

## COVID-19 KEEPING IN TOUCH SURVEY

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*\*Please complete ONE survey per family*

1. On a scale from 1-10 please rate your overall experience with the Covid-19 shutdown: 1 would be struggling severely and 10 means you are doing as well as or better than you were before the quarantine started: Enter a value between 1 and 10. \_\_\_\_\_

2. What would it take to move your score closer to a 10?

3. If you scored below a 5, what are your greatest areas of struggle?

4. What are your greatest prayer needs at this time?

5. Are you experiencing high levels of fear or anxiety during this time?  Yes  No

If YES, please explain:

6. Are you experiencing higher than normal depression, sadness, or futility during this time?

Yes  No

If YES, please explain:

7. If you answered YES to any of the questions above, would you be willing to receive a call from a pastor or staff member to pray with you?  Yes  No

8. If you would be willing to volunteer to help serve others during this time please enter your email: \_\_\_\_\_

9. Our church has announced our intent to regather and meet in person. Do you plan to attend that first Sunday?  Yes  No

10. If you have children and answered "Yes" to question #9, would you bring your children to service with you without nursery or Kids Ministries?  Yes  No  N/A

Please feel free to add any additional comments in the space below.

**Please know we are praying for you daily!**