

Questionnaire for Widows

Name _____ Date _____

Address _____

Home phone _____ Cell phone _____ email _____

Years of being widow _____ Age _____

Ages of children _____ Do you attend this church? _____

What is your greatest need? _____

What is your greatest fear? _____

How can we help you? _____

Would you be interested in events for widows? Rank preference, 1--low, 5-- high.

_____ Discussion group

_____ Bible study

_____ Social events at church like game nights or crafts

_____ Social outings off campus

_____ One time seminar of resources

Names and addresses of other widows who might benefit from this ministry

What topics would you like for us to include in our studies and discussions?