

# Family Ministry Interest Survey

The family ministry committee of your church is considering its plans for our church family. We would like you to help us by letting us know what would be of greatest interest to you. Please indicate the top five areas that interest you. Rank them from one to five—one being your first choice.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Parenting              | <input type="checkbox"/> Communication in marriage | <input type="checkbox"/> Dating relationships            |
| <input type="checkbox"/> Grandparenting         | <input type="checkbox"/> Sibling rivalry           | <input type="checkbox"/> Relating to parents – for teens |
| <input type="checkbox"/> Single Parenting       | <input type="checkbox"/> Marriage enrichment       | <input type="checkbox"/> Grief and loss                  |
| <input type="checkbox"/> Step-parenting         | <input type="checkbox"/> Family finance            | <input type="checkbox"/> Preparing for marriage          |
| <input type="checkbox"/> Relating to teens      | <input type="checkbox"/> Sexuality in marriage     | <input type="checkbox"/> Divorce recovery                |
| <input type="checkbox"/> Discipline             | <input type="checkbox"/> Conflict management       | <input type="checkbox"/> Children and divorce            |
| <input type="checkbox"/> Childbirth preparation | <input type="checkbox"/> Dealing with anger        | <input type="checkbox"/> Mid-life transitions            |
| <input type="checkbox"/> Sex education          | <input type="checkbox"/> Two-career family         | <input type="checkbox"/> Self-esteem                     |
| <input type="checkbox"/> Family recreation      | <input type="checkbox"/> Caring for aging parents  | <input type="checkbox"/> Stress management               |
| <input type="checkbox"/> Sabbath activities     | <input type="checkbox"/> Abuse in the family       | <input type="checkbox"/> Making peace with your past     |
| <input type="checkbox"/> Family worship         | <input type="checkbox"/> Planning for retirement   | <input type="checkbox"/> Faith development in family     |

We don't need your name, but the following information will be helpful to our family ministry plans.

- Are you a parent?  Yes  No  
 Number of children \_\_\_\_\_  
 Number living at home \_\_\_\_\_  
 Do you have foster children? \_\_\_\_\_  
 Do you have step-children? \_\_\_\_\_
- Marital status
  - Never Married
  - Married
  - Separated
  - Divorced
  - Widowed
  - Divorced – Remarried
  - Widowed – Remarried
  - Engaged

Your Age \_\_\_\_\_

- Male  Female