

Appendix A. Faith Community Health Assessment Survey

Faith Community Health Assessment Survey

Faith Community Name: _____

Date of Survey: _____

Please read each statement carefully and check the response that best describes our faith community.

Section I: Health and Wellness

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|--|------------------------------|-----------------------------|-----------------------------------|
| 1. Does our faith community have an active health team or committee ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| 2. Does our faith community have a person appointed to be responsible for health related activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| 3. Has our faith community sponsored or helped sponsor a health fair during the past 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| 4. Do any members currently represent our faith community by servicing on a community health coalition or committee (e.g. fitness/nutrition council)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| 5. Has our faith community had a relationship with another health, health promotion, or human services agency to provide services to our members in the past 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |

Section II: Physical Activity—Policies and Environments

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|---|------------------------------|-----------------------------|-----------------------------------|
| 6. Does our faith community have an exercise room ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| 7. Does our faith community have any exercise equipment on-site? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| 8. Does our faith community have a walking trail ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| 9. Does our faith community have any ball fields or courts ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| 10. Does our faith community have a playground ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| 11. Does our faith community have a policy supporting physical activity opportunities at meetings/functions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| 12. Has leadership promoted physical activity in a public speech or sermon in the past 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |

Section III: Physical Activity Programs & Education

- | | | | |
|--|------------------------------|-----------------------------|-----------------------------------|
| 13. Has our faith community organized or provided any type of exercise class in the past 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| 14. Has our faith community organized walking groups or clubs in the past 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| 15. Has our faith community organized or supported a sports team for members in the past 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |

16. Has our faith community specifically **promoted physical activity through posted information** in the past 12 months (e.g. bulletin board, posters, flyers, leaflets)? Yes No Not Sure
17. Has our faith community specifically **promoted physical activity in the bulletin, program or newsletter** in the past 12 months? Yes No Not Sure

Section IV: Healthy Eating Policies and Environments

18. Does our faith community have a **kitchen or place to prepare meals**? Yes No Not Sure
19. Does our faith community have a **garden or farmer's market on-site**? Yes No Not Sure
20. Does our faith community have guidelines for faith community meals requiring that:
fruits and vegetables be offered?
100% fruit juice be offered?
water be offered?
low-fat items be offered?
low/no sugar items be offered?
low sodium items be offered? Yes No Not Sure
21. Has leadership **promoted healthy eating in a public speech, sermon, talk or homily** in the past 12 months? Yes No Not Sure
22. Does our faith community have a private and comfortable **space for women to breastfeed** or express breast milk? Yes No Not Sure
23. Does our faith community have **equipment that allows for preparation of healthier food** (steamers, blenders, salad bars, etc.)? Yes No Not Sure

Section V: Healthy Eating Programs and Education

24. Has our faith community organized or provided any **healthy cooking classes** in past 12 months? Yes No Not Sure
25. Has our faith community organized or provided any **weight loss support groups** in past 12 months? Yes No Not Sure
26. Has our faith community organized or provided any other **nutrition-related classes or groups** in the past 12 months? Yes No Not Sure
27. Has our faith community distributed any **healthy eating guides or healthy recipes** (including cookbooks) to faith community members in the past 12 months? Yes No Not Sure
28. Has our faith community promoted **healthy eating through posted information** (e.g. posters, flyers, leaflets) in the past 12 months? Yes No Not Sure
29. Has our faith community **promoted healthy eating in the bulletin, program or newsletter** in the past 12 months? Yes No Not Sure