

Family Life Profile Survey

Name Date of Birth

Age group: 18-30 31-40 41-50 51-60 61-70 71+

Gender: M F (c)

Address

Telephone (Home) (Work)

Baptized SDA Yes No

If Yes, local church membership

If No, what is your religious background/present affiliation?

Marital status:

Single, never married

Single, divorced

Single, widowed

Married—Spouse's name Date of Birth

Spouse is SDA—Local church membership

Spouse is not SDA—Present religious affiliation

Children whose primary residence is with you:

Name Birthdate

Grade in school School attending

Baptized SDA? Local church membership

Name Birthdate

Grade in school School attending

Baptized SDA? Local church membership

Children whose primary residence is elsewhere:

Name Birthdate

Baptized SDA? Local church membership

Name Birthdate

Baptized SDA? Local church membership

Other family members living with you:

Name Birthdate

Baptized SDA? Local church membership

Family Relationship

Name Birthdate

Baptized SDA? Local church membership

Family Relationship

What is the most significant thing the Family Ministries Committee could do this year to address the interests/needs of your family?

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.....
.....

I am interested in Family Ministries and am willing to help by

- Telephoning as needed
- Participating in planning sessions
- Providing transportation
- Preparation for events
- Help with meals/refreshments
- Child care
- Advertising
- Other

Presenting lectures/classes/seminars/workshops or other presentations Your interest area(s)

.....
.....

Family Life Profile

Church Date

Family Category

Active Members

- With Children Under 18
- No Children Under 18

Married—Spouse is a Member

- Ages 18-30
- Ages 31-50
- Ages 51-60
- Ages 61-70
- Ages 71 +

Single—Never Married

- Ages 18-30
- Ages 31-50
- Ages 51-60
- Ages 61-70
- Ages 71 +

Inactive Members

- With Children Under 18
- No Children Under 18

Married—Spouse is a Non-member

- Ages 18-30
- Ages 31-50
- Ages 51-60
- Ages 61-70
- Ages 71 +

Single—Divorced

- Ages 18-30
- Ages 31-50
- Ages 51-60
- Ages 61-70
- Ages 71 +

Family Ministries Interest Survey

Your age group: 18-30 31-40 41-50 51-60 61-70 71+
 Gender: M F

From the topics below, please select the five that are of most interest to you.
 Place a check in front of each one you select:

- | | |
|---|---|
| <input type="checkbox"/> Preparation for marriage | <input type="checkbox"/> Worship and devotional life |
| <input type="checkbox"/> Family finance | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Discipline in the home | <input type="checkbox"/> Single adult living |
| <input type="checkbox"/> Parenting teenagers | <input type="checkbox"/> Improving self-worth |
| <input type="checkbox"/> Preparation for childbirth | <input type="checkbox"/> Resolving anger and conflict |
| <input type="checkbox"/> Divorce recovery | <input type="checkbox"/> Television and media |
| <input type="checkbox"/> Single parenting | <input type="checkbox"/> Preparation for retirement |
| <input type="checkbox"/> Sexuality | <input type="checkbox"/> Chemical dependency issues |
| <input type="checkbox"/> Enriching your marriage | <input type="checkbox"/> Blended families |
| <input type="checkbox"/> Grief recovery | <input type="checkbox"/> Death and dying |
| <input type="checkbox"/> Understanding temperaments | <input type="checkbox"/> Coping with widowhood |
| <input type="checkbox"/> Other (Please list): | |

Suggested guest speakers/presenters:

Name

Address Telephone

Area(s) of specialty

What time of the day and what day of the week is best for you to attend a 1-1/2 - 2 hour program on one of the above topics? (Check the appropriate periods.)

	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Community Family Life Education Survey

1. What do you believe is the number one problem facing families in this community right now?

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2. Would you consider attending any of these Family Life Seminars if they were offered in this area?
(Select as many as you wish.)

- | | |
|--|---|
| <input type="radio"/> How to Handle Conflict | <input type="radio"/> Divorce Recovery |
| <input type="radio"/> Communication in Marriage | <input type="radio"/> Stress Management |
| <input type="radio"/> Marriage Enrichment or Encounter | <input type="radio"/> Overcoming Loneliness Weekend |
| <input type="radio"/> Understanding Children | <input type="radio"/> Family Finances |
| <input type="radio"/> Self-Esteem | <input type="radio"/> Grief Recovery |
| <input type="radio"/> Parenting Skills | <input type="radio"/> Time Management and Life Priorities |
| <input type="radio"/> Dealing with Teenagers | <input type="radio"/> Planning Retirement |
| <input type="radio"/> Childbirth Preparation Class | |
| <input type="radio"/> Other (Please specify) | |

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3. What time of the day and what day of the week is best for you to attend a 1-1/2 - 2 hour program on one of the above topics? (Check the appropriate periods.)

	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afternoon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. It will help strengthen this survey if we could obtain the following information about you:

Sex: M F

Age: (Please circle the appropriate group.)

17 or under 19-30 31-40 41-50 51-60 61-70 71+

Do you have children under 18 years of age in your home? Yes No

Are you:

- | | |
|-------------------------------------|---|
| <input type="radio"/> Never married | <input type="radio"/> Married |
| <input type="radio"/> Separated | <input type="radio"/> Divorced |
| <input type="radio"/> Widowed | <input type="radio"/> Remarried after divorce |

Sample Evaluation

1. What inspired you most about this workshop?

.....

2. What did you learn that you didn't know before?

.....

3. Were the concepts in this workshop presented in a clear manner?

.....

4. Which activity/section was of least value to you?

.....

5. How could this workshop be improved?

.....

6. On a scale from 1 to 5, with 1 being generally dissatisfied and 5 being very satisfied, how would you rate this workshop? Circle one.

- | | | | | |
|---------------------------|--------------------------|-------------------------|-------------------------|-------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| Generally
Dissatisfied | Somewhat
Dissatisfied | Somewhat
Satisfied | Generally
Satisfied | Very
Satisfied |

7. Who made this evaluation?

Your age group: 18-30 31-40 41-50 51-60 61-70 71+

Gender: M F

Marital Status:

- Never married Married
 Separated Divorced
 Widowed

How long have you been married, divorced, separated or widowed?

.....years months

Thank you for your honest comments, they will help us in planning future workshops!