Pastoral Care Questionnaire

The below is a questionnaire aimed at identifying the help and support people need when ill or in crisis. People who are sick or in crisis often feel abandoned and isolated, whilst Churches are unsure how best they can help. It is hoped this questionnaire can help avoid misunderstandings. It can be adapted and adjusted to fit as needs be.

The responses on this questionnaire are private and confidential and will only be shared with those who need to know.

This questionnaire is for guidance only and it is acknowledged that Churches have finite resources. It is not meant to be a guarantee that the Church will meet all of someone’s needs, but rather help the Church to identify needs and seek which ways it can help.

It is advised that especially for long term needs that the questionnaire is revised regularly as circumstances change.

**Name:**

**Address:**

**Home number:**

**Mobile number:**

**Email:**

**Others in household:**

**Contact**

1. How would you prefer to be contacted?
	1. In person b. Telephone C. Email d. other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Would you like to be visited in person regularly?
	1. Yes b. No c. other (please specify)
3. Would you prefer to be visited in person at your request only?
	1. Yes b. No c. other (please specify)

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1. Would you prefer a short visit/ phone call (e.g. 15 minutes)?
	1. Yes b. No c. other (please specify)

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**Attending Church services/events**

1. Would you like to be able to attend Church services if possible?
	1. Yes b. No c. other (please specify)
2. What can we do to enable you to attend services if you would like to? (e.g. transport/ help with children/ cushions/ wheelchair access/ sign language interpreter)

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1. Would you like to attend Church events?
	1. Yes b. No c. other (please specify)
2. What can we do to help you attend Church events?

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1. If you are unable to attend services/events, would you like us to bring services/ events where possible to you in your house?
	1. Yes b. No c. other (please specify)

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**Prayer**

1. Would you like to be prayed for by name in a church service?
	1. Yes b. No c. other (please specify)

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1. Would you like to be prayed for by name in small groups?
	1. Yes b. No c. other (please specify)

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1. Would you like to be prayed for only by the leadership team?
	1. Yes b. No c. other (please specify)

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1. Would you like to be put forward for prayer on the prayer chain?
	1. Yes b. No c. other (please specify)

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1. Would you prefer to be prayed for not by name?
	1. Yes b. No c. other (please specify)

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1. Would you like prayer for healing by the Church?
	1. Yes b. No c. other (please specify)

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1. Would you like prayer for healing in person?
	1. Yes b. No c. other (please specify)

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1. Would you like to receive anointing with oil?
	1. Yes b. No c. other (please specify)

**Spiritual Development**

1. Would you like someone to come and share scripture with you?
	1. Yes b. No c. other (please specify)

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1. Would you like someone to come and do a more detailed Bible study with you?
	1. Yes b. No c. other (please specify)

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1. Would you like tapes/ cd’s of the sermons?
	1. Yes b. No c. other (please specify)

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**Communion**

1. Would you like someone to come and share communion with you?
	1. Yes b. No c. other (please specify)

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1. If you are usually unable to make a service would you like if possible to make a communion service?
	1. Yes b. No c. other (please specify)

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 **Meals**

1. Would you appreciate meal invitations round other people’s houses?
	1. Yes b. No c. other (please specify)

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1. Would you prefer someone to bring and share a meal with you in your home?
	1. Yes b. No c. other (please specify)

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1. Would you prefer someone to bring you a meal for you to have at your own time?
	1. Yes b. No c. other (please specify)

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1. If yes to any of the above, do you have any dietary requirements?
	1. Yes (please specify) b. No

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**Shopping**

1. Would you appreciate help to go shopping?
	1. Yes b. No c. other (please specify)

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1. Would you appreciate someone going shopping for you?
	1. Yes b. No c. other (please specify)

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**Practical Support**

If practically possible would you appreciate practical support such as:

Hospital Visits [ ] Form filling [ ] Welfare Benefits [ ]

Housework [ ] Odd jobs [ ] Go out e.g. to a park [ ]

**Anything Else**

Is there anything else you can tell us that would help us to help you, e.g. if you are sick how that illness affects you?