



## Faith Care Connection Project: Church Discussion Questions

**Participant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Staff:** \_\_\_\_\_

How long have you been a member of [church]?

Do you feel cared for by your church? YES / NO

Why or why not?

Are there any barriers or things which make attending church difficult for you? YES /NO

If yes, please explain.

Are you able to attend Sunday services? YES / NO

If no, please explain.

If you are unable to attend church are you interested in volunteer or pastoral visits from your church?  
(Word question accordingly-specific to each church's offerings) YES / NO

Would you like more information about weekly activities/ events at your church? YES / NO

Do you have any prayer requests you would like for me to share with the church? YES / NO

**Comments:**