

HEALTH ASSESSMENT SURVEY

To effectively plan for the Health Commission & Parish Nurse Program, your input is so very important. Please take a few moments to complete this health survey. All personal information is confidential and will be used only for planning health programs for your benefit. Thank you for your cooperation.

1. Age _____ 2. Sex ___ M ___ F
3. Marital Status ___ Single ___ Married ___ Widowed ___ Divorced ___ Separated
4. Age of Children _____
5. I will attend Health Programs held on:
___ Sun ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat
6. Best time for Health Programs ___ Morning ___ Afternoon ___ Evening

Please mark an (X) to indicate the health interest for you and your family(check all that apply)

HEALTH PREVENTION

- ___ CPR Certification
- ___ Standard First Aid
- ___ Health Fair
- ___ Vision/Hearing
- ___ Early Disease Detection
- ___ Drug/Alcohol Abuse
- ___ AIDS Awareness

- ___ Women's Health Issues
- ___ Men's Health Issues
- ___ Your Medicine Cabinet
- ___ Mid-Life Adjustments
- ___ Living Wills/ Advanced Directives
- ___ Retirement Planning
- ___ Medicare

HEALTHY HEARTS

- ___ Blood Pressure Screening
- ___ Cholesterol Education
- ___ Nutrition/Weight Control
- ___ Exercise Classes
- ___ Stop Smoking Clinic
- ___ Stress Management

WHEN ILLNESS STRIKES

- ___ Alzheimer's Disease
- ___ Arthritis
- ___ Coping with Cancer
- ___ Diabetes
- ___ Living With Chronic Illness
- ___ Living With Chronic Pain
- ___ Osteoporosis
- ___ Heart Disease/Stroke
- ___ Low Back Pain
- ___ Dealing with Grief
- ___ Hospice

TEEN HEALTH

- ___ Conflict/Communication
- ___ Peer Pressure
- ___ Eating Disorders
- ___ Depression/Suicide

SUPPORT GROUPS

- ___ Caring for the Caregiver
- ___ Parents Without Partners
- ___ Recently Bereaved
- ___ Stress Support
- ___ Weight Control
- ___ Alcohol/ Drug Abuse
- ___ Smoking Cessation

CHILDREN'S HEALTH

- ___ Home Alone Awareness
- ___ First Aid For Children
- ___ Babysitting Clinic

FAMILY ISSUES

- ___ Parenting Classes
- ___ Family Life Changes
- ___ Sexuality
- ___ Marriage Enrichment
- ___ Domestic Violence
- ___ Caring for the Aged
- ___ Mental/Emotional Issues
- ___ Loneliness/Depression

ADULT ISSUES

- ___ Stress

In addition to the items already checked above, I would like more information about:

Please submit your completed form to the Parish Nurse or Health Director.

Thank You For Your Cooperation. God Bless You.