

Trinity Episcopal Church - First Impressions

Thanks for worshipping with us today! We hope you enjoyed the worship service and our hospitality.

It's always good to get feedback, especially from our first-time guests. We strive to be a welcoming, inclusive community but we need guests like you to tell us if we are really achieving that goal.

If you have a few minutes, please complete this survey and share your thoughts with us.

Thanks, and God Bless!

1. When did you visit us?

> MM DD YYYY
 / /

2. Which Service did you attend?

- Sunday 7.30am
- Sunday 9.00am
- Sunday 11.00am
- Sunday 5.00pm
- Wednesday 10.00am
- Wednesday 7.00pm
- Other (please specify)

3. Which category below includes your age?

- 17 or younger
- 18-20
- 21-29
- 30-39
- 40-49
- 50-59
- 60 or older

4. Did you bring children to the service? What ages?

- Not Applicable <3 years old 4-8 9-12 13+

5. If your children attended Sunday School or Children's Chapel, what did they think?

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6. Regarding the Worship service today:

	Yes	No	N/A
The Church was easy to find	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was personally greeted and felt warmly welcomed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The service was easy to follow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoyed the music	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The sermon was encouraging and relevant to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to find information about Trinity and the ministries that interest me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was invited to stay for coffee after the service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please share any specific thoughts you may have concerning any of these questions

7. During your visit, was there anyone in particular who made a lasting impression on you? If so, who and why?

8. Do you have any particular comments or recommendations that you would be willing to offer to help Trinity improve?

**9. What kind of Church or religious background do you have?
(eg. Episcopalian, Roman Catholic, Presbyterian, non-denominational)**

10. Do you plan on attending Trinity Episcopal Church again?

- Yes
- No

11. What brought you to Trinity today?

- I want to make new friends
- I'm looking for a new Church home
- I'm looking for answers
- I want my kids to learn about Jesus
- I'm just in town visiting

Other (please specify)

12. How did you hear about us?

- I was personally invited by friends or family
- I found Trinity through a Facebook posting or advertisement
- I visited Trinity's website
- I attended a meeting or event at Trinity
- I saw Trinity's listing in the phone book or Interfaith Directory
- My child attends (or was considering attending) TEDS

Other (please specify)

13. Is there anything specific you are looking for in a Church home?

14. We respect your privacy, but if you would like to leave your contact information we will gladly follow up with you.

Name:

Address:

Address 2:

City/Town:

State:

ZIP:

Email Address:

Phone Number:

15. If there is anything else that you would like to communicate to us that was not on the survey, or if you have any immediate needs to be addressed, please share it with us below.

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Thank you for taking the time to complete our Survey!



Trinity Episcopal Church

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