



Parish Health and Wellness Survey

All information is confidential and used for planning purposes only. Thank you.

- 1. Marital Status: Single Married Divorced Widowed
- 2. Male Female
- 3. Your age: Under 20 20-29 30-39 40-49 50-59 60-69 70+
- 4. Ages of dependents living in your home
- 5. Are you responsible for the care of a chronically ill/disabled individual? Yes No
- 6. What county do you live in?
- 7. Do you have a family in a local nursing/retirement home? Yes No
- 8. Do you have any transportations issues regarding your health care? Yes No

Please check any conditions which you worry about most often:

- Heart Disease
- Lung Disease
- Diabetes
- Depression
- Other
- High Blood Pressure
- Physical Disability
- Mental Illness
- Drug Epidemic
- Addictive Behavior
- Arthritis
- Stroke
- Cancer (type) _____

The following are health promotion programs that enhance our emotional, physical, and spiritual well-being. Please indicate all those you'd be likely to participate in:

- Smoking Cessation
- Walking for Fitness
- Healthy Eating/Weight Control
- Health Screenings
- Stress Management
- Expectant/New Parent Classes
- Men's Health Issues
- Women's Health Issues
- Senior Health Issues
- Community Health Resources
- Respite Care for the Disabled
- Exercise

What is your most important health concern?

Would you be willing to volunteer to help any of these programs? Yes No

Comments/Suggestions



Contact us for more information. Thank you

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