

The Church Development Tool

A way of planning together

Thank you for taking part in this survey. The survey responses will help us understand ourselves as a church and shape our prayers and our planning for the year ahead.

There is no right or wrong answer to any of the questions, you can just state what you think or do. Not all of the questions might feel relevant to you and you don't have to answer them all.

The survey does not ask for your name or contact details and no one at your church will be able to look at your individual response after it is added to the system, they will only be able to see the added up results for the church as a whole. We won't share your data outside of the Church of England.

THIS IS A SAMPLE COPY ONLY, PROVIDED AS A PREVIEW. DO NOT CIRCULATE OR COMPLETE THIS FORM – THE CHURCH DEVELOPMENT TOOL IS NOT YET OPEN FOR 2022

Everyday Faith

I. Thinking about the past year, how often have you done the activities listed below? *(please tick)*

	Daily	Weekly	Fortnightly	Monthly	Less frequently	Never
Attend church worship in-person						
Attend church worship online						
Use digital resources (email, app, online, telephone, or post material) for Bible study, personal reflection or prayer						
Private prayer						
Spend time in personal Bible study						
Attend a Christian network activity in or outside church. (e.g. sports, social action group, work place/school prayer group)						

2. Please reflect on the extent to which you agree with the following statements (please tick)

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree	Not Applicable
I can think of a time in the last month that God was active in my life						
I know how my faith connects with everyday life						
Being a Christian is one of the most important aspects of my identity						
I feel a spiritual calling to work I do in my workplace/the community						
My faith is a major motivation for the work I do or the causes I volunteer with						
Giving financially to the church is part of how I express my faith.						

3. The following are things some Christians do because of their faith. To what extent do you agree that these are part of your life? (please tick)

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree	Not Applicable
Speaking about your faith to someone who is not a Christian						
Having Christian friends who encourage me to grow in faith						
Inviting non-Christian friends/family to join in with activities in my church						
Volunteering in a church or wider community project (e.g. food bank)						

4. Thinking about the past year, have you done any of the activities listed below? (please tick):

	Yes	No
Invited someone who is not a Christian to a church service in-person		
Invited someone who is not a Christian to a church service online		
Invited someone to a church activity outside service		
Engaged in evangelism training		
Spoken about your faith to someone who is not a Christian		

Church ministry – role and interests

5. Thinking about the past year, have you participated in your church in any of the following ways? (In-person or online) (please tick)

	Yes	No	No, but would like to
Children, youth or family work (e.g. leading / helping with Sunday School, toddler group, youth group)			
Pastoral care (e.g. hospital / nursing home visits, bereavement support)			
Active in worship bands, choirs or musicians groups			
Leading intercession prayers or readings			
Preaching			
Leading or teaching small groups (e.g. Alpha, Pilgrim, Bible study, Lent or Advent courses)			
Assisting with eucharist / communion in church (e.g. serving or administering)			
Serving as sides people/ welcomers			
Serving in roles such as on PCC, synods, treasurer, safeguarding officer etc.			
Being a parish / pastoral assistant			
Outreach or community work (e.g. parish nurse, church-based food bank or homeless shelter)			
Chaplaincy			
Leading a Fresh Expression of Church (e.g. Messy Church)			
Administration for this church (e.g. operations manager, administrator, secretary, etc.)			
Running or promoting activities to support Christians in living out their faith in the workplace or other 'everyday faith' settings			
Other activities not listed above (Please specify) -			

Please speak to your vicar or church leader if you would like to participate in any of the ways mentioned.

6. Do you have any skills outside church that you would like to offer this church community? (e.g. admin, finance, digital/IT skills)

Yes, please specify: _____ No

Please speak to your vicar or church leader if you have skills you would like to offer.

7. Would you like to get involved in any of the following formal ministry roles? (please tick)

	Yes	No
A licensed role, such as a Reader / Licensed Lay Minister or Licensed Lay Worker		
Serve on the PCC / secretary / treasurer / churchwarden		
In a ministry of pastoral care (e.g. visiting, baptism preparation, funeral follow up)		
A Pioneer (e.g. formally recognised in this role by the diocese/Church Mission Society or locally trained through course such as Mission Shaped Ministry)		
An Evangelist (e.g. through Church Army, Church Mission Society or College of Evangelism)		
In any other authorised / commissioned / certified role (e.g. Authorised Lay Minister, Recognised Lay Minister)		

Please speak to your vicar or church leader if you'd like to explore any of these roles.

Our church – who is here?

8. How often do you come to this church? (Please tick)

I am a visitor I am an occasional church attender I am a regular church attender

9. How many years have you been coming to this church? (Please tick)

Less than 1 year 1-3 years 3-5 years 5 years+

10. What day do you usually gather for worshipping service? (Please select whichever apply)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

What time of day do you normally attend a service?

Morning Afternoon (Between 12:00-17:00) Evening (After 17:00)

11. What age are you? _____

12. What is your sex? (Please tick)

Male Female Prefer not to say

13. Do you have any children under age 16 who attend church with you?

Yes No

If yes to above, how many children under 16 do you have? Please insert a number:

___ children

Please note how many children you have in each age bracket (Insert number):

Under 1 year	1-3 years	4-6 years	7-9 years	10-12 years	13-16 years

14. Please tick the box which best describes your ethnic background (Please tick one box)

Prefer not to say

a) White	English/ Welsh/ Scottish/ Northern Irish/ British	
	Irish	
	Gypsy or Irish Traveller	
	Any other White background	
b) Mixed/ multiple ethnic groups	White and Black Caribbean	
	White and Black African	
	White and Asian	
	Any other mixed/ multiple ethnic background	
c) Asian/ Asian British	Indian	
	Pakistani	
	Bangladeshi	
	Chinese	
	Any other Asian background	
d) Black/ African/ Caribbean/ Black British	African	
	Caribbean	
	Any other Black/ African/ Caribbean background	
e) Other ethnic group	Arab	
	Any other ethnic group	

15. What is your religious belief? Please tick one:

Christian	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

16. Are your day-to-day activities limited because of a health problem, disability or vulnerability which has lasted, or is expected to last, at least 12 months? (please tick)

<input type="radio"/>	Yes, limited a lot
<input type="radio"/>	Yes, limited a little
<input type="radio"/>	No
<input type="radio"/>	Prefer not to say

17. Do you have...? (please tick)

	No	Partial	Full	Prefer not to say
Sight loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty with mobility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for completing this survey. Please return it to your church.