

David Chapel Missionary Baptist Church

David Chapel Personal Areas of Concern Survey

The David Chapel Personal Areas of Concern Survey is based on the Gallup-Healthways Well-Being Index. This survey classifies Americans as either "thriving," "struggling," or "suffering," according to how they rate their current and future lives. (Cantril, H. (1965) The Pattern of Human Concern,. New Brunswick, NJ: Rutgers University Press.).

As a part of our 2010 David Chapel Strategic Plan process, all members are asked to complete the survey so church administrators and the strategic plan committee can gain greater awareness of the concerns and quality of life issues experienced by members of our church. Your honest responses will provide much-needed assistance as we review current programs and ministries and make recommendations for future programs that will more effectively address member concerns and life issues. This survey is being administered by Dr. Clarence Bibby and Dr. Angela Ausbrooks, Co-Facilitators of the 2010 David Chapel Strategic Plan. Drs. Bibby and Ausbrooks will use your feedback to update our 2010 and Beyond Strategic Plan. It is my hope that you will complete this survey and return it as conveyed in the instructions at the bottom of your completed survey.

Please contact Dr. Clarence Bibby and/or Dr. Angela Ausbrooks with any questions regarding the survey and the strategic planning process.

Thank You and God Bless,

Pastor Parker

David Chapel Personal Areas of Concern Survey

The David Chapel Personal Areas of Concern Survey has two parts: Well-Being Index and Services. The Well-Being Index will identify any personal concerns or issues you may be experiencing or anticipate experiencing in the future. The Services portion of the survey asks you to identify the best way to handle any issues you have identified. Instructions for both sections are below.

When you complete the survey, you can submit it in any of the following ways:

1. Place it in the box located in the foyer of the church
2. Return it to Sis. Ausbrooks or Bro. Bibby
3. Return it via e-mail to Sis. Ausbrooks (ara4260@hotmail.com) or Bro. Bibby (drbibby@aol.com)



Well Being Index

Please read the survey questions and rate your current experience of well-being as, Thriving, Struggling or Suffering. Place a checkmark (✓) or an X in the box to indicate your response. Use the following descriptions as a guide for how to answer each question. For example, question #1 asks about your basic needs. If you are having some difficulty providing for your basic needs (food, clothing, housing, etc.), you would select “struggling” or “suffering” depending on the severity of the issue.

Thriving -- well-being that is strong, consistent, and progressing. You have a positive view of your present life situation and a positive view of the next five years. You have few health problems, few sick days, less worry, stress, sadness, anger, and more happiness, enjoyment, interest, and respect.

Struggling -- well-being that is moderate or inconsistent. You have a moderate view of your present life situation or a moderate or negative view of your future. You are either struggling in the present, or expect to struggle in the future. You experience daily stress and worry about money than the "thriving" respondents, and have significant health problems that resulted in sick days in the last year.

Suffering -- well-being that is at high risk. You have a have poor rating of your current life situation and a negative view of the next five years. You experience significant stress that contributes to physical pain, a lot of worry, sadness, and anger about your situation. You are experiencing difficulty in meeting your basic needs for food and shelter.

Note: If any of your responses are Struggling or Suffering, please share with us how David chapel could better assist you with these issues on the Services portion of the survey.

Services

For any personal concerns identified, please indicate the best way to address or resolve the issue. Place a checkmark (✓) or an X in the box to indicate your response. **Services** relates to those services *currently* provided *or* those that *should be* provided by David Chapel programs and ministries. Use the following descriptions as a guide for how to answer each question. Services are described in detail below.

Advocate : This may be a David Chapel member (Stephens Minister or member of another ministry) or non-member referred by our Pastor to assist you in a one-to-one method to determine possible solutions for your concerns. This may include attending meetings with you in an attempt to change the impact of the indicated concern on your quality of life.

Mentor: This may be a David Chapel member or non-member who will provide one-on-one assistance and guidance for any personal concerns and/or life issues. This person may work with you for a short period of time on one specific concern or a longer period of time if the concern is related to more than one concern or problems with daily functioning.

Classroom Instruction: This may be a new class that promotes learning and provides coaching on how to address the concerns indicated on your survey.

Reference Materials: This may be the availability of on-line or on site materials that can use to become better informed about potential solutions to indicated concerns.

David Chapel 2010 Strategic Plan Survey

Member Demographics

As part of our strategic planning, we would like to determine the demographics or characteristics of our members. This information will better assist us in providing ministries and resources to meet member needs. We would appreciate you answering the following questions. Your name is not requested, only general characteristics. In addition, we will not use these characteristics to identify the responses of anyone, only to report the general characteristics of the David Chapel membership.

Please place a checkmark (✓) or X next to the responses that apply to you.

Gender:

_____ Male _____ Female

Age: _____

(Please write your age on the line above)

Marital Status (check all that apply):

_____ Married _____ Single, Never Married _____ Single, Previously Married
 _____ Widowed _____ Divorced

Ethnicity (check all that apply):

_____ African American/Black
_____ White, non-Hispanic
_____ Hispanic
_____ American Indian
_____ Asian/Pacific Islander

Children:

Do you have children? Yes No

If yes:

Number of Children living in your home Ages _____

Number of Children NOT living in your home Ages _____

Employment Status (check all that apply):

Employed full-time Employed part-time

Not employed Retired

Employed outside the home Employed – work from home

Other (please describe): _____

Annual Income:

Less than \$10,000

\$10,000 - \$30,000

\$31,000 - \$50,000

\$51,000 - \$70,000

\$71,000 – \$90,000

\$91,000 - \$150,000

more than \$150,000

Well Being Index

Questions	Thriving	Struggling	Suffering	N/A
My daily ability to provide for my basic needs (food, clothing, housing, etc.) is.				
My current employment is:				
I would describe my current financial situation as:				
My current housing situation is best described as:				
My ability to meet my mortgage/rent obligation is:				
As a retiree, my financial situation is:				
My physical health is best described as:				
My emotional health (happy, sad, ability to cope, etc.) is best described as:				
If married, my relationship with my spouse is:				
My ability to develop and maintain relationships is:				

	Thriving	Struggling	Suffering	N/A
If not married, my relationship with a significant other/partner (romantic relationship) is:				
My relationships with friends can best be described as:				
My relationships with co-workers can best be described as:				
My relationships with family (parents, siblings, etc.) are:				
My access to health care services is:				
Comments:				

Services

Questions	Advocate	Mentor	Class	Resource Materials	N/A
My ability to provide for my basic needs (food, clothing, etc.) can best be addressed by:					
My current employment can best be addressed by :					
My current financial situation can best be addressed by:					
My current housing situation can best be addressed by:					
My ability to meet my mortgage/rent obligation can best be addressed by:					
As a retiree, my financial situation can best be addressed by:					
My physical health can best be addressed by:					
My emotional health (happy, sad, ability to cope, etc.) can best be addressed by:					
If married, my relationship with my spouse can best be addressed by:					
My ability to develop and maintain relationships can best be addressed by:					
If not married, my relationship with a significant other/partner (romantic relationship can best be addressed by:					

	Advocate	Mentor	Class	Resource Materials	N/A
My relationships with friends can best be addressed by:					
My relationships with co-workers can best be addressed by:					
My relationships with family (parents, siblings, etc.) can best be addressed by:					
My access to health care services can best be addressed by:					
Comments:					