

St. Joseph's Catholic Church

Health Needs Survey

For parishioners age 11 (6th grade) and older, please complete by filling in the blanks or circling your answers. When done, return to the collection or the box in the Church foyer by June 28th. Thank you.

Your age: _____ years Your gender: Female Male

How would you describe your health: Excellent Good Fair Poor

Number of minutes you exercise *moderately* in a week: _____
 (Moderately means your heart rate and breathing rise, you can still talk, and you spend at least 10 minutes)

Number of servings of fruits and vegetables you eat daily: _____

Circle the topics of health and illness of interest to you and your family:

<u>Healthy Lifestyle</u>	<u>Prevention</u>	<u>Illnesses</u>	<u>Coping</u>
Exercise	Immunizations	Diabetes	Stress management
Nutrition, diet	Safety in the home	High blood pressure	Grief
Weight, obesity	Tobacco use	High cholesterol, lipids	Anger
Sleep	Alcohol use/abuse	Heart disease	Worry and anxiety
Children's health	Drug use/abuse	Stroke	Depression
Adolescent health	Sports injuries	Cancer	Suicide
Health in pregnancy	Driving safety	Arthritis	Coping with a death
Adult health	Skin care	Chronic pain	Coping with divorce
Health in aging	Neglect/abuse (child, date, spouse, elder)	Eye problems	Coping with job loss
Mental health		Hearing	Chronic illness
Brain health	Recommended screening and preventive care for age and gender	Alzheimer's, dementia	Parenting
Oral health		HIV, AIDS	Caring for ill loved ones
Environment health		ADD, ADHD, autism	End-of-life care
Health of homes		Taking medications	Dying and death

Circle the days of the week that you would attend a health activity:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Circle the times of a weekday you would attend a health activity:

Morning (9 -11 am) Noon (12-1) Afternoon (1-3 pm) Pre-dinner (3-5) After dinner (7-9)

Circle the times of a Saturday or Sunday you would attend a health activity:

Morning Before or after Mass Afternoon Evening

Circle the types of health activities you would attend: Classes/speakers Small group activities

Circle how you prefer to receive information: Written materials Web-site Email CD or DVD

List your top 3 health concerns: 1. _____
 2. _____
 3. _____