

# Family Ministry Survey — B

Online Poll Link...

<http://www.cfbconline.com/2013survey>



**1. What's the best way to communicate with you and your family?**

(check all that apply)

- Mail/Print
- E-mail
- Text
- Cell Phone
- Home Phone

**2. What spiritual disciplines are consistent in your life?**

(check all that apply)

- Prayer
- Daily Quiet Time
- Bible Reading
- Sharing My Faith
- Tithing

**3. What are some areas where the church can help you and your family?**

(check all that apply)

- Finances
- Parenting
- Single Parenting
- Marriage
- Health/Fitness
- Addictions
- Depression
- Other \_\_\_\_\_

**4. How can CFBC best help you to grow spiritually?**

(check all that apply)

- Wednesday PM Discipleship Classes
- Sunday PM Discipleship Classes
- In-Town Weekend Conferences
- Out-of-Town Retreats
- One-on-One Discipleship
- Other \_\_\_\_\_

**5. What are some ways in which you and your family would participate to effectively reach Collierville families and single adults?**

(check all that apply)

- Home Groups
- Block Parties
- Church Events
- Personal Relationships
- Other \_\_\_\_\_

**6. Please indicate where you would best describe your life currently in each of these areas:**

Struggling		Experiencing	
With	N/A	Now	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transitioning children into college / career
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Raising grandchildren in my home
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Planning for retirement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal health and fitness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Relationships with adult children
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caring for a parent(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caring for a spouse
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loneliness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grief
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____

**7. What can we do to more effectively minister to your family's needs?**

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