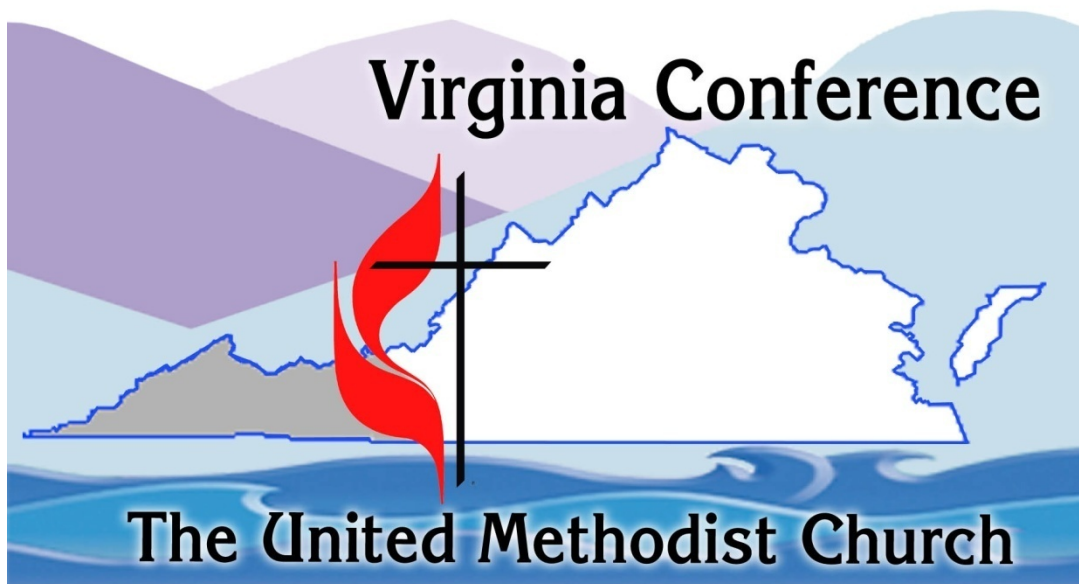


**HEALTH and WELLNESS QUESTIONNAIRE: ASSESSMENT OF CLERGY,
LAY EMPLOYEES and THEIR FAMILIES**



2008

VIRGINIA UNITED METHODIST PENSIONS, INC.

10330 Staples Mill Road • Glen Allen • Virginia • 23060

HEALTH and WELLNESS QUESTIONNAIRE: ASSESSMENT OF CLERGY, LAY EMPLOYEES and THEIR FAMILIES

Instructions

Thank you for taking the time to participate in this questionnaire. Before you begin the questionnaire, please read through the following instructions.

1. This questionnaire should take approximately sixty (60) to ninety (90) minutes to complete depending on your knowledge and experience. Please allow sufficient uninterrupted time, as you will not be able to save your responses and return to the questionnaire at a later date to complete.
2. In preparation for completing this questionnaire, please read the four (4) page excerpt from the Clergy Wellness Report of the Episcopal Church dated June 2006. This is located at <http://www.vumpi.org/wellnessreport.pdf>.
3. All questions require a response. If you have no response to a particular question or a question is not applicable to you, please reply with "no comment/none" or "unable to answer" or "N/A" for "not applicable."
4. You will have the option to go back and forth between pages and not lose your responses. Responses will not be saved or finalized until you press the SUBMIT button at the end of the questionnaire.
5. If you feel the need to change a response to any question(s) after you have hit the SUBMIT button, you will have the opportunity to correct or clarify that response during the follow-up personal interview or via email to mindyreynolds@vaumc.org.
6. If you would like to have a hard copy of your responses to the questionnaire, you can either print each individual page from your browser or select the option at the end of the questionnaire to have your responses emailed to you. Please provide an accurate email address in the field below.
7. Should you experience difficulty completing the questionnaire, please contact Scott Garnett at sgarnett@integrity-ict.com or 804-521-1131.
8. Should you have a question about the content of the questionnaire, i.e. clarification of the meaning of a particular question, please contact Mindy Reynolds at mindyreynolds@vaumc.org or 804-521-1149 (voicemail).

Please provide the following

First Name

Last Name

Email

Introduction

This health and wellness study involves a two-tiered approach. The first level involves surveying four groups of individuals through the use of an electronic open-ended questionnaire, followed by personal interviews. The groups to be surveyed in this manner include: District Superintendents and District Lay Leaders, Conference leadership, and Conference staff. Additional groups to be surveyed include Chairpersons of Staff-Parish Relations Committees and Faith Community Nurses, with no follow-up interviews planned for either one of these groups at this time. Other groups and/or individuals may be added as we move through this process.

The questionnaire is twenty-three (23) pages in length and is divided into two sections. The first section consists of twenty-one (21) personal/vocational information data questions. The second section consists of six categories of information related to the health, well-being, and wellness of our clergy, their families, and our lay employees and their families, totaling forty-three (43) questions. Question types will consist of multiple choice, yes/no, and essay format (limited to 750 characters).

The feedback from these questionnaires and the personal interviews that follow, along with other research studies, will be used to develop much more detailed instruments that will be administered Conference-wide to all of our clergy and their spouses, and all of our lay employees and their spouses. This is the second level of the study. All feedback will be held in strictest confidence and your answers to this questionnaire and the information shared during your interview will be combined with that of your peers. The results of all findings will be summarized in a final report. This report will enable us to identify key health and wellness issues and consider new and different ways in which to address them.

Section 1: Personal Information

1. What is your age?

2. What is your gender?

- Male
 Female

3. What is your race?

4. Are you married?

- Yes
 No

5. Are you a clergy spouse?

- Yes
 No

6. Do you have any children?

- Yes
 No

7. Please list your children's ages, if applicable.

8. Are you a participant in the Virginia United Methodist Conference health plan?

- Yes
 No

Education and Vocation**9. What is your level of education?****(Select all that apply.)**

- Diploma in nursing
- AA
- AS
- BA
- BS
- BSN
- MA
- MS
- MSN
- MBA
- MDiv
- JD
- DMin
- PhD
- Doctoral Candidate
- Other:

10. What are your credentials and status?**(Select all that apply.)**

- Active Bishop
- Retired Bishop
- Active Elder
- Active Deacon
- Active Diaconal Minister
- Active Lay Employee
- Retired Elder
- Retired Deacon
- Retired Diaconal Minister
- Retired Lay Employee
- Lay Member of the Virginia Conference
- Lay Delegate of the Virginia Conference
- Other:

11. Number of years in parish ministry, if applicable?

Past and Current Positions

12. How many other careers/vocations have you had? Please describe.

13. What is your current relationship to the United Methodist Church?

- Bishop
- District Superintendent
- District Lay Leader
- Chairperson/Designee, Board/Agency/Committee
- Conference Staff Position
- Current Chairperson, Staff-Parish Relations Committee
- Former Chairperson, Staff-Parish Relations Committee
- Current Faith Community Nurse
- Former Faith Community Nurse
- Other:

14. Please identify your specific council, district, board/agency/committee, conference position, or church.

15. How many years have you been in your current relationship with the UMC?

16. What and where is your secular employment, if applicable?

Affiliation

17. What is your faith affiliation/denomination?

18. What is the name and location (city, state) of the church/council in which you are currently a member?

19. If United Methodist, what is your current Conference membership?

20. If United Methodist, what is your current District?

21. If United Methodist, how many years have you been a member of the Virginia Conference?

22. If United Methodist, how many years have you been a member of the United Methodist Church?

Section II: Health and Wellness Questionnaire

Based on your experience, observations, and in consideration of the information in the four (4) page excerpt from the Clergy Wellness Report of the Episcopal Church dated June 2006 (located at <http://www.vumpi.org/wellnessreport.pdf>), please answer the following questions as they relate to four groups: our clergy and their families and our lay employees and their families. If you do not feel you can accurately and honestly respond, simply indicate accordingly.

Category I: Overall Ratings

23. How would you describe the overall health, well-being, and wellness of our clergy?

- Excellent
- Very Good
- Good
- Fair
- Poor
- Very Poor
- Do not really know/unable to comment

Category I: Overall Ratings

*24. How would you describe the overall health, well-being, and wellness of our clergy **families**?*

- Excellent
- Very Good
- Good
- Fair
- Poor
- Very Poor
- Do not really know/unable to comment

Category I: Overall Ratings

25. How would you describe the overall health, well-being, and wellness of our lay employees?

- Excellent
- Very Good
- Good
- Fair
- Poor
- Very Poor
- Do not really know/unable to comment

Category I: Overall Ratings

26. How would you describe the overall health, well-being, and wellness of our lay employees' families?

- Excellent
- Very Good
- Good
- Fair
- Poor
- Very Poor
- Do not really know/unable to comment

Category II: Top Three Issues

27. What do you consider to be the top three health, well-being, and wellness issues affecting our clergy?

Category II: Top Three Issues

28. What do you consider to be the top three health, well-being, and wellness issues affecting the families of our clergy?

Category II: Top Three Issues

29. What do you consider to be the top three health, well-being, and wellness issues affecting our lay employees?

Category II: Top Three Issues

30. What do you consider to be the top three health, well-being, and wellness issues affecting the families of our lay employees?

Category III: Recommendations

What do you believe needs to be done to address the health, well-being, and wellness issues of our clergy at each of the following levels:

31. Seminary/Divinity School level?

32. General Agency level?

33. Local Church level?

34. District level?

35. Annual Conference level?

36. Jurisdictional level?

37. General Conference level?

Category III: Recommendations

What do you believe needs to be done to address the health, well-being, and wellness issues of our clergy families at each of the following levels:

38. Seminary/Divinity School level?

39. General Agency level?

40. Local Church level?

41. District level?

42. Annual Conference level?

43. Jurisdictional level?

44. General Conference level?

Category III: Recommendations

What do you believe needs to be done to address the health, well-being, and wellness issues of our lay employees (i.e. church secretaries, administrative assistants, directors of Christian Education, Music, Youth, etc.) at each of the following levels:

45. Seminary/Divinity School level?

46. General Agency level?

47. Local Church level?

48. District level?

49. Annual Conference level?

50. Jurisdictional level?

51. General Conference level?

Category III: Recommendations

What do you believe needs to be done to address the health, well-being, and wellness issues of our lay employee families at each of the following levels:

52. Seminary/Divinity School level?

53. General Agency level?

54. Local Church level?

55. District level?

56. Annual Conference level?

57. Jurisdictional level?

58. General Conference level?

Category III: Recommendations

*59. In what ways can you and/or your department/agency help to improve the health, well-being, and wellness of our **clergy and their families**?*

*60. In what ways can you and/or your department/agency help to improve the health, well-being, and wellness of our **lay employees and their families**?*

Category IV: Survey Development
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*61. As we begin to develop the different surveys for our **clergy and their families**, what areas regarding their health and wellness would you like to know more about? What kinds of questions would you recommend be incorporated into the study?*

*62. As we begin to develop the different surveys for our **lay employees and their families**, what areas regarding their health and wellness would you like to know more about? What kinds of questions would you recommend be incorporated into the study?*

Category V: Referrals

63. Are there resources (texts, journals, organizations, web sites, etc.) you would like to share that you believe would be helpful as the different surveys are being developed?

64. With respect to your ministry area or department, are there other people whom you believe should be asked to participate in this questionnaire and interview process? If so, please provide their names and contact information in the space below.

Category VI: Additional Comments

65. Please feel free to share any other comments you may have about the health, well-being, and wellness of our clergy, lay employees, and their families.

66. Would you like a copy of your responses e-mailed to you?

- Yes
- No

Thank you

Thank you for taking the time to complete this questionnaire!