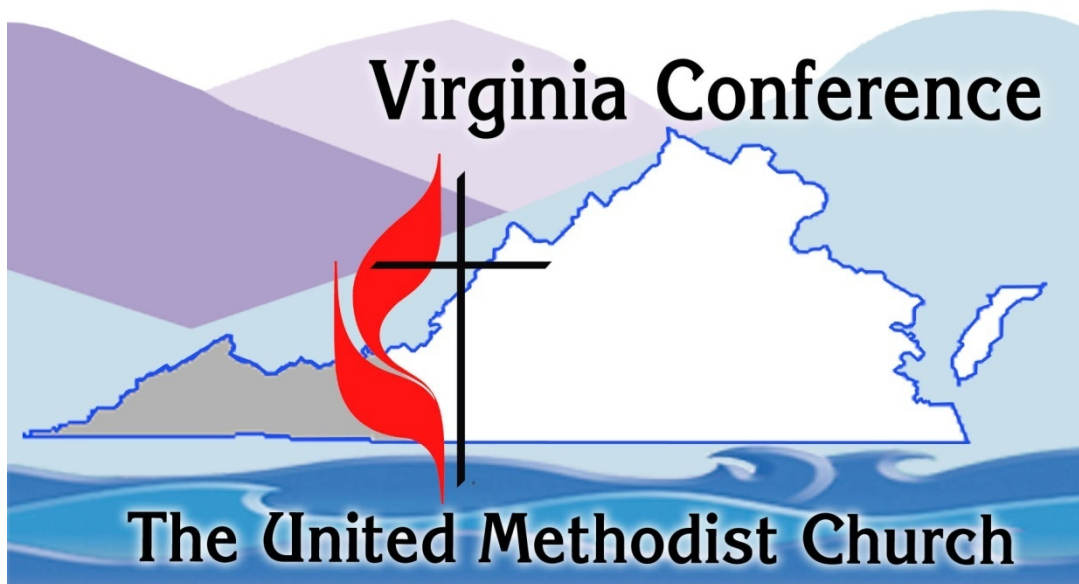


The Wellness Survey



2009

The Southeastern Institute of Research
2601 Floyd Avenue • Richmond • VA • 23220



The Virginia Conference Wellness Survey was developed by Mindy S. Reynolds, MCM, MSN, RN, Wellness Research Consultant in collaboration with the Virginia United Methodist Pensions, Inc. (VUMPI) and the Southeastern Institute of Research, Inc. (SIR), administrator of the survey. Permission to use the content of this survey or any portion thereof should be obtained in writing from:

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Glen Allen, Virginia
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2601 Floyd Avenue
Richmond, Virginia
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Virginia Conference
The United Methodist Church
2009
FINAL

INTRODUCTION

Welcome screen (first screen respondent sees after clicking URL link in email invite):

Thank you for taking the time to complete this important survey. We believe there is more to your wellness than just your physical health—the content of this survey is therefore broad in its attempt to understand multiple aspects of your life. Your thoughtful responses will help guide future wellness and other initiatives geared towards United Methodist clergy and their families in the Virginia Conference.

Please keep in mind this survey is completely confidential. Your responses will be reported to the Virginia Conference in aggregate and in a manner that will preserve individual confidentiality. Your name will never be associated with your responses.

Instructions for completing this survey:

- This survey will take approximately 1 to 1.5 hours to complete.
- If you are unable to complete this survey in one sitting, close the window with the survey. Then, when you are ready to continue, re-start the survey the same way you began it here – by using the survey link in the email and/or letter you received from us - and you will be taken to your first unanswered question.
- Once you have completed the last question of the survey, the link will no longer be active, so you will not be able to review your answers or enter the survey again.
- For most questions, simply click your response. For some questions, there will be an opportunity to type in detailed answers.
- There is an email link on every page that you can click to email SIR for help if you have any problems or questions.

All of your responses will be kept strictly confidential. If you have any questions or would like additional information about this survey, please contact Anna MacIntosh at Anna@SIRresearch.com or (800) 807-8981, Ext. 18.

Thanks again. Your opinions are important.

[CONTINUE BUTTON]

SECTIONS:

Below is a list of the different sections of the survey. The survey software will tailor your participation based on information you provide. At the beginning of each section, you will see this list of sections informing you of your progress.

You are currently starting Section A.

- A. Classification and Demographics
- B. Family Composition and Responsibilities
- C. Ministry Preparation and Education
- D. Vocational Setting
- E. Leisure Time and Vacation
- F. Spiritual Life and Sabbath Time
- G. Social and Emotional Support
- H. Home, Neighborhood, and Community
- I. Health Conditions
- J. Financial Practices, Legal Matters, and Insurance
- K. Appointments and the Itinerancy
- L. Additional Comments

A. CLASSIFICATION AND GENERAL DEMOGRAPHICS

Please think of yourself as an individual – we will ask about your spouse in a later question.

A-1. Which category best describes your status?

1. Active clergy
2. Retired clergy – under current appointment [FOR THE REST OF SURVEY, TREAT THEM AS “ACTIVE”]
3. Retired clergy – not under current appointment
4. Non-clergy

A-2. [ASK ONLY OF ACTIVE CLERGY OR RETIRED CLERGY UNDER CURRENT APPOINTMENT] Do you work:

1. Full-time
2. Three-quarter-time
3. Half-time
4. Quarter-time
5. Other: _____

A-3. Which of the following best describes your current marital status?

1. Never married
2. In first marriage
3. Divorced or separated
4. Widowed
5. Remarried after death of spouse
6. Remarried after divorce

A-4. [IF MARRIED, ASK:] Which best describes the status of your spouse?

1. Active clergy
2. Retired clergy – under current appointment [FOR THE REST OF SURVEY, TREAT THEM AS “ACTIVE”]
3. Retired clergy – not under current appointment
4. Non-clergy

[IF BOTH RESPONDENT AND SPOUSE ARE NON-CLERGY→THANK & TERMINATE.]

A-5. QUESTION DELETED

[ALL RESPONDENTS WHO ARE TERMINATED WILL BE SHOWN THE FOLLOWING MESSAGE:
“Thank you for your time. Unfortunately, however, you do not qualify for this survey.”]

A-6. [ASK ONLY OF SPOUSES OF ACTIVE CLERGY OR RETIRED CLERGY UNDER CURRENT APPOINTMENT] Does your spouse work:

1. Full-time
2. Quarter-time
3. Half-time
4. Three-quarter-time
5. Other: _____

- A-7. [ASK OF NON-CLERGY ONLY] Which of the following best describes your employment status?
1. Employed full-time
 2. Employed part-time
 3. Not currently employed outside of the home→GO TO A-12
 4. Retired→GO TO A-12
 5. Currently a student and not working→GO TO A-12
 6. Currently a student and working part-time or full-time
 7. Other: _____→GO TO A-12
- A-8. [ASK OF NON-CLERGY ONLY] Which of the following best describes your occupation?
1. Business owner
 2. Executive or senior management
 3. Manager or supervisor
 4. Professional
 5. Sales
 6. Clerical or administrative
 7. Skilled or unskilled labor
 8. Other: _____
- A-9. [ASK OF NON-CLERGY ONLY] Which best describes your workplace/setting?
1. Federal, state, or local government agency
 2. Non-profit organization or association
 3. For-profit organization or association
 4. Self-employed
 5. Military
 6. Other: _____
- A-10. [ASK ONLY OF THOSE WHO ARE ACTIVE OR RETIRED CLERGY] What is your current ministry setting? If you are retired, please think of your last ministry setting.
1. Parish Ministry – station church
 2. Parish Ministry – multi-point charge
 3. Extension Ministry
 4. Other appointment (e.g., leave of absence, sabbatical, etc.): _____
- A-11. [ASK ONLY OF THOSE WHO ARE ACTIVE OR RETIRED CLERGY] Which setting best describes the majority of your ministry?
1. Parish Ministry – station church
 2. Parish Ministry – multi-point charge
 3. Extension Ministry
 4. Other appointment (e.g., leave of absence, sabbatical, etc.): _____
- A-12. [ASK ONLY OF SPOUSES OF ACTIVE OR RETIRED CLERGY] What is your spouse's current ministry setting? If your spouse is retired, please think of his or her last ministry setting.
1. Parish Ministry – station church
 2. Parish Ministry – multi-point charge
 3. Extension Ministry
 4. Other appointment (e.g., leave of absence, sabbatical, etc.): _____

- A-13. [ASK ONLY OF SPOUSES OF ACTIVE OR RETIRED CLERGY] Which setting best describes the majority of your spouse's ministry?
1. Parish Ministry – station church
 2. Parish Ministry – multi-point charge
 3. Extension Ministry
 4. Other appointment (e.g., leave of absence, sabbatical, etc.): _____
- A-14. [ASK OF ALL ACTIVE AND RETIRED CLERGY] What is your official relationship with the Virginia Conference? If you are retired, please think of your last official relationship.
1. Bishop
 2. District Superintendent
 3. Ordained Elder
 4. Associate Member
 5. Provisional Elder
 6. Ordained Deacon
 7. Provisional Deacon
 8. Diaconal Minister
 9. Deaconess
 10. Licensed Local Pastor
 11. Student Pastor
 12. Other: _____
- A-15. [ASK OF THE SPOUSES OF ALL ACTIVE AND RETIRED CLERGY] What is your spouse's official relationship with the Virginia Conference? If your spouse is retired, please think of his or her last official relationship.
1. Bishop
 2. District Superintendent
 3. Ordained Elder
 4. Associate Member
 5. Provisional Elder
 6. Ordained Deacon
 7. Provisional Deacon
 8. Diaconal Minister
 9. Deaconess
 10. Licensed Local Pastor
 11. Student Pastor
 12. Other: _____
- A-16. QUESTION DELETED
- A-17. QUESTION DELETED
- A-18. [ASK ONLY OF ACTIVE OR RETIRED CLERGY] How many years have you been/were you a **clergy member** of the Virginia Conference?
1. 0-1
 2. 2-5
 3. 6-10
 4. 11-20
 5. 21-30
 6. 31-40
 7. 41-50
 8. Greater than 50

- A-19. [ASK ONLY OF SPOUSES OF ACTIVE OR RETIRED CLERGY] How many years has your spouse been/was your spouse a clergy member of the Virginia Conference?
1. 0-1
 2. 2-5
 3. 6-10
 4. 11-20
 5. 21-30
 6. 31-40
 7. 41-50
 8. Greater than 50
- A-20. [ASK ONLY OF ACTIVE OR RETIRED CLERGY] How many appointments have you served as a clergy member in the Virginia Conference?
1. 1
 2. 2-3
 3. 4-5
 4. 6-7
 5. 8-10
 6. 11-13
 7. 14-16
 8. Greater than 16
- A-21. [ASK ONLY OF SPOUSES OF ACTIVE OR RETIRED CLERGY] How many appointments has your spouse served as a clergy member in the Virginia Conference?
1. 1
 2. 2-3
 3. 4-5
 4. 6-7
 5. 8-10
 6. 11-13
 7. 14-16
 8. Greater than 16
- A-22. [ASK ONLY OF CLERGY] How many appointments did you serve as a clergy member in a Conference(s) other than Virginia?
1. None
 2. 1
 3. 2-3
 4. 4-5
 5. 6-7
 6. 8-10
 7. 11-13
 8. 14-16
 9. Greater than 16

- A-23. [ASK ONLY OF SPOUSES] How many appointments did your spouse serve as a clergy member in a Conference(s) other than Virginia?
1. None
 2. 1
 3. 2-3
 4. 4-5
 5. 6-7
 6. 8-10
 7. 11-13
 8. 14-16
 9. Greater than 16
- A-24. In what year were you born? ____ ____ ____ ____
- A-25. What is your gender?
1. Male
 2. Female
- A-26. QUESTION DELETED
- A-27. In what country were you born?
1. United States
 2. Other: _____
 3. Prefer not to answer, even though responses are confidential
- A-28. What are the first 4 digits of your primary residence's zip code? ____ ____ ____ ____
- A-29. Which of the following best describes your race or ethnicity?
1. Asian
 2. African American/Black
 3. Hispanic
 4. Native American
 5. Pacific Islander
 6. White
 7. Multi-Racial
 8. Other: _____
- A-30. What is the highest grade or year of school you completed? Please include both theological and non-theological education.
1. Grades 1 through 8
 2. Grades 9 through 11
 3. Grade 12 or GED
 4. College: 1 year to 3 years
 5. College: 4 years or more
 6. Master's degree
 7. Doctoral degree
 8. Other: _____

B. FAMILY COMPOSITION AND RESPONSIBILITIES

For this section, please think about your family composition and your family responsibilities.

B-1. How many people, including you, live in your home?

_____ people

B-2. Which of the following best describes your children? [ALLOW MULTIPLE RESPONSES]

1. Have children under the age of 18 who live with me
2. Have children under the age of 18 who do not live with me
3. Have children aged 18 or older who live with me
4. Have children aged 18 or older who do not live with me
5. Do not have children→GO TO B-5

B-3. [SKIP IF THEY DO NOT HAVE ANY CHILDREN LIVING WITH THEM, i.e., B-2 DOES NOT INCLUDE 1 OR 3] How many children do you have living in your home in each of the following age groups? (Type in the number of children in each age group)

_____Ages 0-4 years
_____Ages 5-11 years
_____Ages 12-17 years
_____Ages 18 years or older

B-4. [SKIP IF DO NOT HAVE CHILDREN] How does your relationship with and the social and emotional support you receive from your children impact each of the following? Please use a scale of 1 to 5 where “1” means “strong negative impact” and “5” means “strong positive impact.” [PROGRAMMER NOTE: SHOW ON GRID]

- a. Your physical health and wellness
- b. RESPONSE DELETED
- c. Your emotional health and wellness
- d. RESPONSE DELETED
- e. Your spiritual health and wellness
- f. RESPONSE DELETED

B-5. Do you have any grandchildren?

1. Yes and some of them live with me
2. Yes, but none of them live with me→GO TO B-9
3. No→GO TO B-9

B-6. QUESTION DELETED

B-7. How many grandchildren do you have living in your home in each of the following age groups? (Type in the number of children in each age group)

_____Ages 0-4 years
_____Ages 5-11 years
_____Ages 12-17 years
_____Ages 18 years or older

B-8. Do you have primary responsibility for, or legal guardianship of, any of your grandchildren?

1. Yes
2. No

People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

B-9. During the past month, did you provide any such care or assistance to a friend or family member?

1. Yes, I provided care to one friend or family member
2. Yes, I provided care to two friends or family members
3. Yes, I provided care to three or more friends or family members
4. No→GO TO B-44

B-10. What age is the person to whom you are giving care? *If you are giving care to more than one person, please select all that apply.*

1. 0-17
2. 18-40
3. 41-60
4. 61-70
5. 71-80
6. 81-90
7. Over the age of 90

B-11. Is this person male or female? *If you are caring for more than one person, please select all that apply.*

1. Male
2. Female

B-12. What is his/her relationship to you? *If you are caring for more than one person, please select all that apply.*

1. Parent
2. Parent-in-law
3. Child
4. Spouse
5. Sibling
6. Grandparent
7. Grandchild
8. Other Relative
9. Non-relative

B-13. For how long have you provided care for that person. *If you are caring for more than one person, please select all that apply.*

1. Less than 6 months
2. 6 months – less than 1 year
3. 1 year to less than 3 years
4. 3 years to less than 5 years
5. 5 or more years

- B-14. What has a doctor said is the major health problem, long-term illness, or disability that the person you care for has? *If you are caring for more than one person, please select all that apply.*
1. Birth defect or congenital condition
 2. Chronic illness
 3. Developmental disorder
 4. Result of injury/trauma
 5. Alzheimer's Disease
 6. Other dementia-related disorder
 7. Old age with no specific physical or mental health diagnosis
 8. Other: _____
- B-15. In which of the following areas does the person you care for most need your help? *Select all that apply. If you are caring for more than one person, please think of all of the people for which you provide care.*
1. Taking care of himself/herself, such as eating, dressing, or bathing
 2. Taking care of his/her residence or personal living spaces, such as cleaning, managing money, or preparing meals
 3. Communicating with others
 4. Learning or remembering
 5. Seeing or hearing
 6. Moving around within the home
 7. Transportation outside of the home
 8. Getting along with people
 9. Relieving/decreasing anxiety or depression
 10. Other: _____
- B-16. In an average week, how many hours do you provide care for that person because of his/her health problem, long-term illness, or disability? *If you are caring for more than one person, please indicate how many hours you spend caring for all of those people.*
1. Less than 5 hours
 2. 5 – 9 hours
 3. 10 – 19 hours
 4. 20 – 29 hours
 5. 30 – 39 hours
 6. 40 – 49 hours
 7. 50 – 59 hours
 8. 60 hours or more
- B-17. During the past year, has the person you care for experienced changes in thinking or remembering? *If you are caring for more than one person, please select all that apply.*
1. Yes
 2. No

B-18. Please indicate which one of the following is the greatest difficulty you have faced as a caregiver.

1. Creates a financial burden
2. Doesn't leave enough time for yourself
3. Doesn't leave enough time for your family
4. Interferes with your work
5. Creates stress
6. Creates or aggravates health problems
7. Affects family relationships
8. Other difficulty: _____
9. No difficulty

QUESTIONS B-19 TO B-42 DELETED

B-43. How does caring for a friend or family member who has a health problem, long-term illness, or disability impact each of the following? Please use a scale of 1 to 5 where "1" means "strong negative impact" and "5" means "strong positive impact." [PROGRAMMER NOTE: SHOW ON GRID]

- a. Your physical health and wellness
- b. The physical health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]
- c. Your emotional health and wellness
- d. The emotional health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]
- e. Your spiritual health and wellness
- f. The spiritual health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]

The following questions are about loved ones who have recently passed away.

B-44. During the past 12 months, have you lost a close friend or family member? *If you have lost more than one friend or family member, please select all that apply.*

1. Yes, 1 month ago or less
2. Yes, more than 1 month to 3 months ago
3. Yes, more than 3 months to 6 months ago
4. Yes, more than 6 months to 12 months ago
5. No, I have not lost a close friend or family member in the past year→GO TO B-50

B-45. What was that person's relationship to you? *If you have lost more than one friend or family member, please select all that apply.*

1. Child
2. Spouse's child
3. Spouse
4. Parent
5. Grandparent
6. Spouse's parent
7. Spouse's grandparent
8. Close friend
9. Other: _____

B-46. What was the age of that person? *If you have lost more than one friend or family member, please select all that apply.*

1. 0-17
2. 18-40
3. 41-60
4. 61-70
5. 71-80
6. 81-90
7. Over the age of 90

B-47. What was the nature of this person's death? *If you have lost more than one friend or family member, please select all that apply.*

1. Sudden and unexpected
2. Had a life-long condition/disease
3. Developed a terminal illness/disease
4. Self-inflicted injury
5. Generalized old age
6. Other: _____

B-48. QUESTION DELETED

B-49. How has the loss of this loved one(s) impacted each of the following? Please use a scale of 1 to 5 where "1" means "strong negative impact" and "5" means "strong positive impact."
[PROGRAMMER NOTE: SHOW ON GRID]

- a. Your physical health and wellness
- b. The physical health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]
- c. Your emotional health and wellness
- d. The emotional health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]
- e. Your spiritual health and wellness
- f. The spiritual health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]

[IF SINGLE →GO TO B-64]

Now, please think about your marriage--or previous marriage if you are now divorced, separated, or widowed. As a reminder, all of your responses are completely confidential. Even though your spouse may also be taking this survey, your responses will never be shown to him or her or identified as your responses nor will your responses ever be connected to your name

B-50. Were you married before you [SPOUSES: "your spouse"] entered the ministry?

1. Yes
2. No

B-51. QUESTION DELETED

- B-52. [ASK ONLY OF THOSE MARRIED BEFORE ENTERING MINISTRY] As you prepared to enter into ministry, how well did you understand the potential impact your new vocation could have on each of the following? [SPOUSE: As your spouse prepared to enter into ministry, how well did you understand the potential impact his or her new vocation could have on each of the following?] Please use a scale of 1 to 5 where 1 means “no understanding” and 5 means “full understanding.” [PROGRAMMER NOTE: INCLUDE “NOT APPLICABLE” OPTION]
- a. Your marriage
 - b. Your spouse’s career [SPOUSE: “Your career”]
 - c. Your spouse’s life in general [SPOUSE: “Your life in general”]
- B-53. QUESTION DELETED
- B-54. [ASK ONLY OF THOSE NOT MARRIED BEFORE ENTERING MINISTRY] Prior to your marriage, how well did you understand the potential impact your being [SPOUSE: “your spouse’s being”] in the ministry could have on each of the following? Please use a scale of 1 to 5 where 1 means “no understanding” and 5 means “full understanding.” [PROGRAMMER NOTE: INCLUDE “NOT APPLICABLE” OPTION]
- a. Your marriage
 - b. Your spouse’s career [SPOUSE: “Your career”]
 - c. Your spouse’s life in general [SPOUSE: “Your life in general”]
- B-55. How would you classify the impact being in the ministry [SPOUSE: “your spouse being in the ministry”] has had on each of the following? Please use a scale of 1 to 5 where “1” means “strong negative impact” and “5” means “strong positive impact.” [PROGRAMMER NOTE: INCLUDE “NOT APPLICABLE” OPTION]
- a. Your marriage
 - b. Your spouse’s career [SPOUSE: “Your career”]
 - c. Your spouse’s life in general [SPOUSE: “Your life in general”]
- B-56. What would you say is the most significant impact being a clergy person [SPOUSE: being married to a clergy person] has had on your marriage?
- _____
- _____
- _____
- B-57. [ASK ONLY OF THOSE WHO ARE SEPARATED/DIVORCED (I.E., A-3=3)] Did your divorce/separation take place while you were under appointment in the Virginia Conference?
1. Yes
 2. No
- B-58. [ASK ONLY OF THOSE WHO ARE SEPARATED/DIVORCED (I.E., A-3=3)] What impact do you attribute to the ministry as a contributing factor in your divorce/separation? Please use a scale of 1 to 5 where 1 means “no impact” and 5 means “major impact.”
- B-59. QUESTION DELETED
- B-60. [ASK ONLY OF THOSE WHO ARE CURRENTLY MARRIED (I.E. A-3=2, 5, OR 6)] In general, how satisfied are you with your marriage? Please use a scale of 1 to 5 where “1” means “not at all satisfied” and “5” means “very satisfied.”

- B-61. [ASK ONLY OF THOSE WHO ARE CURRENTLY MARRIED (I.E. A-3=2, 5, OR 6)] Using a scale of 1 to 7, where 1 is “very unhappy” and 7 is “very happy,” how happy are you with the following aspects of your marriage? [PROGRAMMER NOTE: SHOW IN GRID; INCLUDE A “PREFER NOT TO ANSWER EVEN THOUGH CONFIDENTIAL” OPTION]
- The understanding you receive from your spouse
 - The love and affection you receive from your spouse
 - The amount of time you spend with your spouse
 - The demands your spouse places on you
 - Your sexual relationship
 - The way your spouse spends money
 - The work your spouse does around the house
 - Your spouse as a parent [SKIP IF DO NOT HAVE ANY CHILDREN]
- B-62. [ASK ONLY OF THOSE WHO ARE CURRENTLY MARRIED (I.E. A-3=2, 5, OR 6)] During the past year, have you ever thought that your marriage might be in trouble?
- Yes
 - No
 - Prefer not to answer even though responses are confidential
- B-63. [ASK ONLY OF THOSE WHO ARE CURRENTLY MARRIED (I.E. A-3=2, 5, OR 6)] How does your relationship with and the social and emotional support you receive from your spouse impact each of the following? Please use a scale of 1 to 5 where “1” means “strong negative impact” and “5” means “strong positive impact.” [PROGRAMMER NOTE: SHOW ON GRID]
- Your physical health and wellness
 - The physical health and wellness of your family [ONLY IF HAS CHILDREN]
 - Your emotional health and wellness
 - The emotional health and wellness of your family [ONLY IF HAS CHILDREN]
 - Your spiritual health and wellness
 - The spiritual health and wellness of your family [ONLY IF HAS CHILDREN]

[IF MARRIED→GO TO B-70]

The following questions are about romantic relationships and dating.

- B-64. How often do you go on dates?
- More than once a week
 - Once a week
 - Once every two weeks
 - Once a month
 - Once every three months
 - Once every six months
 - Once a year
 - Never
- B-65. Is there a particular person who you would consider your boyfriend/girlfriend/ significant other?
- Yes
 - No
 - Not sure

B-66. [ASK ONLY IF NEVER GO ON DATES AND THERE IS NOT A PERSON WHO IS CONSIDERED A SIGNIFICANT OTHER] Do you desire to date?

1. Yes
2. No→GO TO B-70
3. Not at this time→GO TO B-70
4. Not sure

B-67. What would you say is the greatest obstacle to dating or being in a dating relationship?

1. My ministry does not allow enough time
2. I'm unable to meet quality people
3. My congregation/ministry setting would look negatively upon it
4. I have family issues that make it difficult to date or be in a serious relationship at this time
5. Other: _____

B-68. Overall, how satisfied are you with your dating situation? Please use a scale of 1 to 5 where 1 means "not at all satisfied" and 5 means "very satisfied."

B-69. How does your dating situation impact each of the following? Please use a scale of 1 to 5 where "1" means "strong negative impact" and "5" means "strong positive impact."
[PROGRAMMER NOTE: SHOW ON GRID]

- a. Your physical health and wellness
- b. The physical health and wellness of your family [ONLY IF HAS CHILDREN]
- c. Your emotional health and wellness
- d. The emotional health and wellness of your family [ONLY IF HAS CHILDREN]
- e. Your spiritual health and wellness
- f. The spiritual health and wellness of your family [ONLY IF HAS CHILDREN]

The following questions are about pets that you or your family own.

B-70. How many pets do you and/or your family own?

1. None→GO TO SECTION C
2. One
3. Two
4. Three
5. Four or more

B-71. What kind of pet(s) do you have? *If you have more than one pet, please select all that apply.*

1. Dog
2. Cat
3. Birds
4. Reptiles
5. Rabbits
6. Other: _____

B-72. How does having a pet impact each of the following? Please use a scale of 1 to 5 where "1" means "strong negative impact" and "5" means "strong positive impact." [PROGRAMMER NOTE: SHOW ON GRID]

- a. Your physical health and wellness
- b. The physical health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]
- c. Your emotional health and wellness
- d. The emotional health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]
- e. Your spiritual health and wellness
- f. The spiritual health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]

C. MINISTRY PREPARATION AND EDUCATION

[THIS SECTION IS ONLY FOR ACTIVE AND RETIRED CLERGY.]

- C-1. At what age did you enter the ministry? ____ years old
- C-2. How long have you been/were you in the ministry full time or part-time for which you were paid a salary?
____ years and ____ months
- C-3. What is your vocational history?
1. Ministry is/was first vocation→GO TO C-6
 2. Ministry is/was second vocation
 3. Ministry is/was third or more vocation
- C-4. QUESTION DELETED
C-5. QUESTION DELETED
- C-6. What is the highest level of theological education you have attained?
1. None→GO TO C-18
 2. Enrolled in Course of Study→GO TO C-18
 3. Completed Course of Study
 4. Enrolled in Advanced Course of Study
 5. Completed Advanced Course of Study
 6. Working toward Master of Divinity or other Master's Degree
 7. Bachelor of Divinity
 8. Master of Divinity
 9. Master of Arts (MA), Master of Religious Education (MRE), Master of Church Ministries (MCM), Master of Sacred Theology (STM), Master of Theology (Th.M) or other Master's degree
 10. Doctor of Ministry
 11. Ph.D. or Th.D
 12. Other:_____
- C-7. At which seminary or divinity school did you receive your basic theological education? (This excludes a second degree in theology and/or doctoral study) [PROGRAMMING NOTE: DO NOT REQUIRE A RESPONSE FOR THIS QUESTION]

- C-8. Overall, how well would you say your basic seminary education prepared you for the ministry? Please use a scale of 1 to 5 where "1" means "Not well at all" and "5" means "Very well."
- C-9. QUESTION DELETED
C-10. QUESTION DELETED

C-11. In retrospect, how well did your basic seminary education prepare you for your ministry in the following subject areas? Please use a scale of 1 to 5 where “1” means “Not at all well” and “5” means “Very well.” [PROGRAMMING NOTE: SHOW IN GRID; PUT RESPONSE OPTIONS AT TOP AND BOTTOM]

- a. Systematic Theology
- b. Church History (Early, Medieval, and American)
- c. Denominational history, theology, doctrine, and polity
- d. RESPONSE DELETED
- e. Theological/Christian Ethics
- f. Homiletics/Preaching
- g. Worship and Music
- h. Christian Education
- i. Pastoral Care
- j. Clinical Pastoral Education (CPE)
- k. Evangelism
- l. Mission
- m. Stewardship
- n. Spiritual/Faith Formation
- o. Old Testament
- p. New Testament
- q. Hebrew Language
- r. Greek Language

C-12. Likewise, how well did your basic seminary education prepare you for your ministry in the following practical areas of ministry? Please use a scale of 1 to 5 where “1” means “Not at all well” and “5” means “Very well.” [PROGRAMMING NOTE: SHOW IN GRID; PUT RESPONSE OPTIONS AT TOP AND BOTTOM]

- a. Church Administration
- b. RESPONSE DELETED
- c. Church Finances
- d. Conflict Management/Resolution
- e. Dealing with Change
- f. Stress Management
- g. Time Management
- h. Organizational Skill Development
- i. Setting Priorities
- j. Balancing Work and Family Life
- k. Setting Boundaries
- l. Communication Skills and Styles
- m. Personal Financial Management & Planning
- n. Leadership Skill Development
- o. Self-Care and Personal Wellness
- p. Family Systems Theory
- q. Understanding the Itinerancy
- r. Human Resource Training (Personnel/Staff Issues)
- s. Grant Writing
- t. Building Programs (Financing/Fundraising, Architectural Design, Construction, etc.)
- u. Establishing Community Development Corporations (CDC's)
- v. Faith Community Nursing/Health Ministries
- w. Practice of Stewardship

C-13. To what extent did your seminary education provide adequate amounts and types of field education experiences that applied classroom knowledge to everyday parish ministry? Please use a scale of 1 to 5 where “1” means “not at all” and “5” means “very much.”

The following is a description of internships:

Internships provide the longest opportunity for a thorough application of theological studies and pastoral skill development while under supervision in a congregational context. Internships typically involve from nine to twelve months of supervised engagement in ministry. Internships can occur all over the U.S.A. and occasionally overseas. During an internship, the student carries no course load, but rather devotes his or her time toward applying classroom theory to everyday parish life. The internship year can occur at the conclusion of seminary, or during the seminary experience, after specific course requirements have been met. An internship is different from, and should not be confused with, a field education placement.

C-14. [SHOW ON NEW PAGE] Please indicate how much you agree with the following statements about internships. Please use a scale of 1 to 5 where “1” means “strongly disagree” and “5” means “strongly agree.” [PROGRAMMING NOTE: SHOW ON GRID]

- a. An internship should be required as part of the preparation for ordained ministry in The United Methodist Church.
- b. The current provisional period of three years for individuals seeking to become an ordained elder should be re-evaluated if an internship as described above is required.

[THE FOLLOWING QUESTIONS ARE FOR ACTIVE CLERGY ONLY. IF NOT ACTIVE CLERGY→ SKIP TO C-18]

The following is a description of CEUs:

As per the Board of Ordained Ministry, the following persons are required to receive a minimum of one CEU per year and at least 8 CEU's per quadrennium (EVERY FOUR YEARS).

- *Full-time local pastors who have completed the Course of Study*
- *Elders under appointment*
- *Deacons in full connection under appointment*
- *Diaconal Ministers under appointment*
- *Certified Lay Professionals*
- *Associate Members under appointment.*

Persons in the above relationships involved in ongoing education (including enrollment in college, seminary, Course of Study, D.Min. and Ph.D. programs), and clergy on Leave of Absence are not required to complete a CEU.

C-15. [SHOW ON NEW PAGE] In the last four years, have you met or exceeded the minimum CEU requirements per year and per quadrennium?

1. Yes→GO TO C-17
2. No

C-16. What would you say is the main reason for not meeting this requirement?

1. Full schedule/no time
2. Insufficient relevant topics
3. Church budget constraints
4. Personal budget constraints
5. Inconvenient location of the educational offering
6. Other: _____

C-17. How important is continuing education to your vocational and personal growth and development? Please use a scale of 1 to 5 where “1” means “not at all important” and “5” means “very important.”

C-18. For the following question, please think about your vocational calling and indicate how much you agree with the following statements. Please use a scale of 1 to 5 where “1” means “strongly disagree” and “5” means “strongly agree.”

- a. I knew from a very young age I was being called into the ministry.
- b. I discovered I was being called into the ministry as a result of a particular transformational life experience.
- c. My calling into the ministry was the result of my growing up in a faith community, in which I was formed and nurtured by a group of caring persons who exemplified the Christian way of life.

C-19. What, if anything else, influenced your calling into the ministry?

C-20. [FOR ACTIVE CLERGY WITH 5 YEARS OR MORE IN MINISTRY, AS INDICATED IN C-2, ASK:] Looking back over the last five years, how often did you do each of the following? Please use a scale of 1 to 5 where “1” means “never” and 5 means “very often.” [PROGRAMMING NOTE: SHOW IN GRID]

[FOR RETIRED CLERGY, ASK:] Looking back over the last five years of your active ministry, how often did you do each of the following? Please use a scale of 1 to 5 where “1” means “never” and 5 means “very often.”

[FOR ACTIVE CLERGY WITH 5 YEARS OR LESS IN MINISTRY, AS INDICATED IN C-2, ASK:] Looking back over your active ministry, how often did you do each of the following? Please use a scale of 1 to 5 where “1” means “never” and 5 means “very often.”

As a reminder, all of your responses are completely confidential and no one at the Virginia Conference will ever be able to attribute your responses to you.

- a. Doubt that you were called by God to the ministry.
- b. [SKIP IF IN EXTENSION MINISTRY SETTING, AS INDICATED IN A-10] Think of leaving pastoral ministry in a congregational setting to enter another type of ministry position.
- c. [IF EXTENSION MINISTRY, ASK:] Think of leaving extension ministry to enter/re-enter parish ministry.
- d. Think of leaving the ministry to enter a secular occupation.

D. VOCATIONAL SETTING

[ACTIVE] First, please tell us about your current ministry setting.

[ACTIVE SPOUSE] First, please tell us about your spouse's current ministry setting.

- D-1. How long have you been in your current ministry setting? [SPOUSE: How long has your spouse been in his or her current ministry setting?][RETIRED: How long have you been retired?][RETIRED SPOUSE: How long has your spouse been retired?]
1. 6 months or less
 2. Longer than 6 months to 1 year
 3. Longer than 1 year to 2 years
 4. Longer than 2 years to 4 years
 5. Longer than 4 years to 8 years
 6. Longer than 8 years to 10 years
 7. Longer than 10 years to 15 years
 8. Longer than 16 years to 20 years
 9. Longer than 20 years
- D-2. [SKIP FOR RETIRED] Which of the following best describes the location of your [SPOUSE: your spouse's] current ministry setting?
1. Rural or open country
 2. Town or village of less than 10,000 people
 3. In or around city of 10,000-49,999
 4. In or around city of 50,000-249,999
 5. In or around city of 250,000 or more
- D-3. [SKIP FOR RETIRED; ASK ONLY OF THOSE IN PARISH] What was the average worship attendance of the church/charge you serve [SPOUSE: your spouse serves] at the close of 2008?
1. 1-25
 2. 26-50
 3. 51-75
 4. 76-100
 5. 101-150
 6. 151-200
 7. 201-250
 8. 251-500
 9. 501-1,000
 10. Greater than 1,000
 11. Don't know [INCLUDE THIS OPTION ONLY FOR SPOUSES]

D-4. [SKIP FOR RETIRED; ASK ONLY OF THOSE IN PARISH] What was the reported membership of the church/charge you serve [SPOUSE: your spouse serves] at the close of 2008?

1. 1-25
2. 26-50
3. 51-75
4. 76-100
5. 101-150
6. 151-200
7. 201-250
8. 251-500
9. 501-1,000
10. Greater than 1,000
11. Don't know [INCLUDE THIS OPTION ONLY FOR SPOUSES]

Now, please help us understand some aspects of your work demands.

D-5. Approximately how many hours in an average week do you (SPOUSE: does your spouse) spend doing the work of your (SPOUSE: his or her) ministry? [RETIRED: Thinking back to your (SPOUSE: your spouse's) active ministry, approximately how many hours each week did you (SPOUSE: your spouse) spend doing the work of your (SPOUSE: his or her) ministry?]

_____ HOURS PER WEEK

[IF NOT ACTIVE CLERGY→GO TO D-10]

D-6. Do you currently work at any other job other than your Conference appointment?

1. Yes
2. No→GO TO D-10

D-7. How many hours per week, on the average, do you work in this position?

_____ HOURS PER WEEK

D-8. How often are there time conflicts between your clergy position and your other position(s)? Please use a scale of 1 to 5 where "1" means "never" and "5" means "very often."

D-9. How satisfied are you with working more than one job? Please use a scale of 1 to 5 where "1" means "not at all satisfied" and "5" means "very satisfied."

D-10. In your [SPOUSE: your spouse's] current appointment, how often have each of the following occurred? [RETIRED: In your [SPOUSE: your spouse's] last appointment, how often did each of the following occur?] Please use a scale of 1 to 5 where "1" means "never" and "5" means "very often." [PROGRAMMER NOTE: SHOW IN GRID]

USE THIS LIST FOR ACTIVE AND RETIRED CLERGY:

- a. People in your congregation/ministry setting make too many demands on you.
- b. People in your congregation/ministry setting are critical of you and the things you had done or not done.
- c. You experience stress as a result of dealing with congregation/ministry setting members who are were critical of you.
- d. You feel lonely and isolated in your work.
- e. You experience stress because of the challenges you face in your congregation/ministry setting.
- f. You feel guilty about not doing enough in your role as clergy.
- g. You feel pressure to grow the membership of your congregation either through baptisms or professions of faith.

USE THIS LIST FOR ACTIVE AND RETIRED SPOUSES:

- a. People in your spouse's congregation/ministry setting make too many demands on you.
- b. People in your spouse's congregation/ministry setting are critical of you and the things you had done or not done.
- c. You experience stress as a result of dealing with congregation/ministry setting members who are critical of you.
- d. You feel lonely and isolated in your role as the spouse of a clergyperson.
- e. You experience stress because of the challenges you face in your spouse's congregation/ministry setting.
- f. You feel guilty about not doing enough in your role as the spouse of a clergyperson.
- g. People in your spouse's congregation/ministry setting make too many demands on him or her.
- h. People in your spouse's congregation/ministry setting are critical of him or her and the things he or she has done or not done.

[IF SPOUSE→GO TO SECTION E]

The following questions are about administrative requirements for the District and Conference.

D-11. Over the course of an average year, what percentage of your working time do you spend [RETIRED: spent] fulfilling administrative requirements for the District and Conference? Consider such things as Annual Reports (Statistical Tables I, II, and III), Pastoral Profile updates, Charge Conference, etc.

D-12. [SKIP QUESTION IF RETIRED] How are various *pastoral* administrative reports completed and submitted? *Select all that apply.*

1. I complete and submit my own reports electronically.
2. I handwrite my reports and my assistant/secretary completes and submits them electronically.
3. I handwrite my reports and submit them to the District/Conference staff for electronic entry.
4. Other: _____

D-13. QUESTION DELETED

D-14. Please indicate how much you agree with each of the following statements? Please use a scale of 1 to 5 where "1" means "strongly disagree" and "5" means "strongly agree."

1. Conference and District administrative requirements create [RETIRED: created] stress for me.
2. I could be [RETIRED: have been] more productive in ministry if Conference and District administrative requirements were reduced or streamlined.
3. Preparing and updating my Pastoral Profile is [RETIRED: was] a productive experience for me.

This next set of questions has to do with the quantity and types of communication within and surrounding your ministry.

First, please think of the information and communication you currently receive from the Conference.

D-15. How would you describe the amount of information and communication you receive from the Conference?

1. More than what you need
2. All that you need
3. Most of what you need
4. Some of what you need
5. Less than what you need
6. Somewhat less than what you need
7. Much less than what you need
8. Very little
9. Nothing

D-16. Where do you receive Conference mailings?

1. All come directly to my parsonage/residence.
2. All come directly to the church office/official ministry office.
3. Some come to the parsonage/residence and some come to the church office/official ministry office.
4. Other: _____

[IF CURRENT DISTRICT SUPERINTENDENT (AS INDICATED IN A-14)→GO TO D-19.]

Now, please think of the information and communication you currently receive from the District.

D-17. How would you describe the amount of information and communication that you receive from the District?

1. More than what you need
2. All that you need
3. Most of what you need
4. Some of what you need
5. Less than what you need
6. Somewhat less than what you need
7. Much less than what you need
8. Very little
9. Nothing

D-18. Where do you receive District mailings?

1. All come directly to my parsonage/residence.
2. All come directly to the church office/official ministry office.
3. Some come to the parsonage/residence and some come to the church office/official ministry office.
4. Other: _____

D-19. Where would you prefer to receive official Conference and District mailings?

1. Parsonage/residence
2. Church office/official ministry office
3. Other: _____

D-20. Which of these methods of communication do you most prefer for receiving official information from the Conference and District?

1. E-mail
2. Conference or District Website
3. Regular mail
4. Telephone
5. Other: _____

D-21. QUESTION DELETED

D-22. QUESTION DELETED

The following questions are about your church/ministry setting office.

[IF RETIRED→GO TO D-40]

D-23. Does the congregation(s)/ministry setting in which you serve have a designated church office or other official office?

1. Yes
2. No→SKIP TO D-26

D-24. Please indicate how much you agree with each of the following statements. Please use a scale of 1 to 5 where "1" means "strongly disagree" and "5" means "strongly agree."
[PROGRAMMING NOTE: SHOW IN GRID]

1. The church office or other official ministry office is situated in a location that is prominent, easily identifiable, and accessible to members, friends, and visitors.
2. The church office or other official ministry office is aesthetically pleasing.

D-25. Is the church office or other official ministry office handicapped accessible?

1. Yes
2. No
3. Don't know

The next set of questions deals with your specific pastoral study or personal workspace/office.

D-26. Which of the following best describes the location of your pastoral study/workspace?

1. Part of the church office or other official ministry office
2. Not part of the church office or other official ministry office – located elsewhere on church/ministry property
3. Not part of the church office or other official ministry office - located in the parsonage or private residence
4. Not part of the church office or other official ministry office – located elsewhere off of church/ministry setting property *and* not in the parsonage/ residence
5. Do not have a pastoral study/workspace→SKIP TO D-29

D-27. Please indicate how much you agree with each of the following statements. Please use a scale of 1 to 5 where “1” means “strongly disagree” and “5” means “strongly agree.” [PROGRAMMING NOTE: SHOW IN GRID]

1. The pastor’s study/workspace has adequate space and sufficient furnishings (i.e., desk, chair, bookcases, lighting, additional chairs/table) to conduct the pastoral ministry of the church or other Extension Ministry.
2. Overall, the location, entrance, and construction of the pastor’s study/workspace makes that space conducive to having conversations and holding meetings of a sensitive and confidential nature.
3. The pastor’s study/workspace is aesthetically pleasing.

D-28. Is your pastoral study/workspace handicapped accessible?

1. Yes
2. No
3. Don’t know

D-29. For each of the following, please indicate whether it is provided by your church or ministry setting, whether you provide it yourself at your own cost, or whether you do not currently have access to it. [PROGRAMMER NOTE: PUT IN GRID WITH THE FOLLOWING AS HEADERS:]

- i. Provided by church/ministry setting
 - ii. Provided by you, at your cost
 - iii. Do not currently have access
-
- a. Computer
 - b. High speed internet
 - c. Printing capability
 - d. Fax capability

D-30. How has your workspace environment (or lack thereof), including the Church Office and Pastoral Study and the equipment you have available to you, impacted each of the following? Please use a scale of 1 to 5 where “1” means “strong negative impact” and “5” means “strong positive impact.” [PROGRAMMER NOTE: SHOW ON GRID]

- a. Your physical health and wellness
- b. Your emotional health and wellness
- c. Your spiritual health and wellness

The following questions are about staff at your church or ministry setting.

- D-31. How many assistants or administrative staff do you have? Please do not include other professional staff in your answers to this question—we will ask about them separately.
1. None
 2. 1
 3. 2
 4. 3 or more
- D-32. [IF DOES HAVE AN ASSISTANT ASK:] Is the administrative staff paid or unpaid?
1. Paid
 2. Unpaid
 3. Some are paid and some are unpaid
- D-33. [IF DOES NOT HAVE AN ASSISTANT] How are the administrative and clerical duties of your pastoral and official church ministry accomplished? *Select all that apply.*
1. I do them myself
 2. My spouse assists me
 3. Another relative assists me
 4. Volunteer(s) in my ministry setting assists me
 5. Neighbor or friend assists me
 6. Other: _____
- D-34. How many clergy other than yourself are officially on staff in your congregation or ministry setting?
1. None
 2. 1
 3. 2
 4. 3 or more
- D-35. How many paid professional or other official staff, either full-time or part-time, do you have in your congregation or ministry setting, excluding faith community nurses? (These include positions such as directors of Christian Education, Music, Youth, Nursery workers, Custodians, etc.)
1. None
 2. 1
 3. 2-3
 4. 4-5
 5. 6-7
 6. 8 or greater
- D-36. How many unpaid professional or other official staff, either full-time or part-time, do you have in your congregation or ministry setting, excluding faith community nurses and lay volunteers, such as chairpersons of ministry areas? (These include positions such as directors of Christian Education, Music, Youth, Nursery workers, Custodians, etc.)
1. None
 2. 1
 3. 2-3
 4. 4-5
 5. 6-7
 6. 8 or greater

D-37. How would you describe the nature of your working relationship(s) with each of the following? Please use a scale of 1 to 5 where "1" means "poor" and "5" means "excellent." [JUST INCLUDE THOSE SELECTED IN D-32, D-34, D-35, AND D-36]

1. Paid administrative staff
2. Unpaid administrative staff
3. Other clergy staff
4. Paid professional or other official staff
5. Unpaid professional or other official staff

D-38. Please indicate how much you agree with the following statements. Please use a scale of 1 to 5 where "1" means "strongly disagree" and "5" means "strongly agree."

- a. [SKIP IF DOES NOT HAVE ADMINISTRATIVE STAFF (i.e., D-31=1)] There is adequate administrative/support staff to conduct the pastoral and official work of ministry in my setting.
- b. [SKIP IF DOES NOT HAVE ADMINISTRATIVE STAFF (i.e., D-31=1)] The administrative/support staff has/have the resources and equipment they need to accomplish the duties and tasks of ministry.
- c. [ASK ONLY IF DOES NOT HAVE ADMINISTRATIVE STAFF (i.e., D-31=1)] I would be able to devote more time to my ministry if I had administrative/support staff.
- d. [ASK ONLY IF DOES NOT HAVE ADMINISTRATIVE STAFF (i.e., D-31=1)] Not having administrative/support staff negatively impacts my ministry.
- e. [SKIP IF DOES NOT HAVE PROFESSIONAL STAFF (i.e., D-35=1 AND D-36=1)] There is adequate professional/other official staff to conduct the pastoral and official work of ministry in my setting.
- f. [SKIP IF DOES NOT HAVE PROFESSIONAL STAFF (i.e., D-35=1 AND D-36=1)] The professional/other official staff has/have the resources and equipment they need to accomplish the duties and tasks of ministry.
- g. [ASK ONLY IF DOES NOT HAVE PROFESSIONAL STAFF (i.e., D-35=1 AND D-36=1)] I would be able to devote more time to my ministry if I had professional/other official staff.
- h. [ASK ONLY IF DOES NOT HAVE PROFESSIONAL STAFF (i.e., D-35=1 AND D-36=1)] Not having professional/other official staff negatively impacts my ministry.

D-39. How have your relationships with the staff at your ministry setting impacted each of the following? Please use a scale of 1 to 5 where "1" means "strong negative impact" and "5" means "strong positive impact." [PROGRAMMER NOTE: SHOW ON GRID]

- a. Your physical health and wellness
- b. Your emotional health and wellness
- c. Your spiritual health and wellness

[IF EXTENSION MINISTRY→GO TO SECTION E]

The following is a definition of faith community nursing:

Faith community nursing (FCN), also known as congregational or parish nursing, is a ministry of compassionate care to the whole person. This ministry of service aims to maintain and/or restore optimum health for people, enable persons to live creatively within their limitations, bring comfort to those in suffering and grief, and provide support for the dying and their families. Faith community nursing understands health to be a dynamic process, which embodies the physical, psychological, social, and spiritual dimensions of the person. The practice of FCN holds the spiritual dimension to be central to its practice. Faith community nursing and health ministry services are designed to build on and strengthen the capacities of individuals, families, and congregations to understand and care for one another in light of their relationship to God, faith traditions, themselves, and the broader society.

In response to these beliefs, the faith community nurse, in collaboration with the pastoral staff and lay leaders, establishes wholistic health ministry programs for persons across the lifespan. As an actively licensed registered nurse, with specialized education in this ministry, the FCN is an integrator of faith and health, using the nursing interventions of health education, personal health counseling, health advocacy, and referral. The FCN also utilizes resources available to the faith community by training and supervising volunteers and developing support groups. As the vital link between the faith community and the healthcare community, the FCN participates in the ongoing transformation of the faith community into a source of health and healing.

D-40. [ASK ON NEXT PAGE] [SKIP FOR RETIRED—GIVE EXPLANATION ABOVE BUT DO NOT ASK QUESTION] Does the congregation you serve have an official faith community nurse(s)?

1. Yes→GO TO D-42
2. No

D-41. Did any of the congregations you served have an official faith community nurse(s)?

1. Yes
2. No→GO TO D-46

[IF RETIRED OR DOES NOT CURRENTLY HAVE A FAITH COMMUNITY NURSE BUT HAS HAD ONE IN THE PAST (i.e., D-41=1)→GO TO D-45]

D-42. How many total weekly hours are provided by your faith community nurse(s)?

1. Less than 10 hours
2. 10 hours to 19 hours
3. 20 hours to 29 hours
4. 30 hours to 39 hours
5. 40 hours or more
6. Don't know

D-43. Is the faith community nurse(s) a paid position?

1. Yes
2. No

- D-44. Has your faith community nurse(s) received formal education and training in the specialty of faith community nursing?
1. Yes
 2. No
 3. Don't know
- D-45. Please indicate how valuable your faith community nurse(s) has been [RETIRED or DOES NOT CURRENTLY HAVE ONE: was] to your congregation. Please use a scale of 1 to 5 where "1" means "not at all valuable" and "5" means "very valuable."
- D-46. Have you or any of your family members personally used the services of a faith community nurse? [RETIRED: Did you or any of your family members ever personally use the services of a faith community nurse?]
1. Yes
 2. No
- D-47. [ASK ONLY IF HAS OR HAD A FAITH COMMUNITY NURSE] How has [RETIRED: did] your faith community nurse impacted [RETIRED: impact] each of the following? Please use a scale of 1 to 5 where "1" means "strong negative impact" and "5" means "strong positive impact." [PROGRAMMER NOTE: SHOW ON GRID]
- a. Your physical health and wellness
 - b. The physical health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]
 - c. Your emotional health and wellness
 - d. The emotional health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]
 - e. Your spiritual health and wellness
 - f. The spiritual health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]

[IF RETIRED OR HAS A FAITH COMMUNITY NURSE→GO TO SECTION E]

- D-48. Has your congregation ever considered establishing a faith community nursing ministry?
1. Yes, we have considered but decided not to establish one
 2. Yes, we are actively considering it
 3. No, we have not considered it
 4. Don't know
- D-49. Does your church have an intentional health ministry, focusing on the physical, psychological, social, and spiritual dimensions of health?
1. Yes
 2. No
- D-50. As a clergyperson, how interested would you be in having a health ministry with faith community nursing started in your church? Please use a scale of 1 to 5 where "1" means "not at all interested" and "5" means "very interested."
- D-51. As a clergyperson, how beneficial would it be to have more information about the ministries of faith community nursing? Please use a scale of 1 to 5 where "1" means "not at all beneficial" and "5" means "very beneficial."

E. LEISURE TIME AND VACATION

Leisure time and vacation or "holiday" are those periods of free time taken apart from one's work for the purpose of rest, relaxation, recreation, and renewal. They can be times spent alone or with family and friends. The following questions have to do with this time and are not to be confused with Sabbath time.

- E-1. Now, please think of your leisure time. About how many hours per week do you spend on activities that you find personally relaxing, such as needlework, sports, going to the movies, gardening, or just relaxing and taking it easy? _____ HOURS PER WEEK
- E-2. How much do you agree that you get enough leisure time throughout the week to provide you with an adequate break from your vocational and/or household duties? Please use a scale of 1 to 5 where "1" means "strongly disagree" and "5" means "strongly agree."
- E-3. How does your leisure time or lack thereof impact each of the following? Please use a scale of 1 to 5 where "1" means "strong negative impact" and "5" means "strong positive impact."
[PROGRAMMER NOTE: SHOW ON GRID]
- Your physical health and wellness
 - Your emotional health and wellness
 - Your spiritual health and wellness

[RETIRED CLERGY & SPOUSES OF RETIRED CLERGY→GO TO SECTION F]

- E-4. How many days do you regularly take off each week from work? If you have more than one job, please think of the days where you do not work at any of your jobs.
- Usually take ½ day off
 - Usually take 1 day off
 - Usually take 2 days off
 - Usually take more than 2 days off
 - I do not usually take any days off
 - I do not work outside of the home [INCLUDE ONLY FOR SPOUSES]
- E-5. [ASK ONLY IF MARRIED (i.e., A-3=2, 5, or 6)] How many days does your spouse regularly take off each week from work? If he or she has more than one job, please think of the days where he or she does not work at any of his or her jobs.
- Usually take ½ day off
 - Usually take 1 day off
 - Usually take 2 days off
 - Usually take more than 2 days off
 - My spouse does not usually take any days off
 - My spouse does not work outside of the home
- E-6. [ASK ONLY IF HAVE DAYS OFF, OTHERWISE→GO TO E-12] Do you [SPOUSE: Does your spouse] have at least one designated or specific day off each week?
- Yes, one designated day off
 - Yes, two designated days off
 - Yes, more than two designated days off
 - No→GO TO E-12

- E-7. QUESTION DELETED
- E-8. [ASK ONLY IF MARRIED (i.e., A-3=2, 5, or 6)] Does your spouse also have that same designated day(s) off? [SPOUSE: Do you also have that same designated day(s) off?]
- Yes
 - Yes, we share some of the same days off but not all of them
 - No
- E-9. [SKIP FOR SPOUSE] Has the congregation/ministry setting been informed as to what are your designated day(s) off?
- Yes
 - No
 - Don't know
- E-10. How consistently would you say you take your [SPOUSE: your spouse takes his or her] designated day(s) off? Please use a scale of 1 to 5 where "1" means "not at all consistently" and "5" means "very consistently."
- E-11. [ASK IF 1-2 TO PREVIOUS QUESTION] What would you say are the major reasons for not consistently taking your [SPOUSE: his or her] designated day(s) off? *You may select up to 3 responses.*
- Lack of coordination with church leadership
 - Congregational expectations that I [SPOUSE: he/she] still be available
 - Unexpected parish occurrences (e.g. deaths, illnesses, etc.)
 - Unable to secure pastoral coverage
 - Spouse [SPOUSE: I am] not off the same day
 - Lack of personal discipline
 - Study/workspace is in home & slip into working
 - My parish needs me [SPOUSE: His/her parish needs him/her]
 - Other: _____
- E-12. How does [SPOUSE: your spouse] taking days off each week impact each of the following? [FOR THOSE THAT DON'T TAKE A DAY OFF: How does [SPOUSE: your spouse] **not** taking any days off each week impact each of the following?] Please use a scale of 1 to 5 where "1" means "strong negative impact" and "5" means "strong positive impact." [PROGRAMMER NOTE: SHOW ON GRID]
- Your physical health and wellness
 - The physical health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]
 - Your emotional health and wellness
 - The emotional health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]
 - Your spiritual health and wellness
 - The spiritual health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]

- E-13. What is the status of your [SPOUSE: your spouse's] vacation?
1. Paid
 2. Unpaid
 3. Partially paid
 4. Do [SPOUSE: Does] not rate vacation→GO TO E-22
- E-14. How many weeks of paid or unpaid vacation do you [SPOUSE: does your spouse] rate each year in your [SPOUSE: his or her] current appointment?
1. 1 week
 2. 2 weeks
 3. 3 weeks
 4. 4 weeks
 5. 5 weeks
 6. More than 5 weeks
- E-15. [SKIP FOR SPOUSE] When you take a vacation, who typically covers for you in your ministry duties? [CHECK ALL THAT APPLY.]
1. Another clergy member from my congregation/ministry setting, who is on staff at the church/ministry setting
 2. Another clergy member from my congregation/ministry setting, who is not on staff at the church/ministry setting, but who is a member and/or attends services
 3. A retired clergy member from my congregation/ministry setting
 4. A retired clergy member from another congregation/ministry setting
 5. A clergy member from another congregation/ministry setting
 6. A non-clergy member from my congregation/ministry setting
 7. A non-clergy member from another congregation/ministry setting
 8. No one
 9. Other: _____
- E-16. [SKIP FOR SPOUSE] Has the congregation/ministry setting been informed as to how many weeks of vacation you rate each year?
1. Yes
 2. No
 3. Don't know
- E-17. How consistently would you say you take [SPOUSE: your spouse takes] all of your annual vacation time? Please use a scale of 1 to 5 where "1" means "not at all consistently" and "5" means "very consistently."

- E-18. [ASK IF 1 OR 2 TO PREVIOUS QUESTION] What would you say are the major reasons for not taking all of your [SPOUSE: his or her] accrued annual vacation time? *Your may select up to 3 responses.*
1. Lack of coordination with church leadership
 2. Congregational/ministry setting expectations that I [SPOUSE: he/she] still be available
 3. Unexpected parish/ministry setting occurrences (e.g. deaths, illnesses, etc.)
 4. Unable to secure pastoral coverage
 5. Spouse [SPOUSE: I] cannot schedule the same time off
 6. Spouse does [SPOUSE: I do] not earn same amount of vacation time
 7. Lack of personal discipline
 8. Study/workspace is in home & slip into working
 9. My parish/ministry setting needs me [SPOUSE: His/her parish needs him/her]
 10. Other: _____
- E-19. [SKIP FOR SPOUSE] Does one of your vacations each year typically include at least one Sunday off?
1. Yes, one of my vacations includes one Sunday off
 2. Yes, one of my vacations includes two or more consecutive Sundays off
 3. No
- E-20. Did you take a vacation, lasting at least one week, in the past 12 months?
1. Yes
 2. No
- E-21. Do you have a vacation planned or tentatively planned for this coming year?
1. Yes
 2. No
- E-22. [IF 4-5 ON E-17, ASK:] How does your [SPOUSE: your spouse's] vacation time impact each of the following? [IF 1-3 ON E-17 or 4 ON E-13, ASK:] How does your [SPOUSE: your spouse's] lack of vacation time or not taking all of your [SPOUSE: his/her] vacation time impact each of the following? Please use a scale of 1 to 5 where "1" means "strong negative impact" and "5" means "strong positive impact." [PROGRAMMER NOTE: SHOW ON GRID]
- a. Your physical health and wellness
 - b. The physical health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]
 - c. Your emotional health and wellness
 - d. The emotional health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]
 - e. Your spiritual health and wellness
 - f. The spiritual health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]

F. SPIRITUAL LIFE AND SABBATH TIME

[THIS SECTION IS ONLY FOR ACTIVE AND RETIRED CLERGY.]

Now we'd like to ask about some of your religious activities.

- F-1. On an average week, how much time do you dedicate to prayer outside of public worship and outside of any pastoral duties?
 - 1. Less than 1 hour
 - 2. 1-2 hours
 - 3. 3-4 hours
 - 4. 5-6 hours
 - 5. 7-8 hours
 - 6. More than 8 hours a week

- F-2. How often do you read the Bible or other devotional literature, not in preparation for sermons or other work-related tasks?
 - 1. Several times a day
 - 2. Once a day
 - 3. A few times a week
 - 4. Once a week
 - 5. A few times a month
 - 6. Once a month
 - 7. Less than once a month
 - 8. Never

- F-3. Is there anything else you do to support your spiritual life in addition to prayer and reading religious literature? This can be something that others would immediately recognize as spiritual, or something that only you would define as spiritual.
 - 1. Yes
 - 2. No → GO TO F-6

- F-4. What, specifically, do you do?

- F-5. How often do you engage in these other activities?
 - 1. Several times a day
 - 2. Once a day
 - 3. A few times a week
 - 4. Once a week
 - 5. A few times a month
 - 6. Once a month
 - 7. Less than once a month
 - 8. Never

- F-6. How does your spiritual life impact each of the following? Please use a scale of 1 to 5 where “1” means “strong negative impact” and “5” means “strong positive impact.” [PROGRAMMER NOTE: SHOW ON GRID]
- Your physical health and wellness
 - Your emotional health and wellness
 - Your spiritual health and wellness
- F-7. During the past 6 months, how often have you done each of the following? Please use a scale of 1 to 5 where “1” means “never” and “5” means “very often.” [PROGRAMMER NOTE: SHOW AS GRID]
- Experienced the presence and power of God in the ordinary
 - Sensed the presence and power of God in your thoughts and feelings
 - Seen examples and signs of God’s purposes and reign in your congregation and/or ministry setting
 - Observed the presence and power of God in your closest relationships
 - Consciously practiced discerning the presence and power of God
 - Felt God’s grace and God’s love for you as you are, apart from any accomplishments or good works
 - Felt that your prayers had been answered
 - Felt that events were unfolding according to God’s intent
 - Felt that you have a vital relationship with God
 - Felt that your relationship with God has been one of struggle
 - Felt God’s absence
- F-8. [SKIP THIS QUESTION FOR RETIRED CLERGY] During the past 6 months, how often have you felt the presence and power of God during each of the following? Please use a scale of 1 to 5 where “1” means “never” and “5” means “very often.” [PROGRAMMER NOTE: SHOW AS GRID]
- In planning and leading worship
 - When conducting pastoral visitations
 - When participating in ministry-related events
 - When participating in ministry-related meetings
 - When sharing in crisis intervention and counseling
 - When administering the sacraments
 - When receiving Holy Communion
 - In the midst of serious conflict
 - When ministering to people who are living on the margins
- F-9. [SKIP THIS QUESTION FOR RETIRED CLERGY] Jesus referred to the poor, imprisoned, and vulnerable as the “least of these.” During the past 6 months, how often have you done each of the following? Please use a scale of 1 to 5 where “1” means “never” and “5” means “very often.” [PROGRAMMER NOTE: SHOW AS GRID]
- Had personal contact with the least of these, that is, people living on the margins?
 - Included people who are living on the margins in your prayers?
 - Discussed (e.g., in sermons and in talking about the church’s ministry) people who are living on the margins with your staff, congregation, or clients?
 - Experienced God’s presence and power among people who are living on the margins?
 - Experienced solidarity with people who are living on the margins?

- F-10. In your relationships with clergy (of any denomination), in the past 6 months, how often have you done each of the following? Please use a scale of 1 to 5 where “1” means “never” and “5” means “very often.” [PROGRAMMER NOTE: SHOW AS GRID]
- Shared your personal or vocational struggles?
 - Shared your difficulties in loving God and your neighbors?
 - Confessed your failures and sins?
 - Held others accountable?
 - Asked for forgiveness?
 - Tried to forgive others?

The following is a definition of Sabbath time:

Clergy and laity often confuse Sabbath time with leisure or vacation, or misunderstand the observance of Sabbath as “taking time off” to get away from the responsibilities of pastoral/ministerial life. In truth, Sabbath is a much-deeper theological construct, grounded in the Scriptural portrayal of God’s relationship with Creation.

True Sabbath is sanctified time – time spent deliberately experiencing and enjoying one’s covenantal relationship with God, apart from any vocational or ministry setting. The fullest expression of such a covenantal relationship is found in the establishment and continuation of “holy friendships” – partnerships with others that are grounded in understanding Sabbath as a time for sharing mutual trust and spiritual practices, holding one another accountable, and being vulnerable in the act of holy listening.

Holy friendships are vitally important to the experience of Sabbath because they are incarnational; through them God’s presence is made real for us in others, and made real for others in us. Holy friendships are different from casual acquaintances, or the social relationships shared by pastors and their parishioners.

F-11. [SHOW ON NEXT PAGE] Do you have one, or more, holy friendships?

- Yes, one holy friendship
- Yes, more than one holy friendship
- No

F-12. How have your holy friendships, or lack of holy friendships, impacted each of the following? Please use a scale of 1 to 5 where “1” means “strong negative impact” and “5” means “strong positive impact.” [PROGRAMMER NOTE: SHOW ON GRID]

- Your physical health and wellness
- Your emotional health and wellness
- Your spiritual health and wellness

F-13. Do you currently have a spiritual director?

- Yes
- No→GO TO F-15

F-14. How often in the past year did you talk with your spiritual director?

- 1-2 times
- 3-5 times
- About every 2 months
- About monthly
- More than 1 time a month

F-15. Do you currently provide spiritual direction to a United Methodist pastor?

1. Yes
2. No

F-16. How often do you attend religious services when you are not the one leading the service?

1. Never
2. Less than once a year
3. About once or twice a year
4. Several times a year
5. About once a month
6. 2-3 times a month
7. Nearly every week
8. Weekly or more often

F-17. Are you aware that every district in the Virginia Conference has a chaplain?

1. Yes
2. No→GO TO F-19

F-18. How often in the past year did you talk with your District Chaplain?

1. None
2. 1-2 times
3. 3-5 times
4. About every 2 months
5. About monthly
6. More than 1 time a month

Now we would like to know more about your participation in covenant support groups.

F-19. [SKIP IF RETIRED] Are you currently participating in a covenant group or a clergy peer support group (that is, a semi-structured group of three or more clergy that is intended for vocational support or growth)?

1. Yes→GO TO F-21
2. No

F-20. Have you ever participated in a covenant group? [RETIRED: When in active ministry, did you ever participate in a covenant group or a clergy peer support group (that is, a semi-structured group of three or more clergy that is intended for vocational support or growth)?]

1. Yes
2. No→GO TO SECTION G

F-21. Most often, how [ACTIVE: “do”, RETIRED & PAST COVENANT GROUP MEMBERS: “did”] you participate in the group?

1. In person
2. By phone
3. By email
4. Other: _____

- F-22. [ASK ONLY IF CURRENTLY IN GROUP] How often in the past year did you participate in the group?
1. 1-2 times
 2. 3-4 times
 3. 5-6 times
 4. About monthly
 5. About 2 times a month
 6. About 4 times a month
- F-23. How satisfied [ACTIVE: “are”, RETIRED & PAST COVENANT GROUP MEMBERS: “were”] you with the group activities and interactions? Please use a scale of 1 to 5 where “1” means “not at all satisfied” and “5” means “very satisfied.”
- F-24. To what extent [ACTIVE: “do”, RETIRED & PAST COVENANT GROUP MEMBERS: “did”] you feel able to share your struggles with the group? Please use a scale of 1 to 5 where “1” means “not at all” and “5” means “very much.”
- F-25. How did you come to participate in this covenant group? [RETIRED & PAST COVENANT GROUP MEMBERS ADD: If you have participated in more than one covenant group, please think of the most recent one.]
1. Participation was mandated
 2. Participation was so strongly recommended that it was essentially mandated
 3. Participation was recommended but not mandated
 4. Participation was completely of my choosing
 5. Participation was by invitation only
 6. Other: _____
- F-26. How has participation in a covenant group impacted each of the following? Please use a scale of 1 to 5 where “1” means “strong negative impact” and “5” means “strong positive impact.” [PROGRAMMER NOTE: SHOW ON GRID]
- a. Your physical health and wellness
 - b. Your emotional health and wellness
 - c. Your spiritual health and wellness

G. SOCIAL AND EMOTIONAL SUPPORT

For this section, please think about social and emotional support.

- G-1. How often do you get the social and emotional support you need? Please include support from any source. Please use a scale of 1 to 5 where “1” means “never” and “5” means “very often.”
- G-2. How satisfied are you with the number of close friends you have? When thinking of your friends, please do not include your spouse or other family members. Please use a scale of 1 to 5 where “1” means “not at all satisfied” and “5” means “very satisfied.”
- G-3. How does your relationship with and the social and emotional support you receive from your friends impact each of the following? Please use a scale of 1 to 5 where “1” means “strong negative impact” and “5” means “strong positive impact.” [PROGRAMMER NOTE: SHOW ON GRID]
- a. Your physical health and wellness
 - b. Your emotional health and wellness
 - c. Your spiritual health and wellness
- G-4. [SKIP FOR RETIRED] How much do you agree with each of the following statements? Please use a scale of 1 to 5 where “1” means “strongly disagree” and “5” means “strongly agree.” [PROGRAMMER NOTE: SHOW IN GRID]
- a. I have close friends in my [SPOUSE: my spouse’s] congregation/ministry setting.
 - b. [SKIP FOR SPOUSE] My role as a clergy member makes it difficult to make friends.
 - c. [FOR SPOUSE ONLY] My role as the spouse of a clergy person makes it difficult to make friends.

The next set of questions asks about the degree of support you receive from your [SPOUSE: your spouse’s] congregation or ministry setting. If you serve [SPOUSE: he/she serves] more than one congregation or ministry setting, please answer for the one that gives you the most support. If you are retired, please answer these questions about the last congregation you served.

- G-5. How often [ACTIVE: “do”, RETIRED: “did”] the people in your [SPOUSE: your spouse’s] congregation/ministry setting make you feel loved and cared for? Please use a scale of 1 to 5 where “1” means “never” and “5” means “very often.”
- G-6. How often [ACTIVE: “do”, RETIRED: “did”] the people in your [SPOUSE: your spouse’s] congregation/ministry setting listen to you talk about your private problems and concerns? Please use a scale of 1 to 5 where “1” means “never” and “5” means “very often.”
- G-7. QUESTION DELETED
- G-8. QUESTION DELETED
- G-9. [SKIP FOR RETIRED] How does your relationship with and the social and emotional support you receive from your [SPOUSE: your spouse’s] congregation/ministry setting impact each of the following? Please use a scale of 1 to 5 where “1” means “strong negative impact” and “5” means “strong positive impact.” [PROGRAMMER NOTE: SHOW ON GRID]
- a. Your physical health and wellness
 - b. Your emotional health and wellness
 - c. Your spiritual health and wellness

G-10. Now, please think of your life in general. Please indicate how strongly you agree with each statement, using a scale of 1 to 5 where “1” means “strongly disagree” and “5” means “strongly agree.” [PROGRAMMER NOTE: SHOW IN GRID]

- a. Every day, I am aware that I have so much in life to be thankful for.
- b. On a daily basis, if I had to list everything that I felt grateful for, it would be a very long list.
- c. When I look at the world, I don't see much to be grateful for.
- d. Every day, I am grateful to a wide variety of people.
- e. As I get older I find myself more able to appreciate the people, events, and situations that have been part of my life history.
- f. Long amounts of time can go by before I feel grateful for something or someone.

[IF ACTIVE OR RETIRED CLERGY→SKIP TO SECTION H]

The following information is about the Virginia Conference Clergy Family Enrichment Committee of the Board of Ordained Ministry.

The Virginia Conference Clergy Family Enrichment Committee of the Board of Ordained Ministry is composed of clergy spouses (both lay and clergy) and a member of the Board of Ordained Ministry who are committed to providing support to clergy families and clergy spouses. The Committee addresses the issues that impact the lives of the clergy in the Virginia Annual Conference and their families by offering support, care, and understanding. This is done in many ways:

1. *The Thrival Kit, a journal of inspiration and guidance, seeks to provide a road map, offering direction for the clergy families of Virginia. (Available on the vaumc.org/bom web site or a paper copy through your district office.)*
2. *The Welcome Dinner, at the annual conference, celebrates the beginning of ministry for those who are accepting their first appointment in the Virginia Conference.*
3. *The Annual Spouses' Luncheon, at the annual conference, is a time of fellowship for all clergy spouses.*
4. *The Annual Spouses' Retreat, usually the first Friday/Saturday of March, is a time of inspiration and renewal for clergy spouses.*
5. *The Clergy Spouse Support Coordinators' Program provides a clergy spouse support coordinator in each district. They attempt to connect clergy spouses to each other in confidential and supportive dialogue.*
6. *The Parsonages Support Committee, working with the District Superintendent, brings creative solutions to parsonage issues for both clergy and churches.*

G-11. Which of the above events and/or resources have you attended or used?

1. The Thrival Kit
2. Annual Conference Welcome Dinner
3. Annual Conference Spouses' Luncheon
4. Annual Spouses' Retreat (early March)
5. Clergy Spouse Support Coordinator (District Level)
6. Parsonages Support Committee (District Level)
7. None of the above

G-12. [SHOW JUST THE ONES CHECKED ABOVE] How helpful or supportive have each of the following been to you as the spouse of a clergyperson? Please use a scale of 1 to 5 where 1 means "not at all helpful" and 5 means "very helpful."

1. The Thrival Kit
2. Annual Conference Welcome Dinner
3. Annual Conference Spouses' Luncheon
4. Annual Spouses' Retreat (early March)
5. Clergy Spouse Support Coordinator (District Level)
6. Parsonages Support Committee (District Level)
7. None of the above

H. HOME, NEIGHBORHOOD, AND COMMUNITY

The following questions are about your primary residence. If you have more than one home, please describe the place where you spend the majority of your time.

H-1. How would you best describe your current primary residence?

1. Parsonage
2. Home/townhome/villa/condo I/we own
3. Home/townhome/villa/condo/apartment I/we rent
4. Home provided by the Retired Clergy Housing Corporation
5. Other: _____

H-2. QUESTION DELETED

[RETIRED CLERGY AND THEIR SPOUSES→GO TO H-9]

H-3. Regardless of your current housing situation, in general, would you prefer to be provided with a parsonage or with a housing allowance?

1. Parsonage
2. Housing allowance
3. No preference

H-4. Do you live in a separate residence from the rest of your family? For example, in order for your children to attend a particular school system.

1. Yes
2. No→GO TO H-9

H-5. What is the purpose of this housing arrangement? (Select all that apply.)

1. Spouse's [SPOUSE: My] work position
2. Children's school
3. Proximity to extended family
4. Separation or divorce
5. Other: _____

H-6. What is the approximate average travel time between the place where you live and the place where the rest of your family lives?

1. Less than 15 minutes
2. 15 minutes to less than 30 minutes
3. 30 minutes to less than 1 hour
4. 1 hour to less than 2 hours
5. 2 hours to less than 3 hours
6. 3 hours to less than 4 hours
7. 4 hours or more

H-7. How long have you and your family lived in two separate residences?

1. Less than 6 months
2. 6 months – less than 1 year
3. 1 year to less than 3 years
4. 3 years to less than 5 years
5. 5 or more years

H-8. How long do you anticipate you and your family living in two separate residences?

1. Less than 6 months
2. 6 months – less than 1 year
3. 1 year to less than 3 years
4. 3 years to less than 5 years
5. 5 or more years
6. Unsure, but at least until my appointment ends
7. Don't know

H-9. In how many different parsonages have you lived [RETIRED: did you live] over the course of your or your spouse's ministry?

1. 0
2. 1
3. 2-4
4. 5-7
5. 8-10
6. 11-13
7. 14 or more

H-10. As a primary residence, in how many privately owned homes or rental homes have you lived [RETIRED: did you live] over the course of your or your spouse's ministry?

1. 0
2. 1
3. 2-4
4. 5-7
5. 8-10
6. 11-13
7. 14 or more

The following questions are about your current parsonage. If you are retired or not currently living in a parsonage, please think about your most recent parsonage.

[IF NEVER LIVED IN A PARSONAGE →GO TO H-39]

H-11. Overall, how satisfied are [RETIRED OR NOT CURRENTLY LIVING IN A PARSONAGE: were] you with the physical setting that is your current parsonage [RETIRED OR NOT CURRENTLY LIVING IN A PARSONAGE: was your most recent parsonage] (size, condition, aesthetic appeal, location)? Please use a scale of 1 to 5 where "1" means "not at all satisfied" and "5" means "very satisfied."

[IF NOT CURRENTLY LIVING IN A PARSONAGE→GO TO H-35]

H-12. QUESTION DELETED

- H-13. At the time you arrived in the parsonage, were there major problems that had to be addressed to make living in the parsonage acceptable to you and your family?
1. Yes
 2. No→GO TO H-15
- H-14. Were the problems resolved to your satisfaction in a timely fashion?
1. Yes
 2. No
- H-15. QUESTION DELETED
- H-16. Does the ministry setting you serve conduct annual parsonage reviews with a representative group of lay leaders (e.g., SPRC, Parsonage Committee, Trustees)?
1. Yes
 2. No→GO TO H-18
- H-17. How stressful is the process of a parsonage review for you and your family? Please use a scale of 1 to 5 where “1” means “not at all stressful” and “5” means “very stressful.”
- H-18. To what extent does your current parsonage meet the minimum standards as outlined by the Virginia Conference’s MINIMUM STANDARDS FOR PARSONAGES document? (If you are unfamiliar with this document, it can be found on the Conference website under the “Parsonages” link of “Ministerial Services.”) Please use a scale of 1 to 5 where “1” means “not at all” and “5” means “fully.”
- H-19. [ASK ONLY OF THOSE WHO SAID 1 OR 2 TO PREVIOUS QUESTION] Please explain and be specific.
-
-
-
- H-20. [ASK ONLY OF THOSE WHO SAID 1 OR 2 TO H-18] Is the ministry setting you serve in a financial position to improve its condition?
1. Yes
 2. No→GO TO H-22
 3. Don’t know→GO TO H-22
- H-21. [ASK ONLY OF THOSE WHO SAID 1 OR 2 TO H-18] Is the ministry setting either improving its condition or does the ministry setting have plans to improve its condition within the next 24 months?
1. Yes
 2. No
 3. Don’t know
- H-22. How concerned are you about mold or mildew in the parsonage? Please use a scale of 1 to 5 where “1” means “not at all concerned” and “5” means “very concerned.”

- H-23. How much do you agree with each of the following statements? Please use a scale of 1 to 5 where "1" means "strongly disagree" and "5" means "strongly agree."
- The parsonage is an adequate size for me and/or my family.
 - The parsonage is an adequate size for my/our furnishings and belongings.
- H-24. QUESTION DELETED
- H-25. QUESTION DELETED
- H-26. Is the parsonage handicapped accessible?
- Fully→GO TO H-30
 - Partially
 - Not at all
- H-27. Is the parsonage conducive to being made fully accessible?
- Yes
 - No→GO TO H-30
 - Don't know
- H-28. Is the ministry setting in a financial position to make the parsonage fully accessible?
- Yes and they are willing and interested in making it fully accessible
 - Yes, but they are not willing and interested in making it fully accessible
 - No
 - Don't know
- H-29. QUESTION DELETED
- H-30. Does anyone living in or visiting your home (such as friends, relatives, or church members) require special handicapped accommodations? *Select all that apply.*
- Yes, someone living in my home
 - Yes, someone visiting my home
 - No→GO TO H-32
- H-31. Has the ministry setting made any changes to the parsonage, other than making it fully accessible, which has permitted the person(s) with the disability to live and visit safely and comfortably in the house?
- Yes
 - No
- H-32. QUESTION DELETED
- H-33. Within the last ten years, has the parsonage been evaluated and updated where needed with regard to its: *Select all that apply.*
- Aesthetic appeal -- This includes such things as fresh paint, window treatments, furnishings, carpeting/flooring, outside lawn and landscaping, etc.
 - Functionality/efficiency -- This includes such things as heating, air conditioning, kitchen modernization, cable installation, etc.
 - Neither its aesthetic appeal or functionality/efficiency.

H-34. QUESTION DELETED

H-35. Please indicate your agreement with each of the following statements. Please use a scale of 1 to 5 where "1" means "strongly disagree" and "5" means "strongly agree."
[PROGRAMMER NOTE: SHOW IN GRID]

- a. [SKIP FOR RETIRED OR NOT CURRENTLY LIVING IN PARSONAGE] My family and/or I work collaboratively with the leaders of my ministry setting to maintain and improve the condition and grounds of the parsonage.
- b. [SKIP FOR RETIRED OR NOT CURRENTLY LIVING IN PARSONAGE] Leaders from my ministry setting work collaboratively with me and/or my family to maintain and improve the condition and grounds of the parsonage.
- c. [SKIP FOR RETIRED OR NOT CURRENTLY LIVING IN PARSONAGE] The parsonage my family and/or I live in is far enough away from the church/ministry setting office to afford me and/or my family adequate privacy and separation from ministry setting life.
- d. I find [RETIRED: found] it convenient living in a parsonage.
- e. Parsonage living has its advantages.
- f. Parsonage living has its disadvantages.

H-36. [IF RATED ADVANTAGES 4 OR 5, ASK:] What are the major advantages?

H-37. [IF RATED DISADVANTAGES 4 OR 5, ASK:] What are the major disadvantages?

H-38. How does the parsonage in which you live impact each of the following? [RETIRED: Thinking of the last parsonage in which you lived, how did that parsonage impact each of the following?] Please use a scale of 1 to 5 where "1" means "strong negative impact" and "5" means "strong positive impact." [PROGRAMMER NOTE: SHOW ON GRID]

- a. Your physical health and wellness
- b. The physical health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]
- c. Your emotional health and wellness
- d. The emotional health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]
- e. Your spiritual health and wellness
- f. The spiritual health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]

[IF DO NOT CURRENTLY LIVE IN A HOME THAT THEY OWN OR RENT → SKIP TO H-43]

The following questions are about your current home.

H-39. Overall, how satisfied are you with the physical setting that is your current home (size, condition, aesthetic appeal, location)? Please use a scale of 1 to 5 where "1" means "not at all satisfied" and "5" means "very satisfied."

- H-40. [SKIP IF RETIRED OR SPOUSE OF RETIRED] Is the allowance you and your family receive adequate for the housing costs in the community in which you live?
1. Yes
 2. No
 3. Do not receive an allowance
- H-41. [ASK ONLY OF THOSE WHO OWN THEIR OWN HOME (i.e., 1-1=2)] How important are each of the following features of home ownership? Please use a scale of 1 to 5 where “1” means “not at all important” and “5” means “very important.” [PROGRAMMER NOTE: SHOW IN GRID]
- a. Choosing the location of our home
 - b. Choosing the type and style of home
 - c. Having a sense of control to do whatever I and/or my family want to our house whenever we want
 - d. Building equity
 - e. Feeling of pride associated with owning a home
- H-42. How does the home in which you live impact each of the following? Please use a scale of 1 to 5 where “1” means “strong negative impact” and “5” means “strong positive impact.” [PROGRAMMER NOTE: SHOW ON GRID]
- a. Your physical health and wellness
 - b. The physical health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]
 - c. Your emotional health and wellness
 - d. The emotional health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]
 - e. Your spiritual health and wellness
 - f. The spiritual health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]

[IF DO NOT CURRENTLY LIVE IN A HOUSING CORPORATION HOME (i.e., H-1=4), SKIP TO H-46]

The following questions are about the house you live in that was provided by the Retired Clergy Housing Corporation.

- H-43. Overall, how satisfied are you with the physical setting that is your current home (size, condition, aesthetic appeal, location)? Please use a scale of 1 to 5 where “1” means “not at all satisfied” and “5” means “very satisfied.”
- H-44. How satisfied are you with each of the following? Please use a scale of 1 to 5 where “1” means “not at all satisfied” and “5” means “very satisfied.” [PROGRAMMER NOTE: SHOW IN GRID]
- a. Ease of finding a home through the Retired Clergy Housing Corporation
 - b. Location of home
 - c. Cost of living in the home

H-45. How does the home in which you live impact each of the following? Please use a scale of 1 to 5 where "1" means "strong negative impact" and "5" means "strong positive impact."
[PROGRAMMER NOTE: SHOW ON GRID]

- a. Your physical health and wellness
- b. The physical health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]
- c. Your emotional health and wellness
- d. The emotional health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]
- e. Your spiritual health and wellness
- f. The spiritual health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]

[IF RETIRED OR SPOUSE OF →SKIP TO H-49]

The following questions are about housing when you retire.

H-46. [SKIP IF OWN THEIR OWN HOME] When you retire [FOR SPOUSES: "your spouse retires"], do you plan on purchasing a home?

1. Yes
2. No→GO TO H-49
3. Maybe/Not sure

H-47. Upon retirement, how likely are you to seek housing through the Retired Clergy Housing Corporation? Please use a scale of 1 to 5 where "1" means "not at all likely" and "5" means "very likely."

H-48. [ASK ONLY OF THOSE WHO ARE LIKELY (i.e., H-47=4 or 5)] In which geographical area would you be most interested or likely to settle down?

1. Richmond
2. Newport News
3. Staunton
4. Winchester
5. Roanoke

H-49. QUESTION DELETED

H-50. QUESTION DELETED

H-51. QUESTION DELETED

H-52. QUESTION DELETED

The following questions are about your neighborhood and community. Please think of neighborhood as the immediate area around your parsonage or home. Please think of community as the whole city, town, or rural area where you live (not just your neighborhood).

H-53. What setting best describes the community in which you live?

1. Rural or open country
2. Town or village of less than 10,000 people
3. In or around city of 10,000-49,000
4. In or around city of 50,000-249,000
5. In or around city of 250,000 or more

H-54. To what extent do you agree with each of the following statements about your neighborhood and community? Please use a scale of 1 to 5 where “1” means “strongly disagree” and “5” means “strongly agree.” [PROGRAMMING NOTE: SHOW IN GRID]

- a. I consider the community I/my family live in to be safe.
- b. I consider the community I/my family live in to be aesthetically pleasing.
- c. I consider the neighborhood I/my family live in to be safe.
- d. I consider the neighborhood I/my family live in to be aesthetically pleasing.
- e. I consider the neighborhood I/my family live in to be conducive to taking walks.
- f. I consider the community I/my family live in to be conducive to taking walks.

H-55. Approximately how far away from the place you are currently living is the nearest exercise facility/gym? (e.g. Curves®, YMCA/YWCA/ Gold’s Gym, American Family Fitness or local hospital-based)

- 1. 0-5 minutes
- 2. 6-10 minutes
- 3. 11-15 minutes
- 4. 16-20 minutes
- 5. 21-30 minutes
- 6. 31-45 minutes
- 7. 45-60 minutes
- 8. More than 1 hour
- 9. Don’t know

H-55a. [SKIP IF SAID DO NOT KNOW WHERE FACILITY IS] What is the name of the exercise facility? _____

H-56. How does the neighborhood and community in which you live impact each of the following? Please use a scale of 1 to 5 where “1” means “strong negative impact” and “5” means “strong positive impact.” [PROGRAMMER NOTE: SHOW ON GRID]

- a. Your physical health and wellness
- b. The physical health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]
- c. Your emotional health and wellness
- d. The emotional health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]
- e. Your spiritual health and wellness
- f. The spiritual health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]

[IF RETIRED→GO TO SECTION I]

The following questions are about moving to a new community because of a new appointment. Please think of the last time you moved for this reason.

H-57. In moving to your current appointment, which of the following established healthcare provider relationships did you and/or your family intentionally choose to continue? (check all that apply)

1. Primary Care Physician/PA/Nurse Practitioner
2. Medical Specialists (OB/GYN/pediatrician/cardiologist/eye doctor, etc.)
3. Mental Health Professional (therapist/counselor)
4. Spiritual Advisor
5. Dentist
6. Other: _____
7. None of the above provider relationships were chosen to be continued
8. I did not move because of my new appointment→GO TO SECTION I

H-58. Which of the following healthcare provider relationships, if any, did you and/or your family newly establish? (check all that apply)

1. Primary Care Physician/PA/Nurse Practitioner
2. Medical Specialists (OB/GYN/pediatrician/cardiologist/eye doctor, etc.)
3. Mental Health Professional (therapist/counselor)
4. Spiritual Advisor
5. Dentist
6. Other: _____
7. None of the above provider relationships were newly established

H-59. QUESTION DELETED

H-60. QUESTION DELETED

H-61. How much do you agree with each of the following statements? Please use a scale of 1 to 5 where 1 means “strongly disagree” and 5 means “strongly agree.”

- a. Moving to a new community was a welcome change for me.
- b. Moving to a new community was a welcome change for my family. [ONLY IF MARRIED AND/OR HAS CHILDREN]
- c. I/my family had adequate time to organize our move (e.g., finding a home if applicable, securing a moving company or truck, packing our belongings, etc.)
- d. Moving and settling into a new community created a lot of stress for me.
- e. Moving and settling into a new community created a lot of stress for my family. [ONLY IF MARRIED AND/OR HAS CHILDREN]

H-62. How did moving and settling into a new community impact each of the following? Please use a scale of 1 to 5 where “1” means “strong negative impact” and “5” means “strong positive impact.” [PROGRAMMER NOTE: SHOW ON GRID]

- a. Your physical health and wellness
- b. The physical health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]
- c. Your emotional health and wellness
- d. The emotional health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]
- e. Your spiritual health and wellness
- f. The spiritual health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]

I. HEALTH CONDITIONS

This section of the survey asks about a number of health conditions and behaviors. As a reminder, we will never reveal any participant's health condition with his or name, not even in any way that could be surmised by your peers. Please know that your responses are completely confidential.

- I-1. Would you say that in general your health is:
1. Poor
 2. Fair
 3. Good
 4. Very good
 5. Excellent
- I-2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?
- ___ ___ NUMBER OF DAYS
- I-3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?
- ___ ___ NUMBER OF DAYS
- I-4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?
- ___ ___ NUMBER OF DAYS
- I-5. Do you have one person or more than one person who you think of as your personal doctor or health care provider?
1. Yes, only one
 2. Yes, more than one
 3. No
- I-6. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?
1. Yes
 2. No
- I-7. About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.
1. Within past year (anytime less than 12 months ago)
 2. Within past 2 years (1 year but less than 2 years ago)
 3. Within past 5 years (2 years but less than 5 years ago)
 4. 5 or more years ago
 5. Never

- I-8. [DO NOT ASK IF SAID WITHIN PAST YEAR TO PREVIOUS QUESTION] What would you say is the primary reason for not seeing a personal doctor or other health care provider (e.g. nurse practitioner or physician's assistant) for a routine check-up?
1. Cost - cannot afford either insurance co-pay or full amount
 2. Previous negative experience with a doctor/provider
 3. Not currently experiencing any health problems
 4. My regular doctor/provider is located a significant distance from where I live
 5. Just haven't gotten around to scheduling a visit
 6. Other: _____

The next question is about getting enough rest or sleep.

- I-9. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?
- ___ ___ NUMBER OF DAYS
- I-10. Have you ever been told by a doctor that you have diabetes?
1. Yes
 2. Yes, but female told only during pregnancy
 3. No
 4. No, but identified pre-diabetes or borderline diabetes
- I-11. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?
1. Yes
 2. No→GO TO I-14
 3. Don't know/not sure→GO TO I-14
- I-12. About how long has it been since you last had your blood cholesterol checked?
1. Within the past year (anytime less than 12 months ago)
 2. Within the past 2 years (1 year but less than 2 years ago)
 3. Within the past 5 years (2 years but less than 5 years ago)
 4. 5 or more years ago
- I-13. Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?
1. Yes
 2. No
- I-14. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?
1. Yes
 2. No

- I-15. About how long has it been since you last visited a dentist for a routine checkup? A routine checkup is a general oral exam, not an exam for a specific problem or condition.
1. Within past year (anytime less than 12 months ago)
 2. Within past two years (1 year but less than 2 years ago)
 3. Within past 5 years (2 years but less than 5 years ago)
 4. 5 or more years ago
 5. Never
- I-16. [DO NOT ASK IF SAID WITHIN PAST YEAR TO PREVIOUS QUESTION] What would you say is the primary reason for not seeing a dentist for a routine check-up more often?
1. Cost - cannot afford either insurance co-pay or full amount
 2. Previous negative experience with a dentist
 3. Not currently experiencing any dental problems
 4. My regular dentist is located a significant distance from where I live.
 5. Just haven't gotten around to scheduling a visit
 6. Other: _____
- I-17. QUESTION DELETED
- I-18. How long has it been since you had your teeth cleaned by a dentist or dental hygienist?
1. Within past year (anytime less than 12 months ago)
 2. Within past two years (1 year but less than 2 years ago)
 3. Within past 5 years (2 years but less than 5 years ago)
 4. 5 or more years ago
 5. Never

Now we would like to ask you questions about your vision.

- I-19. When was the last time you had your eyes examined by any doctor or eye care provider?
1. Within past year (anytime less than 12 months ago)
 2. Within past two years (1 year but less than 2 years ago)
 3. Within past 5 years (2 years but less than 5 years ago)
 4. 5 or more years ago
 5. Never
- I-20. [DO NOT ASK IF SAID WITHIN 12 MONTHS TO PREVIOUS QUESTION] What is the main reason you have not visited an eye care professional in the past 12 months?
1. Cost - cannot afford either insurance co-pay or full amount
 2. Previous negative experience with an eye care professional
 3. Not currently experiencing any vision problems
 4. My regular eye care professional is located a significant distance from where I live
 5. Just haven't gotten around to scheduling a visit
 6. Other: _____
- I-21. QUESTION DELETED

Now we would like to ask you some questions about cardiovascular disease and asthma.

- I-22. Has a doctor, nurse, or other health professional ever told you that you had any of the following? (Check all that apply.)
1. Heart attack, also called a myocardial infarction
 2. Angina or coronary heart disease
 3. Stroke
 4. None of the above
- I-23. Have you ever been told by a doctor, nurse, or other health professional that you had asthma?
1. Yes
 2. No→GO TO I-25
- I-24. Do you still have asthma?
1. Yes
 2. No

Now we would like to ask you some questions about arthritis and the joints in your body.

- I-24.a. Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?
1. Yes
 2. No→GO TO I-25

Arthritis can cause symptoms like pain, aching or stiffness, in or around the joint.

- I-24.b. *Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.*
1. Yes
 2. No
- I-24.c. In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? *Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.*
1. Yes
 2. No
- I-24.d. During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings? *Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.*
1. A lot
 2. A little
 3. Not at all

The following questions are about health problems or impairments you may have.

I-25. Are you limited in any way in any activities because of physical, mental, or emotional problems?

1. Yes
2. No

I-26. Do you have any health problems that require you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

1. Yes
2. No

I-27. Have you smoked at least 100 cigarettes in your entire life?

[NOTE: 5 packs = 100 cigarettes]

1. Yes
2. No→GO TO I-30

I-28. Do you now smoke cigarettes every day, some days, or not at all?

1. Every day
2. Some days
3. Not at all→GO TO I-30

I-29. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

1. Yes
2. No

I-30. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

1. Yes
2. No→GO TO I-36

I-31. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

1. _____ DAYS PER WEEK
2. _____ DAYS IN PAST 30 DAYS
3. NO DRINKS IN PAST 30 DAYS→GO TO I-36

I-32. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

_____ NUMBER OF DRINKS

I-33. Considering all types of alcoholic beverages, how many times during the past 30 days did you have [5 FOR MEN, 4 FOR WOMEN] or more drinks on an occasion?

1. _____ NUMBER OF TIMES
2. None

I-34. During the past 30 days, what is the largest number of drinks you have had on any occasion?

_____ NUMBER OF DRINKS

The next question is about drinking and driving.

I-35. During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

- _____ number of times
- None

I-36. A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot?

1. Yes
2. No

I-37. During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist™.

1. Yes
2. No

I-38. A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

1. Yes
2. No

[IF RESPONDENT IS 45 YEARS OR OLDER CONTINUE, OTHERWISE GO TO I-41]

I-39. In the past 3 months, how many times have you fallen?

1. _____ number of times
2. None

I-40. How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor?

1. _____ number of falls
2. None

[IF RESPONDENT IS MALE, GO TO I-48]

The next questions are about breast and cervical cancer.

- I-41. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?
1. Yes
 2. No→GO TO I-43
- I-42. How long has it been since your last mammogram?
1. Within the past year (anytime less than 12 months ago)
 2. Within the past 2 years (1 year but less than 2 years ago)
 3. Within the past 3 years (2 years but less than 3 years ago)
 4. Within the past 5 years (3 years but less than 5 years ago)
 5. 5 or more years ago
- I-43. A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?
1. Yes
 2. No→GO TO I-45
- I-44. How long has it been since your last breast exam?
1. Within the past year (anytime less than 12 months ago)
 2. Within the past 2 years (1 year but less than 2 years ago)
 3. Within the past 3 years (2 years but less than 3 years ago)
 4. Within the past 5 years (3 years but less than 5 years ago)
 5. 5 or more years ago
- I-45. A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?
1. Yes
 2. No→GO TO I-47
- I-46. How long has it been since you had your last Pap test?
1. Within the past year (anytime less than 12 months ago)
 2. Within the past 2 years (1 year but less than 2 years ago)
 3. Within the past 3 years (2 years but less than 3 years ago)
 4. Within the past 5 years (3 years but less than 5 years ago)
 5. 5 or more years ago
- I-47. Have you had a hysterectomy?
- [A hysterectomy is an operation to remove the uterus (womb).]
1. Yes
 2. No

[IF RESPONDENT IS LESS THAN 39 YEARS OF AGE OR IS FEMALE, GO TO I-53]

Now we will ask you some questions about prostate cancer screening.

I-48. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?

1. Yes
2. No→GO TO I-50
3. Don't know/not sure→GO TO I-50

I-49. How long has it been since you had your last PSA test?

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years)
3. Within the past 3 years (2 years but less than 3 years)
4. Within the past 5 years (3 years but less than 5 years)
5. 5 or more years ago

I-50. A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?

1. Yes
2. No→GO TO I-52

I-51. How long has it been since your last digital rectal exam?

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years)
3. Within the past 3 years (2 years but less than 3 years)
4. Within the past 5 years (3 years but less than 5 years)
5. 5 or more years ago

I-52. Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer?

1. Yes
2. No

[IF RESPONDENT IS LESS THAN OR EQUAL TO 49 YEARS OF AGE, GO TO I-57]

I-53. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

1. Yes
2. No→GO TO I-55

I-54. How long has it been since you had your last blood stool test using a home kit?

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 5 years (2 years but less than 5 years ago)
4. 5 or more years ago

I-55. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

1. Yes
2. No→GO TO I-57

I-56. How long has it been since you had your last sigmoidoscopy or colonoscopy?

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 5 years (2 years but less than 5 years ago)
4. Within the past 10 years (5 years but less than 10 years ago)
5. 10 or more years ago

The following questions are about your life overall.

I-57. In general, how satisfied are you with your life?

1. Very dissatisfied
2. Dissatisfied
3. Satisfied
4. Very satisfied

Now, we are going to ask you a few questions about your mood.

I-58. Over the last 2 weeks, how many days have you...

- a. Had little interest or pleasure in doing things.
- b. Felt down, depressed, or hopeless.
- c. Had trouble falling asleep or staying asleep or sleeping too much.
- d. Felt tired or had little energy.
- e. Had a poor appetite or eaten too much.
- f. Felt bad about yourself or that you were a failure or had let yourself or your family down.
- g. Had trouble concentrating on things, such as reading the newspaper or watching the TV.
- h. Moved or spoken so slowly that other people could have notice – or the opposite – being so fidgety or restless that you were moving around a lot more than usual.

___ ___ DAYS (PROGRAMMER NOTE: ALLOW 0-14)

I-59. Has a doctor or other healthcare provider ever told you that you have an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?

1. Yes
2. No

I-60. Has a doctor or healthcare provider ever told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

1. Yes
2. No

- I-61. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?
1. Yes
 2. No→GO TO I-68

We are interested in two types of physical activity – vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

- I-62. Now, thinking about the moderate activities you do when you are not working in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?
1. Yes
 2. No→GO TO I-65
- I-63. How many days per week do you do these moderate activities for at least 10 minutes at a time?
- a. _____ DAYS PER WEEK
 - b. Do not do any moderate physical activity for at least 10 minutes at a time→GO TO I-65
- I-64. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?
- a. _____ / _____
 - b. HOURS MINUTES = TOTAL TIME PER DAY
- I-65. Now, thinking about the vigorous activities you do when you are not working in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?
1. Yes
 2. No→GO TO I-68
- I-66. How many days per week do you do these vigorous activities for at least 10 minutes at a time?
- a. _____ DAYS PER WEEK
 - b. Do not do any vigorous physical activity for at least 10 minutes at a time→GO TO I-68
- I-67. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?
- a. _____ / _____
 - b. HOURS MINUTES = TOTAL TIME PER DAY
- I-68. Are you trying to increase your daily amount of physical activity or exercise?
1. Yes
 2. No

I-69. [FOR WOMEN ONLY, ASK:] To your knowledge, are you now pregnant?

1. Yes
2. No

I-70. About how much do you weigh without shoes?

___ ___ ___ POUNDS

I-71. About how tall are you without shoes?

___ ___ feet ___ ___ inches

I-72. How much did you weigh a year ago? [FOR FEMALE RESPONDENT ADD: If you were pregnant a year ago, how much did you weigh before your pregnancy?]

___ ___ ___ POUNDS

I-73. [ASK ONLY IF THERE'S A DIFFERENCE BETWEEN I-70 AND I-72] Was the change between your current weight and your weight a year ago intentional?

1. Yes
2. No

I-74. Are you currently trying to lose weight, gain weight, or maintain your current weight, that is keep from gaining or losing weight?

1. Lose weight
2. Gain weight
3. Maintain weight
4. None of the above

These next questions are about the foods you usually eat or drink. Please tell us how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Include all foods you eat, both at home and away from home.

I-75. How often do you drink fruit juices such as orange, grapefruit, or tomato?

1. ___ PER DAY
2. ___ PER WEEK
3. ___ PER MONTH
4. ___ PER YEAR
5. ___ NEVER

I-76. Not counting juice, how often do you eat fruit?

1. ___ PER DAY
2. ___ PER WEEK
3. ___ PER MONTH
4. ___ PER YEAR
5. ___ NEVER

I-77. How often do you eat green salad?

1. _____ PER DAY
2. _____ PER WEEK
3. _____ PER MONTH
4. _____ PER YEAR
5. _____ NEVER

I-78. How often do you eat potatoes not including French fries, fried potatoes, or potato chips?

1. _____ PER DAY
2. _____ PER WEEK
3. _____ PER MONTH
4. _____ PER YEAR
5. _____ NEVER

I-79. How often do you eat carrots?

1. _____ PER DAY
2. _____ PER WEEK
3. _____ PER MONTH
4. _____ PER YEAR
5. _____ NEVER

I-80. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.)

1. _____ PER DAY
2. _____ PER WEEK
3. _____ PER MONTH
4. _____ PER YEAR
5. _____ NEVER

I-81. How does your physical health impact each of the following? Please use a scale of 1 to 5 where "1" means "strong negative impact" and "5" means "strong positive impact."
[PROGRAMMER NOTE: SHOW ON GRID]

- a. Your emotional health and wellness
- b. Your spiritual health and wellness

I-82. How does your emotional health impact each of the following? Please use a scale of 1 to 5 where "1" means "strong negative impact" and "5" means "strong positive impact."
[PROGRAMMER NOTE: SHOW ON GRID]

- a. Your physical health and wellness
- b. Your spiritual health and wellness

J.FINANCIAL PRACTICES, LEGAL MATTERS, AND INSURANCE

The next set of questions asks about your financial situation. As a reminder, this survey is completely confidential. Your responses will only be shared in aggregate and will never be connected to your name.

- J-1. How much do you agree with each of the following statements. Please use a scale of 1 to 5 where “1” means “strongly disagree” and “5” means “strongly agree.” [PROGRAMMER NOTE: SHOW AS GRID]
- a. I am comfortable with my current standard of living.
 - b. I am satisfied with my family’s current income.
 - c. I am following a financial plan.
 - d. I am saving at a rate sufficient to achieve my goals.
 - e. [SKIP FOR RETIRED & THEIR SPOUSES] I save on my own, outside of church plans.
 - f. [SKIP FOR RETIRED & THEIR SPOUSES] I have a retirement plan.
 - g. OPTION DELETED
 - h. [SKIP FOR RETIRED & THEIR SPOUSES] I believe I will maintain my standard of living in retirement.
 - i. My spouse is aware of/informed about our financial status (income, assets, debts, investments, retirement savings and plan, etc.). [ONLY FOR THOSE WHO ARE MARRIED]
- J-2. Which of the following represents your total annual household income before taxes and including any applicable housing allowance?
- 1. Less than \$25,000
 - 2. \$25,000-\$34,999
 - 3. \$35,000-\$44,999
 - 4. \$45,000-\$59,999
 - 5. \$60,000-74,999
 - 6. \$75,000-\$99,999
 - 7. \$100,000-149,999
 - 8. \$150,000-\$199,999
 - 9. \$200,000 or higher
- J-3. Please think about your total household investable assets (including all money saved in cash accounts, CD’s, IRA’s, brokerage accounts, retirement plan savings accounts like 401 (K) or 403 (b) plans, 529 college saving plans, etc.) Please do not include the value of any property you own (your home, real estate, cars, etc.). Which of the following best represents your total household assets?
- 1. Less than \$10,000
 - 2. \$10,000-\$24,999
 - 3. \$25,000-\$49,999
 - 4. \$50,000-\$74,999
 - 5. \$75,000-\$99,999
 - 6. \$100,000-\$249,999
 - 7. \$250,000-\$499,999
 - 8. \$500,000-\$749,999
 - 9. \$750,000-\$999,999
 - 10. \$1,000,000 or more

- J-4. How much of your household's monthly income do you estimate you spend paying off current debt?
1. Less than 15%
 2. 16-25%
 3. 26-35%
 4. More than 36%
 5. No idea
- J-5. The following question is about your current spending habits and cash flow. How much do you agree with each of the following statements? Please use a scale of 1 to 5 where "1" means "strongly disagree" and "5" means "strongly agree." [PROGRAMMER NOTE: SHOW IN GRID]
- a. I usually stick to a monthly budget.
 - b. I spend an amount equal to or less than my income.
 - c. I pay off my credit card balances monthly.
 - d. I live beyond my financial means.
 - e. I am concerned about paying my monthly bills.
 - f. My assets are greater than my debts.
 - g. The amount of my debt is of great concern to me.
 - h. I know how much total interest I am paying on my debt.
 - i. I know my total monthly living expenses.
 - j. Financial matters are stressful to me.
 - k. Financial matters are a source of marital tension. [ONLY IF MARRIED]
 - l. Financial matters are a source of tension with my children. [ONLY IF THEY HAVE CHILDREN]
- J-6. In the past year, have you "maxed-out" any credit cards?
1. Yes
 2. No
- J-7. During any time of your ministry [SPOUSE: the course of your spouse's ministry], have you ever filed [RETIRED: did you ever file] for bankruptcy?
1. Yes
 2. No
- J-8. What percentage of your banking do you do at the Virginia United Methodist Credit Union?
1. None
 2. 1-24%
 3. 25%-49%
 4. 50%-74%
 5. 75%-99%
 6. 100%
- J-9. Do you use on-line banking with any bank?
1. Yes
 2. No

J-10. How interested would you be in using on-line account servicing for your Conference Health and Welfare Plans? Please use a scale of 1 to 5 where 1 means “not at all interested” and 5 means “very interested.”

J-11. When was the last time you completed a Net-Worth Statement?

1. Within the past year
2. 1 year to less than 3 years ago
3. 3 years to less than 5 years ago
4. 5 years to less than 10 years ago
5. 10 years ago or more
6. Never

J-12. For each of the following, please indicate if you regularly use their services, if you’ve used their services in the past but not anymore, or if you’ve never used their services.
[PROGRAMMER NOTE: SHOW IN GRID]

	Regularly use their services	Used their services in the past but not anymore	Never used their services
a. Financial advisor			
b. Certified Financial Planner			
c. Certified Public Accountant			
d. Credit Counselor			

J-13. QUESTION DELETED

J-14. In the last 12 months, have you checked your credit scores?

1. Yes
2. No
3. Don’t know

J-15. QUESTION DELETED

Various offices and departments of the Virginia United Methodist Conference Center offer free financial workshops to help strengthen one's management skills in this area.

J-16. For each of the following, please indicate whether you have attended the workshop, whether you have not attended the workshop but might be interested in attending in the future, or whether you have not attended the workshop and would probably not be interested in attending in the future.

	Attended	Not attended but might be interested	Not attended & probably not interested
a. <u>Steps to Financial Freedom</u> (setting goals, building savings, budget making, evaluating insurance plans, and reducing debt)			
b. <u>Understanding Your Credit Report</u> (credit report basics and ways to improve your credit score)			
c. <u>Identity Theft</u> (tools to protect yourself, your credit history, and steps to take if you become a victim)			
d. <u>College Bound</u> (for parents and students; teaches goal setting, budgeting, calculating college costs, types of funding available & maintaining good credit history)			
e. <u>Kids and Money</u> (prepares young people in the area of money management, budget management, and the importance of credit reports)			
f. <u>Tax Awareness Seminar for Clergy</u> (addresses the special employment status of clergy & the self employment tax along with other tax issues related to clergy)			
g. <u>Understanding Insurance Plans</u> (determining which plans are right for you and your family: health, life – term, permanent, variable, long term care, disability, group or individual)			
h. <u>Investments</u> (understanding your risk tolerance, developing a portfolio, basic understanding of the markets)			
i. <u>Pre-Retirement Counseling</u> (covers Conference retirement plans, information to help budget/save for retirement, when to retire, and living in retirement)			

J-17. What additional financial services would you like to see made available to our clergy?

- J-18. How does your overall financial situation impact each of the following? Please use a scale of 1 to 5 where “1” means “strong negative impact” and “5” means “strong positive impact.” [PROGRAMMER NOTE: SHOW ON GRID]
- a. Your physical health and wellness
 - b. The physical health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]
 - c. Your emotional health and wellness
 - d. The emotional health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]
 - e. Your spiritual health and wellness
 - f. The spiritual health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]

The following questions are about retirement.

- J-19. [SKIP IF NON-CLERGY WHO DOES NOT WORK OUTSIDE OF THE HOME] At what age do you expect to retire? [FOR RETIRED: “At what age did you retire?”]
- _____ YEARS OLD
- J-20. [IF ACTIVE OR SPOUSES OF ACTIVE, ASK:] What portion of your and/or your family’s overall retirement assets do you expect to be provided by The United Methodist Church? [IF RETIRED OR SPOUSES OF RETIRED, ASK:] The United Methodist Church-provided plans constitute what portion of your and/or your family’s overall retirement assets?
1. None
 2. 1-20%
 3. 21-40%
 4. 41-60%
 5. 61-80%
 6. 81-99%
 7. 100%
 8. Don’t know
- J-21. [SKIP FOR RETIRED CLERGY AND THEIR SPOUSES] How often do you contribute to your United Methodist Personal Investment Plan (UMPIP) or other retirement accounts(s)?
1. Hardly ever
 2. Sometimes, when I have extra money on hand
 3. Regularly, on a systematic basis
- J-22. Aside from your UMPIP or other retirement plan(s), how regularly would you say you save or put money aside?
1. Hardly ever
 2. Sometimes, when I have extra money on hand
 3. Regularly, on a systematic basis

J-23. As you look to the future, how concerned or worried are you about the Virginia Conference's ability to continue providing the following plans, programs, or coverages? Please use a scale of 1 to 5 where "1" means "not at all concerned" and "5" means "very concerned." [PROGRAMMER NOTE: SHOW AS GRID; INCLUDE A "NOT APPLICABLE" COLUMN]

- a. Pre-1982 Pension Plan
- b. Ministerial Pension Plan (MPP)
- c. Clergy Retirement Security Program (CRSP)
- d. Long Term Disability coverage
- e. Life Insurance coverage
- f. Health Plan coverage during active ministry
- g. Prescription coverage
- h. Health Plan coverage during retirement
- i. Cost of my/our health plan coverage
- j. Conference's commitment to maintain current plans

The next set of questions relate to estate planning and advanced medical directives.

The following is a definition of *Last Will and Testament*:

Last Will and Testament: *A legal declaration of a person's intention concerning what shall be done following his or her death, as to the disposition of one's property and the administration of the estate. A Will is revocable during a person's lifetime and its provisions do not take effect until death. Selecting an executor to administer the estate upon one's death is a critically important decision.*

J-24. Do you currently have a Last Will and Testament in place?

1. Yes
2. No, but I have discussed my wishes about what to do with my property and estate after my death with my family
3. No, and I have not discussed my wishes about what to do with my property and estate after my death with my family
4. Don't know

J-25. QUESTION DELETED

J-26. QUESTION DELETED

[IF NO WILL AND LAST TESTAMENT (i.e., J-24=2 or 3)→GO TO J-30]

J-27. Have you reviewed your Last Will and Testament in the last 12 months and updated it if needed?

1. Yes
2. No
3. Don't know

J-28. In the event of a serious illness or impending end-of-life, have you previously discussed with your family your wishes and goals regarding your preferences in your Last Will and Testament?

1. Yes
2. No
3. Don't know

- J-29. Would your family know where to locate your Last Will and Testament if you suddenly became ill/incapacitated or died?
1. Yes
 2. No
 3. Don't know

The following is a definition of *General Durable Power of Attorney*:

General Durable Power of Attorney: *A Power of Attorney is a legal instrument that is used to delegate legal authority to another. The person who signs (executes) a Power of Attorney is called the Principal. The power of Attorney gives legal authority to another person (called an Agent or Attorney-in-Fact) to make property, financial and other legal decisions for the Principal. A Principal can give an Agent broad legal authority, or very limited authority. The Power of Attorney is frequently used to help in the event of a Principal's illness or disability, or in legal transactions where the Principal cannot be present to sign necessary legal documents. A "Durable" Power of Attorney enables the Agent to act for the Principal even after the Principal is not mentally competent or physically able to make decisions. The "Durable" Power of Attorney may be used immediately, and is effective until it is revoked by the Principal, or until the Principal's death.*

- J-30. Do you currently have a General Durable Power of Attorney in place?
1. Yes
 2. No, but I have discussed with my family my wishes in terms of property, financial, and legal decisions
 3. No and I have not discussed with my family my wishes in terms of property, financial, and legal decisions
 4. Don't know

J-31. QUESTION DELETED

J-32. QUESTION DELETED

[IF NO GENERAL DURABLE POWER OF ATTORNEY→GO TO J-36]

- J-33. Have you reviewed your General Durable Power of Attorney in the last 12 months and updated it if needed?
1. Yes
 2. No
 3. Don't know

- J-34. In the event of a serious illness or impending end-of-life, have you previously discussed with your family your wishes and goals regarding your preferences in your General Durable Power of Attorney?
1. Yes
 2. No
 3. Don't know

- J-35. Would your family know where to locate your General Durable Power of Attorney if you suddenly became ill/incapacitated or died?
1. Yes
 2. No
 3. Don't know

The following is a definition of *Advanced Medical Directive*:

Advanced Medical Directive: A legal document that provides information about one's treatment preferences to health care providers. Serious injury, illness or mental incapacity may make it impossible to make health care decisions independently. Executing either a Living Will or a Health Care Power of Attorney allows a person to not only state his or her wishes about medical care, but ensures that one's wishes are respected in the event one develops a terminal condition, becomes permanently unconscious, or has a serious illness.

J-36. Do you currently have an Advanced Medical Directive in place?

1. Yes→GO TO J-39
2. No, but I have discussed with my family my wishes about my treatment preferences
3. No and I have not discussed with my family my wishes about my treatment preferences
4. Don't know

J-37. QUESTION DELETED

J-38. QUESTION DELETED

[IF NO ADVANCED MEDICAL DIRECTIVE→GO TO J-42]

J-39. Have you reviewed your Advanced Medical Directive in the last 12 months and updated it if needed?

1. Yes
2. No
3. Don't know

J-40. In the event of a serious illness, have you previously discussed with your family your wishes and goals regarding your preferences in your Advanced Medical Directive?

1. Yes
2. No
3. Don't know

J-41. Would your family know where to locate your Advanced Medical Directive if you suddenly became ill or incapacitated?

1. Yes
2. No
3. Don't know

The following is a definition of a *Health Care Power of Attorney*:

Health Care Power of Attorney: A Health Care Proxy that is designated to make key decisions about a person's medical care if that person is unable to do so. A person's proxy has the legal authority to make decisions about one's health care; selecting an individual who knows the person well, and who is familiar with the person's health care preferences is a critically important decision.

J-42. Do you currently have a Health Care Power of Attorney in place?

1. Yes→GO TO J-45
2. No, but I have discussed with my family my wishes about my treatment preferences
3. No and I have not discussed with my family my wishes about my treatment preferences
4. Don't know

J-43. QUESTION DELETED

J-44. QUESTION DELETED

[IF DOES NOT HAVE A HEALTH CARE POWER OF ATTORNEY→GO TO J-48]

J-45. Have you reviewed your Health Care Power of Attorney in the last 12 months and updated it if needed?

1. Yes
2. No
3. Don't know

J-46. In the event of a serious illness, have you previously discussed with your family your wishes and goals regarding your preferences in your Health Care Power of Attorney?

1. Yes
2. No
3. Don't know

J-47. Would your family know where to locate your Health Care Power of Attorney if you suddenly became ill or incapacitated?

1. Yes
2. No
3. Don't know

J-48. If the time and location worked for you, how interested would you be in attending a Conference sponsored workshop offered by an attorney who specializes in topics such as Wills and Trusts, General Durable Power of Attorney, Advanced Medical Directive, and Health Care Power of Attorney? Please use a scale of 1 to 5 where "1" means "not at all interested" and "5" means "very interested."

The following section is about the Federal Government's Social Security and Medicare programs.

J-49. [ACTIVE CLERGY AND SPOUSES OF ACTIVE CLERGY:] Do you [SPOUSE: your spouse] participate in Social Security and Medicare and thus pay Social Security and Medicare taxes on earnings from your [SPOUSE: his or her] appointment as a clergyperson? [RETIRED CLERGY AND SPOUSES OF RETIRED CLERGY:] During your [SPOUSE: your spouse's] time in active ministry, did you [SPOUSE: he or she] pay Social Security and Medicare taxes on earnings from your [SPOUSE: his or her] appointment as a clergyperson?

1. Yes→GO TO J-59
2. No
3. Don't know→GO TO J-59

J-50. [ASK ONLY OF SPOUSES OF RETIRED CLERGY WHO SAID "NO" TO PREVIOUS QUESTION:] During the time of your spouse's active ministry, were you aware that he or she had opted-out of Social Security and Medicare?

1. Yes, I was aware at that time
2. No, I was not aware at that time, but found out later
3. Don't recall

J-51. What was your [SPOUSE: your spouse's] reason for opting-out? *Select all that apply.*

1. Views of the soundness of the Social Security/Medicare system
2. Personal economic reasons—to save money or invest/spend it somewhere else
3. Opposed to the acceptance of public insurance benefits based on religious or conscientious grounds
4. Other: _____
5. Don't know

[SPOUSES OF RETIRED CLERGY→GO TO J-60]

J-52. Did you [SPOUSE: your spouse] inform the Board of Ordained Ministry and Virginia United Methodist Pensions, Inc. of the decision to opt-out of Social Security and Medicare?

1. Yes, informed both the Board of Ordained Ministry and Virginia United Methodist Pensions, Inc.
2. Informed the Board of Ordained Ministry, but not Virginia United Methodist Pensions, Inc.
3. Informed Virginia United Methodist Pensions, Inc., but not the Board of Ordained Ministry
4. No, did not inform either the Board of Ordained Ministry or Virginia United Methodist Pensions
5. Don't know/don't recall

J-53. [ASK ONLY IF ANSWERED 2, 3, or 4 TO J-52] Why not?

J-54. QUESTION DELETED

J-55. QUESTION DELETED

J-56. Did you [SPOUSE: your spouse] file a form with the IRS to opt-out of Social Security and Medicare?

1. Yes→GO TO J-58
2. No
3. Don't recall→GO TO J-58

J-57. Why not?

J-58. [ASK ONLY IF MARRIED] Have you and your spouse discussed all the implications and potential consequences of not participating in Social Security and Medicare?

1. Yes
2. No

The following description provides information from The United Methodist Church about participating in the Social Security Program. We ask you to please read this information even if you or your spouse participates and contributes [RETIRED: participated and contributed] to the program as a clergy person.

All clergy and their spouses should understand the implications and potential consequences of not participating in the Medicare and Social Security programs. Not only does "opting-out" result in a clergy person and/or his/her family members not being eligible to receive Medicare and Social Security benefits, but it also diminishes or voids certain benefits payable under plans made available by The United Methodist Church. This premise is derived from The UMC's Social Principles that call us to support the Social Security system and its beneficiaries.

Since The United Methodist Church assumes clergy will participate in Medicare and Social Security, it designed its long term disability plan to offset for, not replace, long term disability benefits otherwise paid by Social Security. Social Security would normally replace approximately 30% of a clergy person's pre-disability earnings. The current UMC long term disability plan would also pay an additional amount to ensure the individual receives a combined total of 70% of pre-disability earnings. However, if no Social Security benefit is payable, this disabled clergy person would receive only 40% of pre-disability earnings from The UMC.

*The Virginia Conference's retiree health plans are also designed to perpetuate our theological and philosophical support for Social Security and Medicare. These plans **supplement payments** made by Medicare, **not replace** benefits that would normally be paid by Medicare. As such, the Virginia Conference's retiree health plan is considered a "Medicare supplement" plan. This means if Medicare does not pay, there are no benefits to supplement, therefore no retiree health benefits are payable at all from the Virginia Conference.*

Additionally, a clergy person's decision to opt-out of Social Security could significantly impact his or her spouse and children. There may be other ramifications, some legal, for not properly opting out of Social Security.

The Internal Revenue Service (IRS) allows clergy to "opt-out" of Social Security. In order to do so, a clergy person must file IRS Form 4361, ". . . (for more information, open the following link in a new window: <http://www.irs.gov/pub/irs-pdf/4361.pdf>) by the due date, including extensions, of your tax return for the 2nd tax year in which you had at least \$400 of net earnings from self-employment, any of which came from services performed as a minister. . . ." Clergy who have earned ministerial compensation for more than two years are ineligible to opt-out of Social Security from that point forward.

The IRS states clergy may opt-out solely on the basis of religious principles. Prior to filing IRS Form 4361, a clergy person must, under penalty of perjury, "inform the ordaining, commissioning, or licensing body of your church or order that you are opposed to the acceptance of public insurance benefits based on ministerial service on religious or conscientious grounds." In The United Methodist Church, the body referenced would be the Annual Conference, specifically the Board of Ordained Ministry and Virginia United Methodist Pensions, Inc.

Failure to comply with IRS regulations could invalidate your request to opt-out; render a clergy person liable for back payments, penalties, and interest; and/or subject The UMC and/or Virginia Annual Conference to sanctions for non-compliance.

J-59. **Before reading this description**, of which of the following were you aware?
Select all that apply.

1. Opting-out could result in a clergyperson becoming ineligible to receive health benefits from Medicare.
2. Opting-out could result in a clergyperson becoming ineligible to receive disability and/or retirement income from Social Security.
3. Opting-out means that a clergyperson will not receive full long term disability benefits from The United Methodist Church.
4. Opting-out means that a clergyperson and/or his/her spouse will not receive benefits from the Virginia Conference retiree health plans.
5. In order to opt-out, a clergyperson must file IRS Form 4361.
6. In order to opt-out, a clergyperson in The United Methodist Church must inform the Annual Conference.
7. IRS states clergy may opt-out solely on the basis of religious principles.
8. None of the above.

The following questions are about your current health care plan coverage.

J-60. QUESTION DELETED

J-61. QUESTION MOVED

J-62. For each of the following benefits, please indicate if you have it through the Virginia Conference, through other coverage, or do not have it.

	Have it through Virginia Conference	Have it through other coverage	Do not have it	Don't know
a. Basic Life Benefit (Virginia Conference's benefit is \$50,000, other groups may have different amounts)				
b. Supplemental Life Benefit (Virginia Conference's benefit is \$45,000, other groups may have different amounts)				
c. Voluntary Life Benefit (Virginia Conference's benefit is up to \$300,000, other groups may have different amounts)				
d. Disability Benefit				
e. Medical Benefit				
f. Prescription Benefit				
g. Dental Benefit				
h. Vision Benefit				
i. Healthcare Flexible Spending Account (FSA) Benefit				
j. Dependent Care Flexible Spending Account (FSA) Benefit				
k. Long Term Care Benefit				

J-62.a [IF NOT ENROLLED IN VA CONFERENCE PLAN ASK:] What is the reason you are not enrolled in a Virginia Conference medical plan? *Select all that apply.*

1. Covered under spouse's [SPOUSE: my] health plan
2. Covered under an individual health plan
3. Covered under plan from a previous vocation
4. Plan does not meet my/my family's needs
5. It costs too much
6. Other: _____

J-63. [ASK ONLY OF THE PROGRAMS THAT THEY HAVE THROUGH VIRGINIA CONFERENCE] How well do you understand your benefits in each of the following Virginia Conference programs? Please use a scale of 1 to 5 where "1" means "do not understand at all" and "5" means "understand very well." [PROGRAMMER NOTE: SHOW IN GRID].

- a. Basic Life Benefit (\$50,000)
- b. Supplemental Life Benefit (\$45,000)
- c. Voluntary Life Benefit (to \$300,000)
- b. Disability Benefit
- c. Medical Benefit
- d. Prescription Benefit
- e. Dental Benefit
- f. Vision Benefit
- g. Healthcare Flexible Spending Account (FSA) Benefit
- h. Dependent Care Flexible Spending Account (FSA) Benefit
- i. Long Term Care Benefit

J-64. [ASK ONLY OF THE PROGRAMS THAT THEY HAVE THROUGH VIRGINIA CONFERENCE] How satisfied are you with each of the following? Please use a scale of 1 to 5 where "1" means "not at all satisfied" and "5" means "very satisfied."

- a. Basic Life Benefit (\$50,000)
- b. Supplemental Life Benefit (\$45,000)
- c. Voluntary Life Benefit (to \$300,000)
- d. Disability Benefit
- e. Medical Benefit
- f. Prescription Benefit
- g. Dental Benefit
- h. Vision Benefit
- i. Healthcare Flexible Spending Account (FSA) Benefit
- j. Dependent Care Flexible Spending Account (FSA) Benefit
- k. Voluntary Long Term Care Benefit

- J-65. [ASK ONLY OF THE PROGRAMS THAT THEY HAVE THROUGH VIRGINIA CONFERENCE] How important are each of the following benefits to you and/or your family? Please use a scale of 1 to 5 where “1” means “not at all important” and “5” means “very important.”
- a. Basic Life Benefit (\$50,000)
 - b. Supplemental Life Benefit (\$45,000)
 - c. Voluntary Life Benefit (to \$300,000)
 - d. Disability Benefit
 - e. Medical Benefit
 - f. Prescription Benefit
 - g. Dental Benefit
 - h. Vision Benefit
 - i. Healthcare Flexible Spending Account (FSA) Benefit
 - j. Dependent Care Flexible Spending Account (FSA) Benefit
 - k. Voluntary Long Term Care Benefit
- J-66. [ASK ONLY OF THE PROGRAMS THAT THEY HAVE THROUGH VIRGINIA CONFERENCE] What is the single most important health and welfare product or service provided to you by the Virginia Conference?
- a. Basic Life Benefit (\$50,000)
 - b. Supplemental Life Benefit (\$45,000)
 - c. Voluntary Life Benefit (to \$300,000)
 - d. Disability Benefit
 - e. Medical Benefit
 - f. Prescription Benefit
 - g. Dental Benefit
 - h. Vision Benefit
 - i. Healthcare Flexible Spending Account (FSA) Benefit
 - j. Dependent Care Flexible Spending Account (FSA) Benefit
 - k. Voluntary Long Term Care Benefit
- J-67. [SKIP IF THEY DO NOT HAVE MEDICAL BENEFIT] In which Virginia Conference medical plan are you enrolled?
1. HMO
 2. PPO
 3. Clergy Managed Care Plan
 4. Medicare and Medicare Supplement
 5. Don't know
- J-68. How important is it that the Conference provide a choice of medical plans? Please use a scale of 1 to 5 where “1” means “not at all important” and “5” means “very important.”
- J-69. QUESTION MOVED
- J-70. [SKIP IF NOT ENROLLED IN VA CONFERENCE PLAN (i.e., J-62c does not equal i)] What is your coverage level?
1. Single
 2. Family
 3. Not sure

J-71. How much of the cost of your total health coverage is paid by you?

1. None
2. 1-24%
3. 25%-49%
4. 50%-74%
5. 75%-99%
6. 100%
7. Don't know

J-72. [SKIP IF NOT ENROLLED IN VA CONFERENCE PLAN (i.e., J-62c does not equal i)] For which of the following purposes do you use Anthem's online support?

1. Choose a primary care physician
2. Choose a specialist
3. Choose a facility/hospital
4. Research medical conditions and treatments
5. Refill your prescriptions
6. Manage your claims
7. Other: _____
8. Do not use Anthem's online support

J-73. (MOVED FROM J-61)

How does your healthcare coverage or lack of healthcare coverage impact each of the following? Please use a scale of 1 to 5 where "1" means "strong negative impact" and "5" means "strong positive impact." [PROGRAMMER NOTE: SHOW ON GRID]

- a. Your physical health and wellness
- b. The physical health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]
- c. Your emotional health and wellness
- d. The emotional health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]
- e. Your spiritual health and wellness
- f. The spiritual health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]

J-74. If offered by the Virginia Conference, which of the following voluntary coverages (100% participant paid), would you be interested in purchasing? Please check all that apply.

1. Health Insurance
2. Dental Insurance
3. Vision Services
4. Prescription Services
5. Voluntary Accidental Death & Dismemberment Insurance
6. Critical Illness Insurance (cancer, HIV, etc.)
7. Long Term Care Insurance
8. Disability Insurance
9. Legal Services (for various types of situations and problems)
10. Auto Insurance
11. Homeowners Insurance
12. Pet Insurance
13. Other: _____

K. APPOINTMENTS AND THE ITINERANCY

Pastors are called to their vocation by God, enabled by the Holy Spirit, and gifted for the work of serving Christ and his church. Unlike other denominations, where clergy are “called” to a congregation, United Methodist clergy are “sent.” Pastors agree to covenant with one another in itinerancy, and to accept appointment by a Bishop to their places of service.

The following questions have to do with your experiences in the appointment making process and the itinerant system.

[SPOUSES→GO TO K-14]

- K-1. For your current appointment, how much importance do you think was given to each of the following? Please use a scale of 1 to 5 where “1” means “no importance at all” and “5” means “a great deal of importance.” [RETIRED: Thinking back to all of your appointments over the course of your ministry, how much importance do you think was given to each of the following?] [PROGRAMMER NOTE: SHOW IN GRID]
- a. Your particular gifts and graces for ministry
 - b. Your previous experience
 - c. Your previous performance
 - d. Your theological match with the congregation/ministry setting
 - e. Your health condition(s)
 - f. The health condition(s) of your family [ONLY INCLUDE IF THEY HAVE EVER HAD A SPOUSE (INCLUDING WIDOWS AND DIVORCED) AND/OR CHILDREN]
 - g. Your spouse’s needs, including employment [ONLY INCLUDE IF THEY HAVE EVER HAD A SPOUSE (INCLUDING WIDOWS AND DIVORCED) AND/OR CHILDREN]
 - h. Your children’s needs and schools [ONLY INCLUDE IF THEY HAVE CHILDREN]
 - i. Your extended family’s needs
 - j. Your parsonage or housing needs
 - k. The Conference’s need to appoint all elders
 - l. Pressure to increase salary for pastors moving to a new appointment
- K-2. How much influence did you have in the process of your current appointment? [RETIRED: Overall, how much influence did you have in the process of your appointments?] Please use a scale of 1 to 5 where “1” means “no influence at all” and “5” means “a lot of influence.”
- K-3. [SKIP FOR RETIRED] Reflecting on your current appointment, how adequately prepared/ready to serve did you feel you were when appointed? Please use a scale of 1 to 5 where “1” means “not at all prepared” and “5” means “very prepared.”
- K-4. [SKIP FOR RETIRED] Do you anticipate receiving future appointments?
1. Yes
 2. No→GO TO K-7
 3. Don’t know

K-5. [SKIP FOR RETIRED] For your next appointment to a charge/ministry setting, how much importance do you think will be given to each of the following? Please use a scale of 1 to 5 where "1" means "no importance at all" and "5" means "a great deal of importance."
[PROGRAMMER NOTE: SHOW IN GRID]

- a. Your particular gifts and graces for ministry
- b. Your previous experience
- c. Your previous performance
- d. Your theological match with the congregation/ministry setting
- e. Your health condition(s)
- f. The health condition(s) of your family [ONLY INCLUDE IF THEY HAVE A SPOUSE AND/OR CHILDREN]
- g. Your spouse's needs, including employment [ONLY INCLUDE IF THEY HAVE A SPOUSE]
- h. Your children's needs, and schools [ONLY INCLUDE IF THEY HAVE CHILDREN]
- i. Your extended family's needs
- j. Your parsonage or housing needs
- k. The Conference's need to appoint all elders
- l. Pressure to increase salary for pastors moving to a new appointment

K-6. [SKIP FOR RETIRED] In your opinion, how much influence will you have in the process the next time you are appointed? Please use a scale of 1 to 5 where "1" means "no influence at all" and "5" means "a lot of influence."

K-7. During the course of your parish ministry, have (RETIRED: did) you ever requested [RETIRED: request] a change of appointment?

- 1. Yes
- 2. No →GO TO K-9

K-8. Please think of up to three times when you requested a change of appointment. What were your reasons for requesting each of your changes in appointment?

Appointment # 1
Reason(s) for request: _____

Appointment # 2
Reason(s) for request: _____

Appointment # 3
Reason(s) for request: _____

K-9. During the course of your parish ministry, has a congregation (RETIRED: did) ever asked you to move?

- 1. Yes
- 2. No →GO TO K-12

K-10. Please think of up to three times when you were asked to move by a congregation(s). What were the reasons given by the PPRC/SPRC for each of their requests?

Move # 1

Reason(s) for request: _____

Move # 2

Reason(s) for request: _____

Move # 3

Reason(s) for request: _____

K-11. Again, please think of these same three times that you were asked to move by a congregation. Regarding the reasons given by the PPRC/SPRC, please explain how each of those issues was addressed by the Local Church/District/Conference prior to or following your change of appointments.

Move # 1

How issue(s) was addressed: _____

Move # 2

How issue(s) was addressed: _____

Move # 3

How issue(s) was addressed: _____

K-12. During the course of your parish ministry, have you ever been [RETIRED: were you ever] told by the Bishop/Cabinet that you were changing appointments/moving?

1. Yes

2. No → GO TO K-14

K-13. Please think of up to three times when you were told by the Bishop/Cabinet that you were changing appointments/moving. What were the reasons you were given for each of the changes in appointment/moves?

Appointment # 1

Reason(s) for change/move: _____

Appointment # 2

Reason(s) for change/move: _____

Appointment # 3

Reason(s) for change/move: _____

K-14. How many times have [RETIRED: did] you and your family had to move to another town or city because of a new appointment?

1. Never
2. 1 time
3. 2-3 times
4. 4-5 times
5. More than 5 times

The next set of questions has to do with your [SPOUSE: your spouse's] compensation as a clergy member of the Virginia Conference.

[SPOUSES → GO TO K-18]

K-15. How many of each of the following have you received [RETIRED: did you receive] as a result of accepting a new appointment? [PROGRAMMER NOTE: SHOW AS GRID]

	None	1-2	3-4	5-6	More than 6
a. Salary reduction					
b. Salary increase					
c. Lateral moves (no change in salary)					

K-16. QUESTION DELETED

K-17. QUESTION DELETED

K-18. How much do you agree or disagree with the following statements? Please use a scale of 1 to 5 where "1" means "strongly disagree" and "5" means "strongly agree."

- a. Excluding benefits and housing allowance I receive [RETIRED: received], I am [RETIRED: was] fairly compensated for the level of ministry I provide [RETIRED: provided] my congregation/ministry setting. [SPOUSE: Excluding benefits and housing allowance we receive (RETIRED: received), my spouse is (RETIRED: was) fairly compensated for the level of ministry he or she provides (RETIRED: provided) the congregation/ministry setting.]
- b. Including benefits and housing allowance I receive [RETIRED: received], I am [RETIRED: was] fairly compensated for the level of ministry I provide [RETIRED: provided] my congregation/ministry setting. [SPOUSE: Including benefits and housing allowance we receive (RETIRED: received), my spouse is (RETIRED: was) fairly compensated for the level of ministry he or she provides (RETIRED: provided) the congregation/ministry setting.]
- c. [SKIP FOR SPOUSES] As a result of my remaining at a particular church appointment or other ministry setting, my salary has not increased [FOR RETIRED: "did not increase"] proportionately to that of my peers who have [OMIT "have" FOR RETIRED] accepted one or more new appointments during the same period of time.

- K-19. How has [RETIRED: did] your [SPOUSE: spouse's] compensation impacted [RETIRED: impact] each of the following? Please use a scale of 1 to 5 where "1" means "strong negative impact" and "5" means "strong positive impact." [PROGRAMMER NOTE: SHOW ON GRID]
- a. Your physical health and wellness
 - b. The physical health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]
 - c. Your emotional health and wellness
 - d. The emotional health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]
 - e. Your spiritual health and wellness
 - f. The spiritual health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]

In February 1998, as part of the appointment making process, "Meet Your Pastor" meetings between projected pastors and members of the Pastor-Parish Relations or Staff-Parish Relations Committees were introduced.

The following questions have to do with the nature of these meetings.

- K-20. As a parish minister, in how many "Meet Your Pastor" meetings have you participated [RETIRED: did you participate]? [SPOUSES: As the spouse of a clergy person, in how many "Meet Your Pastor" meetings have you participated [RETIRED: did you participate]?
1. None, I retired before February 1998→GO TO K-25
 2. None, and I have been in active ministry after February 1998→GO TO K-25
 3. 1-2
 4. 3-4
 5. 5-6
 6. Greater than 6
- K-21. [SKIP IF SPOUSE, ASK ONLY IF MARRIED] Did your spouse attend the meeting(s)?
1. Yes
 2. No
 3. Some of them
- K-22. How valuable or meaningful would you say those meetings have been [RETIRED: were] to each of the following? Please use a scale of 1 to 5 where "1" means "not at all valuable" and "5" means "very valuable." [PROGRAMMER NOTE: SHOW AS SCALE]
- a. To you in understanding your [SPOUSE: your spouse's] projected appointment
 - b. To the members of the PPR or SPRC?
- K-23. In your opinion, "Meet Your Pastor" meetings should . . .
1. Continue with their present purpose, structure, and format
 2. Continue, but the purpose, structure, and format need to change
 3. Be discontinued
- K-24. [IF SAID CONTINUE WITH FORMAT CHANGE TO THE PREVIOUS QUESTION, ASK:]
What about the purpose, structure, and format would you like to see changed?

[SPOUSES→GO TO SECTION L]

K-25. NO QUESTION

The following describes the role, nature, and goals of interim ministry:

Paragraph 338.3 of The Book of Discipline (2008) notes that, "Interim appointments may be made to charges that have special transitional needs" and such appointments, "will be for a specified length of time, established in advance following consultation with the district superintendent, the pastor-parish relations committee, and the interim pastor." In practice, interim pastors can assist congregations in the transition that follows an extended pastorate, and/or in the resolution of recent or long-term conflicts within the church. Generally, interim pastorates are served by individuals who have received specialized training to assist them in this unique ministry.

K-26. How many times have you served as an interim pastor?

1. None
2. None, but I have been trained as an interim pastor
3. 1
4. 2
5. 3
6. 4 or more

K-27. How many times were you appointed to a church/charge in which you followed an interim pastorate?

1. None→GO TO K-30
2. 1
3. 2
4. 3
5. 4 or more

K-28. QUESTION DELETED

K-29. How effective would you say the interim ministry that you followed was in dealing with the issues the church was facing? Please use a scale of 1 to 5, where "1" means "not at all effective" and "5" means "very effective." *If more than one interim pastorate, please think of the most recent one.*

K-30. Have you ever been [RETIRED: Were you ever] appointed to a church/charge which, in hindsight, you felt would have benefited by having had an interim pastorate prior to your arrival?

1. Yes
2. No

K-31. How important is it for the Conference to utilize an intentional Interim Ministry Program that specifically trains pastors for this ministry and appoints them to churches facing difficult challenges? Please use a scale of 1 to 5 where "1" means "not at all important" and "5" means "very important."

The next set of questions is about your overall impressions of the itinerancy.

- K-32. How much do you agree with each of the following statements? Please use a scale of 1 to 5 where “1” means “strongly disagree” and “5” means “strongly agree.”
- a. The itinerancy supports the connectional nature of The United Methodist Church.
 - b. The itinerancy supports the mission of the Virginia Conference.
 - c. The itinerancy facilitates the ministries of The United Methodist Church.
 - d. Appointment making in the Virginia Conference is conducted in a fair and just manner.
 - e. I support the current itinerant system of matching pastors and congregations.
[PROGRAMMING NOTE: THIS STATEMENT SHOULD ALWAYS APPEAR LAST]
- K-33. Over the course of your ministry, in your opinion, how much has [RETIRED: did] the itinerancy enabled [RETIRED: enable] your call to ministry? Please use a scale of 1 to 5 where “1” means “strongly thwarted your call” and “5” means “strongly enabled your call.”
- K-34. How has [RETIRED: did] your overall experience with the itinerancy impacted [RETIRED: impact] each of the following? Please use a scale of 1 to 5 where “1” means “strong negative impact” and “5” means “strong positive impact.” [PROGRAMMER NOTE: SHOW ON GRID]
- a. Your physical health and wellness
 - b. The physical health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]
 - c. Your emotional health and wellness
 - d. The emotional health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]
 - e. Your spiritual health and wellness
 - f. The spiritual health and wellness of your family [ONLY IF MARRIED AND/OR HAS CHILDREN]

L. ADDITIONAL COMMENTS

L-1. What do you consider to be the biggest health, well-being, and wellness issues affecting our clergy?

L-2. What do you consider to be the biggest health, well-being, and wellness issues affecting the families of our clergy?

L-3. What needs to be done to address the health, well-being, and wellness issues of our clergy and their families?

L-4. Please feel free to share any other comments you may have about the health, well-being, and wellness of our clergy and their families.

CLOSING PAGE:

Thank you for participating in this survey. We appreciate your time and your willingness to share your insights and experiences.

APPENDIX

Certain questions in The Virginia Conference Wellness Survey were taken from standardized and/or institutional inventories. Those inventories and questions are listed below.

The Duke Clergy Health Initiative Survey 2008

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Center for Health Policy

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- Section A: Classification and General Demographics
Questions: 3; 30
- Section B: Family Composition and Responsibilities
Question: 3
- Section C: Ministry Preparation and Education
Questions: 6 (with modification); 20
- Section D: Vocational Setting
Questions: 2; 5 (with modification); 6-8; 9 (with modification); 10 (a-f)
- Section E: Leisure Time and Vacation
Question: 1
- Section F: Spiritual Life and Sabbath Time
Questions: 1-5; 7-10; 13-16; 19; 21-24; 25 (with modification)
- Section G: Social and Emotional Support
Questions: 5-6
- Section H: Home, Neighborhood, and Community
Questions: 3; 11; 53 (adapted)
- Section K: Appointments and the Itinerancy
Questions: 1 (with additions); 2; 5 (with additions); 6; 33

The Behavioral Risk Factor Surveillance System

National Center for Chronic Disease Prevention and Health Promotion

www.cdc.gov/BRFSS

- Section B: Family Composition and Responsibilities
Questions: 9-18 (with some modification) (2009 Questionnaire)
- Section I: Health Conditions
Questions: 1-82 (2008 Questionnaire)

The Virginia Conference Clergy Survey 1998

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Survey and Evaluation Research Laboratory (SERL)
Virginia Commonwealth University

Section B: Family Composition and Responsibilities
Questions: 57-58

Section D: Vocational Setting
Questions: 3-4 (with modification)

National Survey of Families and Households

Center for Demography

University of Wisconsin

<http://www.ssc.wisc.edu/nsfh/>

Section B: Family Composition and Responsibilities
Questions: 61-62

The Gratitude Questionnaire - Six Item Form

McCullough, Emmons, and Tsang (2001)

Section G: Social and Emotional Support
Question: 10 (with modification)