

Which offerings would you like to see started: **Please check all that apply**

- | | | |
|--|--|-----------------------------|
| Exercise classes _____ | Blood Drives _____ | Blood Pressure Checks _____ |
| Annual Health Fair _____ | Flu Shots _____ | Divorce Support _____ |
| Caregiver Support _____ | Grief Support _____ | Homebound Visitation _____ |
| New Moms Visits _____ | Individual Counseling _____ | |
| Widow/Widower Support _____ | Babysitting Training _____ | Medical Missions _____ |
| Healing Worship Service _____ | Monthly article in newsletter/bulletin _____ | |
| Educational material on bulletin board _____ | | |
| Other (please specify) _____ | | |

How would you prefer to learn about the topics you have chosen? **Please check all that apply**

- | | | |
|-------------------------------|------------------------------------|--------------------------|
| Small group discussions _____ | Lectures by experts _____ | Booklets/pamphlets _____ |
| Posters/Displays _____ | Bulletin/newsletter articles _____ | |

When would you be most likely to attend an educational program or health event? **Please check**

- Week day _____ Week night _____ Saturday daytime _____ Sunday afternoon _____

Please feel free to add any additional comments or suggestions:
