

NEEDS & INTEREST SURVEY



(402)-895-2224

www.crossandheart.org/champs

Congregation Name _____ Denomination _____

Address _____

Age of Person Completing Survey (*check one*)

- 18 to 29 years old
- 30 to 39 years old
- 40 to 50 years old
- 51 to 60 years old
- 61 to 70 years old
- 71 to 80 years old
- 81+ years old

Marital Status (*check one*)

- Single
- Married
- Separated
- Divorced
- Widow
- Widower
- One parent household

Gender: Male Female

Do you consider yourself primarily: (*check one*)

- African American
- Caucasian
- Native American
- Asian
- Hispanic/Latino
- Other _____

Describe a ministry you have seen a need for in your congregation. _____

What obstacles prevent you from participating in ministry or church activities? _____

NEEDS & INTEREST SURVEY



Please indicate how likely you would be to participate in each Of the following programs if they were offered through the church during the next year. Where there is more than one program listed, please circle those that apply.

1. Wellness

	Unlikely	Likely	Extremely Likely
Cancer / Prevention	1	2	3
Heart Disease / Hypertension / Prevention	1	2	3
Stroke / Prevention	1	2	3
Cholesterol Reduction	1	2	3
Home & Community Safety	1	2	3
Home Healthcare	1	2	3
Substance Abuse / Addiction Information	1	2	3
Elder Abuse—Physical / Financial	1	2	3
Alzheimer's	1	2	3
Diet & Nutrition	1	2	3
Healthy Cooking / Healthy Snacks	1	2	3
Re-employment Assistance	1	2	3
CPR/First Aid	1	2	3
Death & Dying / Grief & Loss / Hospice	1	2	3
Foot Care	1	2	3
Tax Assistance	1	2	3
Drivers' Safety	1	2	3
Dance Classes	1	2	3
Language Classes	1	2	3
Organ Donation	1	2	3
Planning for Retirement	1	2	3
Insomnia / Snoring / Sleep Apnea	1	2	3
Pet Therapy	1	2	3
Joint Disorders / Arthritis	1	2	3
Back Pain	1	2	3
Sexuality and Aging / Intimacy	1	2	3
Dental Health / Vision Disorders / Hearing Loss	1	2	3
Diabetes	1	2	3
Sexually Transmitted Disease	1	2	3
Resources on Aging Issues (books, videos, DVDs)	1	2	3
Women's Health Issues:			
Breast Cancer	1	2	3
Estrogen Replacement	1	2	3
Menopause	1	2	3
Osteoporosis	1	2	3
Men's Health Issues:	1	2	3
Prostate	1	2	3
Male Menopause	1	2	3

NEEDS & INTEREST SURVEY (cont'd)



2. Managing Health

	Unlikely	Likely	Extremely Likely
Health Fair	1	2	3
Flu Shot Clinic	1	2	3
Exercise (low-impact, walking, strength & balance)	1	2	3
Medication Review	1	2	3
Smoking Cessation	1	2	3
Weight Reduction	1	2	3
Preparing for a Doctor Visit	1	2	3
Communicating Effectively with Doctor	1	2	3
Mental Health Issues	1	2	3
Insurance—Medicaid B & D, Medicaid, Supplemental	1	2	3
Long Term / Home Health Insurance	1	2	3
Medical Billing Issues	1	2	3
Fellowship Groups: Hobby / Craft / Book Clubs	1	2	3
Telephone Contact Ministry	1	2	3
Support Groups			
Alzheimers	1	2	3
Grief	1	2	3
Cancer	1	2	3
Living with Chronic Illness	1	2	3
Families of Persons with Mental Illness	1	2	3
Alcohol & Addiction	1	2	3
Disability	1	2	3
Anger / Conflict Management	1	2	3
Stress Reduction	1	2	3
Grandparenting	1	2	3
Parenting Your Parents	1	2	3
Caregiver	1	2	3

3. Life Transitions

Guardianship / Power of Attorney / Conservatorship	1	2	3
Spiritual Life Review	1	2	3
Retirement Issues			
Financial, Emotional & Relational	1	2	3
Housing			
Downsizing	1	2	3
Selecting a living facility	1	2	3
Widow or Widowhood	1	2	3
Loneliness / Isolation	1	2	3
Spiritual Growth	1	2	3
Volunteering	1	2	3
Respite Care	1	2	3
Divorce	1	2	3

Please indicate which of the following times you would like to see programming take place:

	Unlikely	Likely	Extremely Likely
A. Mornings	1	2	3
B. Afternoons	1	2	3
C. Evenings	1	2	3

ANY OTHER INTEREST OR SUGGESTION (PLEASE SPECIFY) List any suggestions on programming you would like to see implemented. Your input is an IMPORTANT element to the success of our program.

DO YOU HAVE EXPERIENCES OR EXPERTISE IN AN AREA THAT YOU ARE WILLING TO SHARE?

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