Project HEAL
Health through Early Awareness and Learning

Church Survey

Name of Church: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Pastor:

_____

Phone: _____ (Home) _____ (Cell)

_____ (Office) _____ (Fax)

Email Address:

_____

Church Denomination:

_____

Day/Time(s) of Weekly Worship Service:

_____

Profile of Congregation

Number of adult members: _____

Number of members who attend weekly: _____

Percent women (who attend weekly): _____

Estimated number of men age 40-75 (who attend weekly): _____

Estimated number of women age 40-75 (who attend weekly): _____

Predominant race/ethnicity of members:

_____

Congregational Characteristics

Does the Pastor have employment outside serving as Pastor of this church?

_____ Yes   _____ No

Pastor education (type of degree): _____

Does the church own its building? _____ Yes   _____ No

Is the building adequate for the church's present program? _____ Yes   _____ No

Is a building program projected? _____ Yes   _____ No

Is the church building (including sanctuary and offices) handicap accessible?

_____ Yes   _____ No

Choose the statement that most accurately describes the theological/faith stance of your church (choose only one). We tend to be:

_____ theologically conservative

_____ theologically moderate to conservative

_____ theologically moderate

_____ theologically moderate to liberal

_____ theologically liberal

_____ quite diverse theologically

Please identify the services provided by your church (check all that apply).

_____ food pantry

_____ food assistance (i.e. soup kitchen)

_____ food vouchers

_____ nutritional supplements

_____ shelter

_____ emergency grants/loans for rent/utilities

_____ providing members with transportation

_____ clothing closet

_____ financial training, education, etc.

_____ assistance with food stamps, welfare, etc.

_____ college enrollment/preparation

_____ computer classes

_____ ESL or GED classes/preparation

_____ job readiness workshops

_____ resume writing/interviewing skills

_____ HIV counseling

_____ mental health counseling

_____ parental skills

_____ peer support groups (such as grief counseling)

_____ money management

_____ substance abuse recovery and support

_____ recreation (arts, crafts, outdoor activities)

_____ other _____

_____

_____

Does the church conduct evaluations, assessments, or monitoring to observe and measure the strengths and/or weaknesses of its services?   ____ Yes   ____ No

If yes, how are these evaluations conducted?

____ Formally

____ Informally

How often are these evaluations conducted?

____ at least once a month

____ once a month

____ every other month

____ quarterly

____ semi-annually

____ yearly

____ other (explain) _____

_____

_____

How many paid staff does the church have?

____ # full-time staff (35 hours or more)

____ # part-time staff

Does the church have computer access? _____ Yes _____ No

Does the church have internet access? _____ Yes _____ No

Does your church have a computer database? _____ Yes _____ No

If yes, what purpose does the computer database serve (check all that apply):

____ administrative information

____ demographic information of members (e.g. contact information)

____ needs assessment of members

____ other (describe)

_____

About how many people volunteer for various roles and activities at the church? _____

Is training offered to your staff or volunteers? ____ Yes ____ No

If yes, who conducts the training?

____ coworkers

____ supervisor

____ external personnel

Technical Assistance

Indicate the type of technical assistance your church has received, from internal or external sources, in the last 6 months (check all that apply):

_____ data collection

_____ strategic planning

_____ substantive program issues

_____ grant writing or funding

_____ recruitment/reaching members

_____ grants management

_____ community collaborations

_____ marketing and public relations

_____ financial management

_____ program development

_____ program evaluation

_____ information technology

_____ personnel management

_____ volunteer management

_____ other _____

_____ none

In which of the following areas does your church currently need technical assistance?

_____ data collection

_____ strategic planning

_____ substantive program issues

_____ grant writing or funding

_____ recruitment/reaching members

_____ grants management

_____ community collaborations

_____ marketing and public relations

_____ financial management

_____ program development

_____ program evaluation

_____ information technology

_____ personnel management

_____ volunteer management

_____ other _____

_____ none

Health Ministry Activities

Do you currently have a health ministry? _____ Yes   _____ No

If yes: Name of ministry: _____

 Meeting schedule: _____

 Resources available: _____

If not:

 Does your church conduct health activities and services? _____ Yes _____ No

 Are you interested in establishing a health ministry?   ____ Yes _____ No

Health area covered currently or within the past 2 years (check all that apply)

❑ Heart disease (including high blood pressure)   ❑ Asthma

❑ Stroke   ❑ Aging

❑ Cancer   ❑ Obesity/Overweight

  ❑ Breast   ❑ HIV/AIDS

  ❑ Prostate

  ❑ Colorectal

❑ Diabetes

❑ Physical Activity   ❑ Weight Loss

❑ Walking   ❑ Stress Reduction

❑ Healthy Diet

❑ Smoking

❑ Other: _____

Activities current or within the past 2 years (check all that apply)

❑ Classes   ❑ Counseling

❑ Brochures (e.g., pamphlets, booklets)   ❑ Internet

❑ Testing/Screening

     If yes, what kind: _____

❑ Health Fairs

❑ Other:

_____

Partnerships current or within the past 2 years (check all that apply)

❑ With health organizations (e.g., hospitals, health centers, etc.)

     If yes, number of partners _____

❑ With universities or colleges

     If yes, number of partners _____

❑ Other:

_____

Research projects: ❑No   ❑ Yes
(If yes, describe the project(s) and your partner(s)) [this can be past and present]

_____

_____

_____

_____

Past and future:

How long has your health ministry been going?   _____ years

What future plans do you have for your health ministry?

_____

_____

_____

_____

Program information (list major boards, ministries, committees, and organizations that are part of your church and frequency of meetings – monthly, weekly, etc.)

Name	Purpose of group	# of members	Frequency of meetings	*Leadership role

*Indicate leadership role expected by number:

1. Pastor takes primary initiative and responsibility

2. Pastor and laity share responsibility

3. Laity take primary initiative and responsibility

Outer Context

Community setting:

Location	Function	Growth
____ Rural	____ Industrial	____ Growing
____ Small town	____ College/university	____ Static
____ Metropolitan	____ Agricultural	____ Declining
____ Suburban	____ Recreational	
____ Inner city	____ Government	

Racial/ethnic composition of community:

____% Asian

____% Hispanic/Latino

____% African American/Black

____% Caucasian

____% Other (please specify)

Do most of the members live in the surrounding neighborhood or do they come in from other areas to attend services here (check only one)?

____ most live in this neighborhood

____ most come in from other areas

____ it is a mixture some from here some from other areas

Collaboration

Does your church collaborate with other organizations? _____ Yes _____ No

If yes, please indicate the objective(s) of the collaboration by checking off the appropriate category and indicating the number of organizations/collaborations.

_____ receive financial assistance   _____ (number of partners)

_____ provide financial assistance   _____ (number of partners)

_____ receive technical assistance   _____ (number of partners)

_____ provide technical assistance   _____ (number of partners)

_____ expand services of the church   _____ (number of partners)

_____ other _____   _____ (number of partners)

THANK YOU FOR YOUR PARTICIPATION IN PROJECT HEAL!