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: ______________

Predominant race/ethnicity of members: __________________________

Number of men, ages 40 - 75, who regularly attend weekly services: ______________

Number of women, ages 40 - 75, who regularly attend weekly services: ______________

Estimate percentage of congregation. Each category should add up to 100%.

Age: Family units:

___% ages 0-5 ___% couples with children at home

___% ages 6-18 ___% couples without children at home

___% ages 19-34 ___% single

___% ages 35-49 ___% single parent with children at home

___% ages 50-64 ___% grandparent raising grandchildren

___% ages 65-74 at home

___% ages 75+

Education of adults (Highest level) Occupation of adults:

___% completed less than high school ___% business

___% high school graduates ___% clerical

___% some college/vocational school ___% government

___% college graduates ___% laborer/manufacturing

___% graduate school ___% professional

___% tradesperson
Employment:

____% employed
____% self-employed
____% not currently employed
____% military
____% retired
____ % other

Congregational Characteristics

Does the Pastor have employment outside serving as Pastor of this church?
____ Yes  ____ No
Pastor education:  ________________________________

Does the church own it's 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
___ money management
___ substance abuse support
___ recreation (arts, crafts, outdoor activities)
___ other ________________________________

________________________________________
How many paid staff does the church have?

____ full time (35 hours or more)
____ part time

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
____ demographic information of members
____ needs assessment of members
____ other (describe)
__________________________________________________________

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

Does the church conduct evaluations 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) ________________________________
  ___________________________________________________________________
  ___________________________________________________________________
  ___________________________________________________________________
Technical Assistance

Technical assistance your church has received 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, are you interested in establishing a health ministry? ____ Yes ____ No

Health area (check all that apply)

- Heart disease (including high blood pressure)
- Stroke
- Cancer
  - Breast
  - Prostate
  - Colorectal
- Diabetes
- Physical Activity
  - Walking
- Healthy Diet
- Smoking
- Other: __________________________________________
Activities (check all that apply)

- Classes
- Brochures (e.g., pamphlets, booklets)
- Testing/Screening
  - If yes, what kind: ____________________________
- Health Fairs
- Other: ______________________________________

Partnerships (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))
                   ______________________________________
                   ______________________________________
                   ______________________________________
                   ______________________________________
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.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Purpose of group</th>
<th># of members</th>
<th>Frequency of meetings</th>
<th>*Leadership role</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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:

<table>
<thead>
<tr>
<th>Location</th>
<th>Function</th>
<th>Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>Industrial</td>
<td>Growing</td>
</tr>
<tr>
<td>Small town</td>
<td>College/university</td>
<td>Static</td>
</tr>
<tr>
<td>Metropolitan</td>
<td>Agricultural</td>
<td>Declining</td>
</tr>
<tr>
<td>Suburban</td>
<td>Recreational</td>
<td></td>
</tr>
<tr>
<td>Inner city</td>
<td>Government</td>
<td></td>
</tr>
</tbody>
</table>

Racial/ethnic composition of community:

<table>
<thead>
<tr>
<th>% Asian</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Hispanic/Latino</td>
</tr>
<tr>
<td>% African American</td>
</tr>
<tr>
<td>% Caucasian</td>
</tr>
<tr>
<td>% Other (please specify)</td>
</tr>
</tbody>
</table>

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)?

<table>
<thead>
<tr>
<th>most live this neighborhood</th>
</tr>
</thead>
<tbody>
<tr>
<td>most come in from other areas</td>
</tr>
<tr>
<td>it is a mixture some from here some from other areas</td>
</tr>
</tbody>
</table>
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!