



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

- Fully confident
- Partly confident
- Not confident
- Don't know how confident I am
- The vision, goals or directions are not clear enough to me

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

48. This local church has good and clear systems for how it operates

Strongly agree	Agree	Neutral /Unsure	Disagree	Strongly disagree
<input type="checkbox"/>				

49. This local church is always ready to try something new

Strongly agree	Agree	Neutral /Unsure	Disagree	Strongly disagree
<input type="checkbox"/>				

50. Leaders here inspire me to action

Strongly agree	Agree	Neutral /Unsure	Disagree	Strongly disagree
<input type="checkbox"/>				

51. Leaders here encourage innovation and creative thinking

Strongly agree	Agree	Neutral /Unsure	Disagree	Strongly disagree
<input type="checkbox"/>				

52. I would support the development of new initiatives in ministry and mission in this local church

Strongly agree	Agree	Neutral /Unsure	Disagree	Strongly disagree
<input type="checkbox"/>				

53. This local church is inclusive of different kinds of people

Strongly agree	Agree	Neutral /Unsure	Disagree	Strongly disagree
<input type="checkbox"/>				

54. I have found it easy to make friends within this local church

Strongly agree	Agree	Neutral /Unsure	Disagree	Strongly disagree
<input type="checkbox"/>				

55. It is easy to get involved in ministry at this church (e.g. join a roster, take on a role)

Strongly agree	Agree	Neutral /Unsure	Disagree	Strongly disagree
<input type="checkbox"/>				

56. All age groups are encouraged to get involved at this local church

Strongly agree	Agree	Neutral /Unsure	Disagree	Strongly disagree
<input type="checkbox"/>				

57. I am satisfied with what is offered here for children aged under 12 years

Strongly agree	Agree	Neutral /Unsure	Disagree	Strongly disagree
<input type="checkbox"/>				

58. I am satisfied with what is offered here for youth aged 12 to 18 years

Strongly agree	Agree	Neutral /Unsure	Disagree	Strongly disagree
<input type="checkbox"/>				

59. In your opinion, which of the following should be given priority by this local church in the next 12 months? (Select up to THREE options)

- Spiritual growth (e.g. spiritual direction, prayer groups)
- Worship services that are nurturing to people's faith
- Building a strong sense of community within this local church
- Creating a clear vision for this local church'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 local church
- Starting a new church or mission venture
- Other area
- Don't know

About Your Children

60. How many children do you have (who are still living)?

None	1	2	3	4	5 or more
<input type="checkbox"/>					

61. Please answer the questions below for each of your children who are still living, starting with the eldest. If you have more than 5 children, answer for the first 5.

What is his/her age in years?	Eldest Child	Child No 2	Child No 3	Child No 4	Child No 5
	<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? (Select ALL that apply)

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

Thank you for your help today

- Use a black or blue pen. Fill in or cross the box next to the response you choose.
- Please do not use ticks.
- Choose one option only unless it states otherwise.

About You

- How often do you go to church services here (including online) at this local church?**
 - This is my first time
 - Hardly ever/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
- How long have you been going to church services or activities at this local church?**
 - Less than 1 year
 - 1-2 years
 - 3-5 years
 - 6-10 years
 - 11-20 years
 - More than 20 years
 - I am visiting from another local church
 - I am visiting and do not regularly go anywhere else
- Do you attend church services elsewhere (in person or online)? (Select ALL that apply)**
 - No
 - Yes, I attend in person elsewhere
 - Yes, via online services
- Are you regularly involved in any group activities here? (Select 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
- Do you regularly take part in any activities of this local church that reach out to the wider community? (Select ALL that apply)**
 - Yes, in evangelistic activities
 - Yes, in community service, social justice or welfare activities of this local church
 - No, we don't have such activities
 - No, I am not regularly involved
- Do you have a strong sense of belonging to this local church/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
- Compared to 2019 (before COVID), are you more or less involved at this local church?**

More involved	About the same	Less involved
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Local Church Code

Main meeting time you attend here? Sun Sat Other : am pm

Another time you attend here? Sun Sat Other : am pm

- Before you started coming here, were you participating in another local church?**
 - 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 local church
- Before you started coming here, what was the denomination of your previous church? (Select ONE only)**
 - I did not attend elsewhere before coming here
 - The same denomination as this local church
 - Not the same denomination as this local church
- In what year were you born?**
Please write the year in the squares:
- What is your gender?**
 - Female
 - Male
 - Other

Note: Options align with Australian government standards
- What is the highest educational qualification you have completed?**
 - Primary school
 - Secondary school
 - Trade certificate
 - Diploma or associate diploma
 - Bachelor degree from a university or equivalent institution
 - Postgraduate degree or diploma
- Which term best describes your present marital status?**
 - Never married
 - In first marriage
 - Remarried after divorce
 - Remarried after widowed
 - In a defacto relationship
 - Separated
 - Divorced
 - Widowed
- Do you have a spouse or partner who is also completing a survey form here?**
 - Yes
 - No
- What is your employment status? (Select ALL that apply)**
 - Employed full-time (30 hours or more)
 - Employed part-time
 - Unemployed
 - Student
 - Full-time home duties/family responsibilities
 - Self-employed
 - Retired
 - Other
- What is the postcode of the place where you usually live?**
Please write in the squares:



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

- Yes
- No

18. Where were you born? Where was your mother born? Where was your father born?

(Please select an option in EVERY COLUMN)

You Mother Father

Australia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Zealand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pacific Islands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
United Kingdom/Ireland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Northern or Western Europe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Southern Europe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eastern Europe or Eurasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle East/North Africa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Republic of South Africa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Africa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
North America	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central or South America	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
China/Hong Kong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Korea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vietnam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Philippines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
India/Sri Lanka	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Asia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Did you migrate to Australia, and if so, how long ago?

- No, I was born in Australia
- Yes, I migrated to Australia _____ years ago
- I was born overseas but am not a migrant

20. At home, do you speak a language other than English?

- English only
- English plus other language(s)
- Non-English language(s) only

About Your Faith

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

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

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

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

Do you agree or disagree with the following statements?

23. My faith influences decisions and actions in my daily life

Strongly agree	Agree	Neutral /Unsure	Disagree	Strongly disagree
<input type="checkbox"/>				

24. My faith in God is an important part of who I am

Strongly agree	Agree	Neutral /Unsure	Disagree	Strongly disagree
<input type="checkbox"/>				

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

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

About You and This Local Church

How often do you experience the following during church services at this local church? (Select one on EACH line)

	Always	Usually	Some-times	Rarely /Never
26. Preaching very helpful to my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Music I appreciate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Inspiration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. A sense of God's presence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Growth in understanding of God	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Being challenged to take action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. Which of the following aspects of this local church do you personally most value? (Select 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

33. Are you involved in any community service, social action or other groups not connected to this local church? (Select ALL that apply)

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

34. Are you actively involved in any online groups (e.g. social media, community groups)?

- Yes, I am very active
- Yes, I am a little active
- I have been, but am currently not active
- No

35. Do you believe that Christians have a responsibility to actively care for the environment?

- Yes, and I am very active
- Yes, and I am a little active
- Yes, but I am currently not active
- No
- Unsure

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

- Lent or gave money to someone outside your family
- Attended a public meeting/march
- Supported a campaign (online or other)
- 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
- None of the above

37. About how much do you give financially to this local church?

- 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

38. 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 to talk about my faith if it comes up
- I feel at ease to talk about my faith and look for opportunities to do so

39. 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

40. Do you talk about matters of faith with the other members of your household?

- No, I live alone
- No, we do not talk about matters of faith
- Yes, occasionally
- Yes, frequently in informal ways
- Yes, frequently in informal ways, as well as part of family or household devotions

41. 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)

42. 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

43. Are you as involved at this local church as you would like to be?

- I would like to be more involved
- I am happy with my current level of involvement
- I would like to be less involved
- I am unsure

Leadership and Direction

44. Do you currently perform any of these leadership or ministry roles here? (Select ALL that apply)

- Teaching/preaching
- Music ministry
- Children's ministry role
- Youth ministry role
- Small group leadership
- Administrator role
- Compliance role
- Lead/assist in church services
- Council/board/elder/deacon
- Committee/task force member
- Pastoral care/visitation role
- Communication/news
- Some other role
- No such role (e.g. safe church)

45. Have this local church'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

46. Does this local church 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

Scanning recognition code
Please do not write here

