

Our Lady of Mount Carmel Parish Nurse Program Planning Survey

Our Lady of Mount Carmel Parish Nurse Program is offered as a health care ministry supported by a collaboration of healthcare professionals. The goal of the parish nurse program is to enhance the physical, emotional, and spiritual wellbeing of OLMC parishioners by encompassing the overall health of the body, mind, and soul. To ensure the Christian value of the dignity and worth of each human life, our focus will be on maintaining wellness through prevention, education, and support.

This survey will help determine the overall health needs and concerns of our parishioners in order to develop relevant programs to meet those needs.

Please complete this survey considering all individuals in your family. **Please place this form in one of the boxes at the entrances of the church.** Survey is also available online @ olomc.org.

1). Age ranges within your family: (please check all that apply)

<input type="checkbox"/> 0-12	<input type="checkbox"/> 41-50
<input type="checkbox"/> 13-20	<input type="checkbox"/> 51-60
<input type="checkbox"/> 21-30	<input type="checkbox"/> 61-70
<input type="checkbox"/> 31-40	<input type="checkbox"/> 70+

2). Have you or a family member ever been told you have any of the following health-related problems?

Please check all that apply:

<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Heart Disease/ Heart Attack	<input type="checkbox"/> Hearing/Vision Loss
<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Chronic Back Pain
<input type="checkbox"/> Thyroid Disease	<input type="checkbox"/> Mental Health Concern (depression/anxiety)
<input type="checkbox"/> Respiratory Disease/ Asthma/COPD	<input type="checkbox"/> Eating Disorder
<input type="checkbox"/> Obstructive Sleep Apnea	<input type="checkbox"/> Cancer
<input type="checkbox"/> Stroke	<input type="checkbox"/> Physical Disabilities
<input type="checkbox"/> Obesity	<input type="checkbox"/> Alzheimer's/ Dementia
<input type="checkbox"/> Intellectual/ Developmental Disabilities	<input type="checkbox"/> Seizure
<input type="checkbox"/> Gastric Reflux	<input type="checkbox"/> Headache/ Migraines
<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Urinary Problems	

3). Check the educational topics of interest to you or your family members:

<input type="checkbox"/> Exercise Diet/ Improving Nutrition	<input type="checkbox"/> Grief/ Loss
<input type="checkbox"/> Stress Relief	<input type="checkbox"/> CPR/ First Aid
<input type="checkbox"/> Effective Parenting	<input type="checkbox"/> Babysitting Courses
<input type="checkbox"/> Loneliness/ Depression	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Smoking Cessation	<input type="checkbox"/> Healthy Aging
<input type="checkbox"/> Care for the Caregiver	<input type="checkbox"/> Other (specify)

Please see reverse side

4). Indicate a convenient time for you and your family to attend programs: (please check all that apply)

<input type="checkbox"/> Weekend Day	<input type="checkbox"/> Weekend Evening
<input type="checkbox"/> Weekday	<input type="checkbox"/> Weekday Evening

5). Comments/ Suggestions: How else can we help you?

Thank you for completing this survey. We appreciate your assistance and support in the development of this new initiative at OLMC.

Additional information may be found on our website www.olomc.org.