

Internal Lifespan Experience Survey - Families

1. How many children, by age, currently live in your household?

Less than 1 year old

1 year - 4 years

5 years - 8 years

9 years-12 years

13 years - 18 years

2. What is your current level of participation at UUCGT?

- none
- some
- moderate
- highly involved

3. What is your ideal or desired level of participation at UUCGT?

- none
- some
- moderate
- highly involved

4. On a scale from 1-10, with 10 being the highest, how likely is your family to attend UUCGT on a Sunday Morning?

5. If you answered 5 or less to Question 4, can you please offer why?

[Empty text box]

6. On a scale from 1-10, with 10 being the highest, how important is diverse cultural literacy to you for your child(ren)?

[Empty text box]

7. On a scale from 1-10, with 10 being the highest, how important is diverse religious literacy (knowledge about world religions) to you for your child(ren)?

[Empty text box]

8. On a scale from 1-10, with 10 being the highest, how important is it to you to have social events as part of your family's UUCGT experience?

[Empty text box]

9. What kinds of social events might interest your family?

- Family Movie Nights
- Family Game Nights
- All Congregation Potlucks
- Seasonal (beach, sledding, etc.)
- Small groups in people's homes
- Other (please specify)

[Empty text box]

10. What days/times of the week would work for your family to participate in UUCGT educational & social programs?

	Morning (9am-11am)	Afternoon (12pm-4pm)	Evening (5pm-8pm)
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Wednesday

Thursday

Friday

Saturday

Done

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