



Faith Community Assessment

GENERAL INFORMATION

Date: _____ / _____ / _____

Name of faith community: _____

Street Address: _____

City/Town: _____ County: _____

State: _____ Zip Code: _____

Phone number of Faith Community (XXX-XXX-XXXX): _____

1. What is the faith tradition of the faith community represented in this assessment? (Categories taken from the Association of Religion Data Archives and the Pew Research Center).

- | | | |
|---|--|--|
| <input type="checkbox"/> Adventist | <input type="checkbox"/> Church of God | <input type="checkbox"/> Pentecostal |
| <input type="checkbox"/> African Methodist | <input type="checkbox"/> Church of the Nazarene | <input type="checkbox"/> Assemblies of God |
| <input type="checkbox"/> Anabaptist | <input type="checkbox"/> Congregational | <input type="checkbox"/> Church of God in Christ |
| <input type="checkbox"/> Assemblies of God | <input type="checkbox"/> Disciples of Christ | <input type="checkbox"/> Church of God |
| <input type="checkbox"/> Baha'i | <input type="checkbox"/> Episcopal/Anglican | <input type="checkbox"/> Other Pentecostal |
| <input type="checkbox"/> Baptist | <input type="checkbox"/> Hindu | <input type="checkbox"/> Presbyterian |
| <input type="checkbox"/> Southern | <input type="checkbox"/> Holiness | <input type="checkbox"/> Quaker/Friends |
| <input type="checkbox"/> Independent | <input type="checkbox"/> Jehovah's Witness | <input type="checkbox"/> Reformed Church of America/
Dutch Reformed |
| <input type="checkbox"/> American Baptist
Churches USA | <input type="checkbox"/> Jewish | <input type="checkbox"/> Seventh-day Adventist |
| <input type="checkbox"/> National | <input type="checkbox"/> Latter-day Saints | <input type="checkbox"/> Unitarian Universalist |
| <input type="checkbox"/> Progressive | <input type="checkbox"/> Lutheran | <input type="checkbox"/> United Church of Christ |
| <input type="checkbox"/> Missionary | <input type="checkbox"/> Evangelical Lutheran
Church in America | <input type="checkbox"/> Non-denominational Christian |
| <input type="checkbox"/> Independent | <input type="checkbox"/> Lutheran Church | <input type="checkbox"/> Evangelical |
| <input type="checkbox"/> Bible Church | <input type="checkbox"/> Other Lutheran | <input type="checkbox"/> Charismatic |
| <input type="checkbox"/> Brethren | <input type="checkbox"/> Mennonite | <input type="checkbox"/> Interdenominational in
evangelical tradition |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Methodist | <input type="checkbox"/> Nondenominational
fundamentalist |
| <input type="checkbox"/> Catholic/Roman Catholic | <input type="checkbox"/> United | <input type="checkbox"/> Interdenominational in
mainline tradition |
| <input type="checkbox"/> Chinese Folk Religion | <input type="checkbox"/> African Methodist
Episcopal | <input type="checkbox"/> Other nondenominational |
| <input type="checkbox"/> Christian & Missionary
Alliance | <input type="checkbox"/> Other Methodist | <input type="checkbox"/> No religion |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Muslim | <input type="checkbox"/> Other |
| <input type="checkbox"/> Christian Science | <input type="checkbox"/> Orthodox (Eastern, Russian,
Greek) | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Church of Christ | | |

FAITH COMMUNITY ASSESSMENT

2. What is your role?

- Pastor/Priest/Rabbi/Imam
 Deacon
 Member
 Faithful Families Lay Leader
 Faithful Families Facilitator
 Other, please specify: _____

3. About what percentage of the faith community is made up of: (Must total 100)

- _____ African Americans
 _____ American Indians
 _____ Asian Americans
 _____ Hispanics
 _____ Whites
 _____ Other

4. About how many members are in the faith community: _____

5. About what percentage of the faith community is: (Must total 100) _____ Male _____ Female

6. About what percentage of the faith community are ages: (Must total 100)

- _____ 0 – 5 years
 _____ 6 – 18 years
 _____ 19 – 64 years
 _____ 65 +

HEALTH AND WELLNESS INFRASTRUCTURE

YES NO NOT SURE

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 7. Does the faith community have “health” as part of its creed or mission statement? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the faith community have an active health team or committee? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does the faith community have a person appointed to be responsible for health-related activities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does the faith community have a lay health advisor program?
(Program in which community members receive specialized training that prepares them to promote wellness through outreach and education). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has the faith community surveyed members on health issues in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does the faith community have a budget for health promotion or health-related activities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has the faith community ever established health or wellness goals for the organization/membership? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FAITH COMMUNITY ASSESSMENT

PARTNERSHIPS AND PROGRAMS

YES NO NOT SURE

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 14. Has the faith community sponsored a health fair during the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. In the past 12 months, has the faith community offered blood pressure screening? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. In the past 12 months, has the faith community offered cholesterol screening? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. In the past 12 months, has the faith community offered blood sugar/ diabetes screening? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. In the past 12 months, has the faith community offered healthy body weight screening (BMI)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. In the past 12 months, has the faith community participated in a faith community nursing program? (Program in which faith community nurses serve as health advisor, educator on health issues, provider of health screenings, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Is the faith community interested in hosting a diabetes self-management education class? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Is the faith community interested in hosting a diabetes prevention class series? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Is the faith community interested in training people on how to monitor their blood pressure and to lower their sodium intake? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Is the faith community interested in learning more about programs that control hypertension? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Do any members currently represent the faith community by serving on a community health coalition or committee (e.g., fitness/nutrition council)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FAITH COMMUNITY ASSESSMENT

PEOPLE

25. About how many of the following people are members of this faith community?

Physicians/ Doctors _____ Dentists _____ Nurses/CNAs _____
Nutritionists _____ Health Educators _____ Other Health Professionals _____

Please indicate what type of professionals: _____

PHYSICAL ACTIVITY—ENVIRONMENT

YES NO NOT SURE

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 26. Does the faith community have a gym and/or exercise room? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. If yes, does the faith community have written policies or guidelines that allow outside groups or individuals access to the gym and/or exercise room? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Does the faith community have a walking trail? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. If yes, does the faith community have written policies or guidelines that allow outside groups or individuals access to the walking trail? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Does the faith community have any outdoor courts or ball fields? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. If yes, does the faith community have written policies or guidelines that allow outside groups or individuals access to any outdoor courts or ball fields? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Does the faith community have a playground? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. If yes, does the faith community have written policies or guidelines that allow outside groups or individuals access to the playground? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Does the faith community have a classroom/meeting room? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. If yes, does the faith community have written policies or guidelines that allow outside groups or individuals access to the classroom/meeting room? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Does the faith community have an athletic/open field space? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. If yes, does the faith community have written policies or guidelines that allow outside groups or individuals access to the athletic/open field space? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Does the faith community have any other facilities used by an outside group or individual? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. If yes, does the faith community have written policies or guidelines that allow outside groups or individuals access to these facilities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FAITH COMMUNITY ASSESSMENT

PHYSICAL ACTIVITY—POLICIES AND LEADERSHIP

YES NO NOT SURE

40. Does the faith community have a policy supporting physical activity opportunities at meetings or functions (e.g., walks, exercise breaks)?
41. Has the faith community provided physical activity opportunities at meetings or functions in the past 12 months (e.g., walks, exercise breaks)?
42. Has leadership promoted physical activity in a presentation or sermon in the past 12 months?

PHYSICAL ACTIVITY—GROUP SUPPORT/CLASSES

YES NO NOT SURE

43. Has the faith community conducted any aerobics class in the past 12 months?
44. Has the faith community promoted walking clubs in the past 12 months?
45. Has the faith community sponsored or supported sports teams for members in the past 12 months?

PHYSICAL ACTIVITY—INDIVIDUAL EDUCATION/INFORMATION

YES NO NOT SURE

46. Has the faith community provided any individual fitness counseling in the past 12 months?
47. Has the faith community distributed any fitness-related guides to members in the past 12 months?
48. Has the faith community promoted physical activity through posted information in the past 12 months (e.g., bulletin boards, posters, flyers, leaflets)?
49. Has the faith community promoted physical activity in the bulletin, program or newsletter in the past 12 months?
50. Has the faith community promoted physical activity on the faith community website in the past 12 months?
51. Does the faith community have a relationship with a fitness club to offer discounted rates for faith community members?

52. If the faith community supports physical activity in other ways, please state here:

FAITH COMMUNITY ASSESSMENT

NUTRITION—ENVIRONMENTS

YES NO NOT SURE

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 53. Does the faith community have a cooking, kitchen, or hospitality committee? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. Does the faith community have a kitchen/cafeteria or place to prepare meals? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. Does the faith community serve regular meals to faith community members? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. Does the kitchen/cafeteria have written policies or guidelines related to serving healthy meals? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 57. Does the kitchen/cafeteria serve water? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 58. Does the kitchen/cafeteria serve 100% juice? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 59. Does the faith community allow outside groups or individuals to access the kitchen/cafeteria? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 60. If yes, are there written policies or guidelines that allow groups or individuals access to the kitchen/cafeteria? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 61. Does the faith community have a garden maintained by faith community members? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 62. Does the faith community have an on-site or nearby farmers market where fresh fruits and vegetables are sold (within one mile radius from the faith community in urban areas and within five mile radius from the faith community in rural areas)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 63. Does the faith community provide a private space (other than a restroom) that may be used to breastfeed or express breast milk? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 64. Does the faith community provide access to a breast pump? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 65. Does the faith community have any vending machines?
(If not, please proceed to Question 71). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 66. Do the vending machines have bottled water? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 67. Do the vending machines have 100% juice? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 68. Do the vending machines have 1% or non-fat milk? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 69. Do the vending machines have healthier items (e.g., light popcorn, cereal bars, baked chips)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 70. Do the vending machines identify which items are healthier options? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FAITH COMMUNITY ASSESSMENT

NUTRITION—POLICIES AND LEADERSHIP

YES NO NOT SURE

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 71. Does the faith community have written policies or guidelines that at all meetings and events:
Fruits and vegetables be offered? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 72. Does the faith community have written policies or guidelines that at all meetings and events:
100% juice be offered? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 73. Does the faith community have written policies or guidelines that at all meetings and events:
Water be offered? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 74. Does the faith community have written policies or guidelines that at all meetings and events:
Low-fat items be offered? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 75. Does the faith community have written policies or guidelines that at all meetings and events:
Low/no sugar items be offered? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 76. Does the faith community have written policies or guidelines that at all meetings and events:
Low-sodium items be offered? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 77. Has leadership promoted nutrition in a public speech or sermon in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

NUTRITION—GROUP SUPPORT/CLASSES

YES NO NOT SURE

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 78. Has the faith community had any healthy cooking classes in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 79. Has the faith community offered or organized any weight loss support groups in the last 12 months? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 80. Has the faith community provided any other nutrition-related classes or groups in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 81. Does the faith community provide breastfeeding support groups or educational classes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FAITH COMMUNITY ASSESSMENT

NUTRITION—INDIVIDUAL EDUCATION/INFORMATION	YES	NO	NOT SURE
82. Has the faith community provided any individual weight control or nutrition counseling in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. Has the faith community distributed any nutrition guides or healthy recipes (including cookbooks) to faith community members in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. Has the faith community promoted nutrition through posted information (e.g., bulletin boards, posters, flyers, leaflets) in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. Has the faith community promoted nutrition in the bulletin, program or newsletter in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86. Has the faith community promoted nutrition on the faith community website in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87. Does the faith community support nutrition in any other way (e.g., healthy food guidelines for faith community day care program, meals for seniors, or low-income individuals or families)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88. Has the faith community promoted breastfeeding in the bulletin, program or newsletter in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89. Has the faith community promoted breastfeeding through posted information (e.g., posters, flyers, leaflets) in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90. Has the faith community promoted breastfeeding on the faith community website in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91. Does the faith community support breastfeeding in any other way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>