

Church: _____
Local Congregation Survey and Self-Assessment (Adapted)

To increase compassion within our congregation, our church is interested in understanding the emotional issues that you face (you or a close family member that you deal with), as well as your desires for loving support, prayer, and/or practical resources. This survey should take about 5 minutes to complete. We appreciate your time. Thank you.

[You don't have to put your name on this survey.]

Age of person completing this survey: _____

Gender of person: Male Female

Position of Person Completing Survey:

- church minister other leader in the congregation
- church member (not leadership) church visitor (not a member)
- Other: _____

Please identify the issue(s) you or your close family member are dealing with:

Emotional Issue	How often this issue is present	How big a concern for you
Alcoholism/excessive drinking	<input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> often	<input type="checkbox"/> none <input type="checkbox"/> minor <input type="checkbox"/> major
Drug use/substance abuse	<input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> often	<input type="checkbox"/> none <input type="checkbox"/> minor <input type="checkbox"/> major
Anxiety	<input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> often	<input type="checkbox"/> none <input type="checkbox"/> minor <input type="checkbox"/> major
Trauma or Abuse issues	<input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> often	<input type="checkbox"/> none <input type="checkbox"/> minor <input type="checkbox"/> major
Severe personality problems	<input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> often	<input type="checkbox"/> none <input type="checkbox"/> minor <input type="checkbox"/> major
Depression	<input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> often	<input type="checkbox"/> none <input type="checkbox"/> minor <input type="checkbox"/> major
Severe mental illness - bipolar disorder, schizophrenia	<input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> often	<input type="checkbox"/> none <input type="checkbox"/> minor <input type="checkbox"/> major
Children's behavior problems	<input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> often	<input type="checkbox"/> none <input type="checkbox"/> minor <input type="checkbox"/> major
Runaway or homeless youth	<input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> often	<input type="checkbox"/> none <input type="checkbox"/> minor <input type="checkbox"/> major
Military veterans with mental health issues	<input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> often	<input type="checkbox"/> none <input type="checkbox"/> minor <input type="checkbox"/> major
Distinguishing sin or willful behavior from mental illness	<input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> often	<input type="checkbox"/> none <input type="checkbox"/> minor <input type="checkbox"/> major
Uncertain how to support families with mental illness	<input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> often	<input type="checkbox"/> none <input type="checkbox"/> minor <input type="checkbox"/> major
Not sure when and where to refer someone for treatment	<input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> often	<input type="checkbox"/> none <input type="checkbox"/> minor <input type="checkbox"/> major
Unavailability of housing	<input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> often	<input type="checkbox"/> none <input type="checkbox"/> minor <input type="checkbox"/> major
Addictions like internet porn, food additions, or other non-	<input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> often	<input type="checkbox"/> none <input type="checkbox"/> minor <input type="checkbox"/> major

Emotional Issue	How often this issue is present	How big a concern for you
drug addictions		
Suicidal thoughts or feelings	<input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> often	<input type="checkbox"/> none <input type="checkbox"/> minor <input type="checkbox"/> major
A purely spiritual issue/ stronghold (please state what it is) _____	<input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> often	<input type="checkbox"/> none <input type="checkbox"/> minor <input type="checkbox"/> major
Other: _____	<input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> often	<input type="checkbox"/> none <input type="checkbox"/> minor <input type="checkbox"/> major

If any, please describe the emotional issue(s) causing you the most pain right now, about which you would like more information or resources:
