conditions that directly affect you or a loved one:

- | | | |
|---|--|---|
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Autoimmune Disease | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Alzheimer's/Dementia | <input type="checkbox"/> Developmental disabilities | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Parenting Issues | <input type="checkbox"/> Depression | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Loneliness/Grief | <input type="checkbox"/> Abuse/Neglect | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Weight Issues | <input type="checkbox"/> Alcohol/Substance Abuse | <input type="checkbox"/> Terminal Illness |
| <input type="checkbox"/> Metabolic Disorders | <input type="checkbox"/> Relationship/Sexuality Issues | <input type="checkbox"/> Chronic Illness |
| <input type="checkbox"/> Other | | |

Comments: _____

What activities would you find beneficial at TPC?

- Support groups for conditions above, if so, please specify: _____
- Emergency preparation classes
- Advance medical directives/living will/estate planning
- Assistance understanding medical procedures, medications, diseases
- Health education/disease prevention workshops

Would you attend a workshop on a topic of value to you? ___ Yes ___ No
Would you attend a support group for a condition that affects you or a loved one?
___ Yes ___ No
Best times for a workshop or support group
___ Mon – Fri ___ Sat ___ Sun ___ morning ___ afternoon ___ evening

Suggestions/Comments: _____

Thanks for your participation.
Dianne Lemmon, RN
TPC Parish Nurse