



Project HEAL

Health through Early Awareness and Learning

Please tell us about any new health/wellness activities in your church ***in the last 12 months***.

1. Have there been any more cancer-related workshops conducted at your church ***in the last 12 months***? No Yes Not Sure

If yes, cancer type covered: _____

2. Have there been any other health-related activities sponsored by your church ***in the last 12 months*** (e.g., health fairs or groups)? No Yes Not Sure

If yes, what kind of activities? Answer choices are (*please check all that apply*):

- | | |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Classes/group sessions | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Brochures distributed (e.g., pamphlets, booklets) | <input type="checkbox"/> Meetings about health |
| <input type="checkbox"/> Organized health fair(s) | <input type="checkbox"/> Participated in health fair(s) |
| <input type="checkbox"/> Walking or exercise group | |
| <input type="checkbox"/> Health promoting activities/messages in children's programs (such as Sunday school) | |
| <input type="checkbox"/> Testing/Screening | |
| <input type="checkbox"/> Other: _____ | |

3. What health topics have been covered ***in the last 12 months*** (*Please check all that apply*)

- | | |
|------------------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Heart disease (including high blood pressure) | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Aging |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Obesity/Overweight |
| <input type="checkbox"/> Breast | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Prostate | <input type="checkbox"/> Children's Health |
| <input type="checkbox"/> Colorectal | <input type="checkbox"/> Weight Loss |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Stress Reduction |
| <input type="checkbox"/> Physical Activity | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Healthy Diet | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Other: _____ | |

4. Has there been a health ministry or health committee that has formed ***in the last 12 months***? No Yes Not Sure

5. Has your church put in place a formal church wellness policy ***in the last 12 months***?

No Yes Not Sure

6. Would you like to add any more comments on your experience as a Community Health Advisor with Project HEAL? (Use the back of this sheet for more space)
