

National Orthodox Parish Nurse Survey

Name: _____

Address: _____

Phone: _____ Email: _____

Parish: _____

Priest: _____

1. Are you a Nurse? YES / NO RN / LPN OTHER _____

2. Degree? Diploma / A.D.N. / B.S.N. / M.S.N. / PhD

3. How familiar are you with Parish Nursing? Not at all 0 1 2 3 4 5 Very

4. Have you completed a Basic Parish Nurse Class? YES / NO

If not, would you be interested in taking a class for Orthodox Nurses? YES / NO

Would you be willing to travel to take a week long class? YES / NO

o To St. Vladimir's Orthodox Seminary? YES / NO

o To Toronto in conjunction with All-American Council? YES / NO

Would you be willing to help organize a class? YES / NO

5. Are you currently practicing as a Parish Nurse? YES / NO

For how long? _____

6. How many nurses are there in your parish? _____

7. How many other people are involved in health ministries? _____

8. What types of ministry are you doing? _____

9. Would you like to network with other Orthodox Nurses? YES / NO

Via: Email / annual retreat / newsletter / other: _____

10. What talents would you be willing to contribute to help make a network / basic parish nurse class happen? _____

Thank you for your participation. Please feel free to contact me for any questions or suggestions. I will let you know the results of the survey as soon as I have adequate data.

Please fax your survey to Karen Hadley, RN, MSN @ 503-494-2577

or mail to 10286 SW Lady Marion Dr., Tigard, OR 97224