

- Please use a BLACK OR BLUE PEN or dark pencil and press firmly.
- FILL IN or CROSS the box next to the category that best describes your response (or). PLEASE DO NOT USE TICKS.
- Choose ONE ONLY for each question unless it states otherwise
Example: Do you eat fruit? Yes No

Congregation Code

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AP

1. How often do you go to church services (worship services) at this congregation?

- This is my first time
- Hardly ever / never / special occasions only
- Less than once a month
- Once a month
- Two or three times a month
- Usually every week
- More than once a week

2. How long have you been going to church services or activities at this congregation?

- | | |
|---|--|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> More than 20 years |
| <input type="checkbox"/> 1-2 years | <input type="checkbox"/> I am visiting from another congregation |
| <input type="checkbox"/> 3-5 years | <input type="checkbox"/> I am visiting and do not regularly go anywhere else |
| <input type="checkbox"/> 6-10 years | |
| <input type="checkbox"/> 11-20 years | |

3. Are you regularly involved in any group activities here? (Mark ALL that apply)

- Yes, in small prayer, discussion or Bible study groups
- Yes, in fellowships, clubs, social or other groups
- No, we have no such groups
- No, I am not regularly involved

4. Do you regularly take part in any activities of this congregation that reach out to the wider community? (Mark ALL that apply)

- Yes, in evangelistic or outreach activities
- Yes, in community service, social justice or welfare activities of this congregation
- No, we don't have such activities
- No, I am not regularly involved

5. Do you have a strong sense of belonging to this congregation?

- Yes, a strong sense of belonging, which is growing
- Yes, a strong sense - about the same as last year
- Yes, although perhaps not as strongly as in the past
- No, but I am new here
- No, and I wish I did by now
- No, but I am happy as I am
- Don't know / not applicable

6. What is the STARTING TIME of the church service(s) that you regularly attend here? (Mark up to TWO)

This service (Leave blank if you are a visitor)

(Write time, eg 09:45 and mark am or pm, and day of week)

↳ : am Sunday Saturday weekday

pm

Another church service you regularly attend here

(Only fill this in if it applies to you)

↳ : am Sunday Saturday weekday

pm

7. Before you started coming here, were you participating in another congregation?

- No, I've come here for most / all of my life
- No, before coming here I had not been attending church for several years
- No, before coming here I had never regularly attended a church
- Yes, immediately prior to coming here, I was participating in another congregation

8. Before you started coming here, what was the denomination of your previous church? (Mark ONE only)

- | | |
|--|--|
| <input type="checkbox"/> I did not attend elsewhere before coming here | |
| <input type="checkbox"/> Anglican | <input type="checkbox"/> Churches of Christ |
| <input type="checkbox"/> Apostolic | <input type="checkbox"/> Lutheran |
| <input type="checkbox"/> Aust Christian Churches (AOG) | <input type="checkbox"/> Methodist |
| <input type="checkbox"/> Baptist | <input type="checkbox"/> Missionary Alliance |
| <input type="checkbox"/> Brethren | <input type="checkbox"/> Orthodox |
| <input type="checkbox"/> C3 Church | <input type="checkbox"/> Presbyterian |
| <input type="checkbox"/> Catholic | <input type="checkbox"/> Salvation Army |
| <input type="checkbox"/> Christian Outreach Centres | <input type="checkbox"/> Seventh-day Adventist |
| <input type="checkbox"/> Christian Reformed | <input type="checkbox"/> Uniting |
| <input type="checkbox"/> Christian Revival Crusade | <input type="checkbox"/> Vineyard Fellowship |
| <input type="checkbox"/> Other (please specify): | <input type="text"/> |

9. In what year were you born?

Please complete the year:

1	9		
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10. Are you:

- Female Male

11. What is the highest educational qualification you have completed?

- | | |
|---|--|
| <input type="checkbox"/> Primary school | <input type="checkbox"/> Bachelor degree from a university or equivalent institution |
| <input type="checkbox"/> Some secondary school | <input type="checkbox"/> Post graduate degree or diploma |
| <input type="checkbox"/> Completed secondary school | |
| <input type="checkbox"/> Trade certificate | |
| <input type="checkbox"/> Diploma or associate diploma | |

12. Which term best describes your present marital status?

- | | |
|--|--|
| <input type="checkbox"/> Never married | <input type="checkbox"/> In a defacto relationship |
| <input type="checkbox"/> In first marriage | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Remarried after divorce | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Remarried after death of spouse | <input type="checkbox"/> Widowed |

13. Do you have a spouse or partner who is also completing a survey form here?

- Yes No

This form will be scanned - Please mark boxes and WRITE NUMBERS CLEARLY to help scanning process

Scanning recognition code
Please do not write here



14. What is the postcode of the place where you usually live?

Please write in the squares:

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15. What is your employment status? (Mark ALL that apply)

- Employed full time (30 hrs or more)
- Employed part-time
- Unemployed
- Student
- Full-time home duties / family responsibilities
- Self-employed
- Retired
- Other

16. Where were you born?

- Australia
- New Zealand
- Pacific Islands
- United Kingdom/ Ireland
- Northern or Western Europe
- Southern Europe
- Eastern Europe/ former USSR
- Middle East/ North Africa
- Republic of South Africa
- Other Africa
- North America
- Central or South America
- Korea
- China/ Hong Kong
- Vietnam
- Philippines
- India/ Sri Lanka
- Other Asia

17. Are you of Aboriginal or Torres Strait Islander origin?

- Yes
- No

18. Where were your father and mother born?

Father **Mother**

- Australia
- Another country where English is the main language
- Another country (where English is not the main language)

About Your Faith

19. Over the last year, do you believe you have grown in your Christian faith?

- No real growth
- Some growth
- Much growth, mainly through this parish
- Much growth, mainly through other groups or churches
- Much growth, mainly through my own private activity

20. How often do you spend time in private devotional activities (eg prayer, meditation, Bible reading alone)?

- Every day / most days
- A few times a week
- Once a week
- Occasionally
- Hardly ever
- Never

21. Do you identify with any of the following approaches to matters of faith? (Mark up to TWO options)

- Catholic or Anglo-Catholic
- Charismatic
- Evangelical
- Liberal
- Lutheranism
- Moderate
- Pentecostal
- Progressive
- Reformed
- Traditionalist
- I do not identify with such descriptions

22. How important is God in your life?

- God does not matter to me at all
- Fairly important, but many other things are more important
- God is more important to me than almost anything else
- God is the most important reality in my life

About You and This Congregation

How often do you experience the following during church services at this congregation?

(Mark one box on EACH line)

	Always	Usually	Some-times	Rarely /never
23. Preaching very helpful to my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Inspiration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Joy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Boredom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. A sense of God's presence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Growth in understanding of God	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Being challenged to take action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. If innovative change was proposed to the worship service you attend at this church (eg style of music, seating layout etc), what would your response tend to be?

Would you...

- Strongly support such changes
- Support such changes
- Be neutral/unsure
- Oppose such changes
- Strongly oppose such changes

Do you agree or disagree with the following statements? (Mark one box on EACH line)

	Strongly agree	Agree	Neutral/Unsure	Disagree	Strongly disagree
31. Music and singing is an important part of church worship for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. I have found it easy to make friends within this congregation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. If you know someone who is a new arrival here do you personally seek to make them welcome?

- Yes, always
- Yes, mostly
- Yes, sometimes
- Rarely or never
- Not applicable (I don't meet new arrivals here)

34. Are you involved in any community service, social action or other groups not connected to this congregation? (Mark ALL that apply)

- Yes, community service, care or welfare groups
- Yes, social action, justice or lobby groups (eg environmental, human rights, local issues)
- Yes, sports, recreation or hobby groups
- Yes, school or youth groups (eg P & C, Scouts)
- Yes, another kind of group (eg arts, cultural, political)
- No, I'm not involved with such groups

35. In the past 12 months, have you done any of the following? (Mark ALL that apply)

- Lent money to someone outside your family
- Cared for someone who was very sick
- Helped someone through a personal crisis (not sickness)
- Visited someone in hospital
- Given some of your possessions to someone in need
- Tried to stop someone abusing alcohol or drugs
- Donated money to a charitable organisation
- Contacted a parliamentarian / councillor on a public issue

36. Which of the following best describes your readiness to talk to others about your faith?

- I do not have faith, so the question is not applicable
- I do not like to talk about my faith; my life and actions are sufficient
- I find it hard to talk about my faith in ordinary language
- I mostly feel at ease talking about my faith and do so if it comes up
- I feel at ease talking about my faith and look for opportunities to do so

37. Would you be prepared to invite to a church service here any of your friends and relatives who do not currently attend a church?

- Yes, and I have done so in the past 12 months
- Yes, but I have not done so in the past 12 months
- Don't know
- No, probably not
- No, definitely not

38. If you knew someone was drifting away from church involvement, how likely is it that you would take the time to talk with them about it?

- Certain
- Very likely
- Likely
- Hard to say
- Unlikely

How satisfied are you with what is offered here for children and young adults?

(Mark one box on EACH line)

	Very satisfied	Satisfied	Neutral /unsure	Dissatisfied	Very dissatisfied
39. For children aged under 12 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. For youth aged 12-18 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. For young adults aged 19-25 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. About how much do you give financially to this congregation?

- I give 10% or more of net income regularly
- I give about 5% to 9% of net income regularly
- I give less than 5% of net income regularly
- I give a small amount whenever I am here
- I do not contribute financially here

Leadership and Direction

43. Do you currently perform any of these leadership or ministry roles here? (Mark all that apply)

- Teaching/preaching
- Music ministry
- Children's ministry role
- Youth ministry role
- Small group leadership
- Social group leadership
- Lead/assist in church services
- Management/admin role
- Committee/task force member
- Pastoral care/visitation role
- Some other role
- No such role

44. Have this congregation's leaders encouraged you to find and use your gifts and skills here?

- Yes, to a great extent
- Yes, to some extent
- Yes, to a small extent
- Not at all
- Don't know

45. Does this congregation have a clear vision, goals or direction for its ministry and mission?

- I am not aware of such a vision, goals or direction
- There are ideas but no clear vision, goals or direction
- Yes, and I am strongly committed to them
- Yes, and I am partly committed to them
- Yes, but I am not committed to them

46. To what extent does this congregation's leaders take into account the ideas of the people here?

- A great extent
- Some extent
- A small extent
- Not at all
- Don't know
- There is currently no leader here

47. How confident are you that your congregation can achieve the vision, goals or directions it has set for itself?

- I am fully confident we can achieve them
- I am partly confident we can achieve them
- I am not confident we can achieve them
- They are not clear enough to me to be able to evaluate this
- Don't know

Do you agree or disagree with the following statements? (Mark one box on EACH line)

	Strongly agree	Agree	Neutral/ Unsure	Disagree	Strongly disagree
48. This congregation is always ready to try something new	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Leaders here inspire me to action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Leaders here always communicate clearly and openly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Leaders here encourage innovation and creative thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Do you agree or disagree with the following statements? (Mark one box on EACH line)

52. Leaders here keep us strongly focused on connecting with people in the wider community

Strongly agree Agree Neutral/Unsure Disagree Strongly disagree

53. This congregation has good and clear systems for how it operates

Strongly agree Agree Neutral/Unsure Disagree Strongly disagree

54. Leaders here are strongly focused on directions for the future

Strongly agree Agree Neutral/Unsure Disagree Strongly disagree

55. Leaders here help our congregation identify and build on its strengths

Strongly agree Agree Neutral/Unsure Disagree Strongly disagree

56. I have a strong sense of belonging to the denomination of this church

Strongly agree Agree Neutral/Unsure Disagree Strongly disagree

57. We all have different strengths to contribute at work or in daily life. Which of the following do you do well? (Mark up to FOUR options)

- Listen: Listen deeply to others
- Connect: Build good relationships with others
- Envision: Help people discover direction
- Explore: Help people creatively explore fresh ideas
- Inspire: Inspire commitment from others to new possibilities
- Empower: Help others to make their contributions
- Structure: Create clear, positive systems
- Communicate: Generate clear reliable communication
- Optimism: Build optimism and hope, even in challenging times
- Act: Know the right moment to move to action
- Resolve: To stay on course when things get difficult
- Learn: The ability to learn and grow from experiences

58. Which of the following aspects of this congregation do you personally most value? (Mark up to THREE options)

- Wider community care or social justice emphasis
- Reaching those who do not attend church
- Traditional style of worship or music
- Contemporary style of worship or music
- Sharing in Holy Communion / the Eucharist / Lord's Supper
- Social activities or meeting new people
- Sermons, preaching or Bible teaching
- Small prayer, discussion or Bible study groups
- Ministry to children or youth
- Praying for one another
- Practical care for one another in times of need
- Openness to social or cultural diversity
- Presence of a church school or pre-school

59. In your opinion, which of the following should be given greater attention by this congregation in the next 12 months? (Mark up to THREE options)

- Spiritual growth (eg spiritual direction, prayer groups)
- Worship services that are nurturing to people's faith
- Building a strong sense of community within the congregation
- Creating a clear vision for the congregation's future
- Encouraging people here to discover/use their gifts
- Encouraging new approaches to ministry and mission
- Supporting social justice and aid to people in need
- Encouraging people here to share their faith or invite others
- Ensuring new people are included well in church life
- Ministry to children and youth
- Growing into a larger congregation
- Starting a new church or mission venture

About your children

60. Please answer the questions below for each of your children who are still alive, starting with the eldest.

If you have more than five children, just answer for the first five.

	Eldest Child	Child No 2	Child No 3	Child No 4	Child No 5
What is his/her age in years?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Does he/she live at home?	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does he/she attend church regularly? (Mark all that apply)

	Eldest Child	Child No 2	Child No 3	Child No 4	Child No 5
Yes, here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, somewhere else, same denomination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, at another denomination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your help today