

Congregation Beth Shalom Strategic Planning Survey

Thank you in advance for agreeing to help the Congregation Beth Shalom Strategic Planning committee. As we wrote to you earlier this summer, “ We are very excited to announce that United Synagogue has selected our congregation to participate in a strategic planning program created and supported by the staff of United Synagogues of Conservative Judaism. Our goal is to involve the congregation in developing a vision to move us into the future and create specific strategies to help us achieve that vision.”

Your answers will help us in this process. Please answer as truthfully and honestly as you can. Your views will influence important decisions that will be made by Congregation Beth Shalom. Be assured that all your answers will be held in the strictest confidence and no one will be shown any individually identifiable answers you provided here.

1. How long have you been a member of Beth Shalom?

- | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0-2 years | 3-5 years | 6-9 years | 10-14
years | 15-19
years | 20-25
years | 26-36
years | 37 or more
years |

2. Why did you initially choose to join Congregation Beth Shalom?

3. Why have you chosen to continue to be a member of the congregation? Please rate ALL the factors and their importance to you.

	Very Important	Somewhat important	Neither important nor unimportant	Somewhat unimportant	Very unimportant
Branch of Judaism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rabbi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cantor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision of Clergy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Reputation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends or neighbors belong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content and conduct of services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Aspects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bar/Bat Mitzvah	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warm and welcoming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sisterhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men’s Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Youth Group activities, (Kadima/USY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel a sense of community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for lay participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Are there any other reason(s) why you have chosen to continue to be a member of the Congregation Beth Shalom?

5. Which of the following best describes your involvement in the life of our congregation in the past year?

Very involved	Somewhat involved	Minimally involved	Not involved
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. If time were not an issue, what one thing would motivate you to get more involved?

7. Which of the following best describes your involvement in Jewish life growing up?

Very involved	Somewhat involved	Minimally involved	Not involved
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. What was your religious identity growing up?

Conservative	Orthodox	Reform	Reconstructionist	Other -Jewish	Other Non-Jewish	No Religious Identity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Which of the following were you involved with during your childhood and/or teenage years?

- Afternoon Hebrew School or Sunday School
- Jewish Preschool
- Jewish Day School
- Camp Ramah
- Other Jewish Summer Camp
- USY
- Other Jewish Youth Group
- Jewish High School
- Other

10. Which statement best describes your view of Jewish tradition at our Congregation Beth Shalom?

- | | | | |
|---|--|---|--------------------------|
| Maintaining tradition is most important | Maintaining tradition while also allowing for change is most important | Our times call for more focus on change | Don't know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. Do you have any comments on your answer to 'Which statement best describes your view of Jewish tradition Congregation Beth Shalom?'

12. How would you rate your OVERALL satisfaction with our congregation?

- | | | | | |
|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|
| Very satisfied | Somewhat satisfied | Neither satisfied nor dissatisfied | Somewhat dissatisfied | Very dissatisfied |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

13. I would enthusiastically recommend our Congregation Beth Shalom to a friend.

- | | | | | |
|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| Strongly agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Strongly disagree |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. I would enthusiastically recommend our religious school to a friend.

- | | | | | | | |
|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Strongly agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Strongly disagree | Don't know | Not applicable |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

15. How likely are you to remain a member in the next 5 years?

Extremely likely	Somewhat likely	Neither likely nor unlikely	Somewhat unlikely (Please share your reason below)	Extremely unlikely (Please share your reason below)	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reason you are unlikely to be a member in 5 years _____

16. How satisfied are you with our facility?

	Very satisfied	Somewhat satisfied	Neither satisfied nor dissat- isfied	Somewhat dissatis- fied	Extremely dissatis- fied	Don't know	Not Applicable
External Building Facade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sanctuary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helfant Chapel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foyer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Lounge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ballroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access for those with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Do you have any other comments on our facility?

18. Please rate the following aspects of Congregation Beth Shalom.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know
Feels like a close knit family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We warmly welcome new members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We try to get new members involved with our congregation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lay leaders work to get to know members better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel the clergy know me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel connected to the congregation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have good friends here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clergy respond in times of need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The congregation responds in times of need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The congregation creates opportunities to help connect people to one another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Do you have any additional comments on the question you just answered?

20. Please rate your level of satisfaction with the programming geared to these specific groups

	Extremely satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Extremely dissatisfied	Don't know
Seniors (including Hazak)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Millenials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Families with school age children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-School families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post Bar Mitzvah youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empty nesters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interfaith families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Do you have any additional comments on this question?

22. Please rate your level of satisfaction in each of these areas of prayer.

	Extremely satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Extremely dissatisfied	Don't know	Not applicable
Friday night services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday morning services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Holiday services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Festival services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekday Minyan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Junior Congregation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Congregational participation in prayer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Members' involvement in leading prayer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in youth services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of music in services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning about prayer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. How innovative do you feel the Congregation Beth Shalom is in the following areas? (How has the congregation adapted to the changing needs of the community? How forward thinking are we as a congregation?)

	Very innovative	Somewhat innovative	Not very innovative	Not at all innovative	Don't know
In Prayer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In Communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In Social Action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Do you have any additional comments on this question?

25. Please rate your level of satisfaction with our efforts in social justice/social action programming

	Extremely satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Extremely dissatisfied	Don't know	Not applicable
Social Action (hands on)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Advocacy (educating on political issues)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social justice programs (such as lobbying, rallies) alone or in partnership with other organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chessed/Caring Community (helping members of our own community)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. What is the most important social justice issue on your mind?

27. Please rate your level of satisfaction with our Communications.

	Extremely satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Extremely dissatisfied	Don't know	Not applicable
A sense of enthusiasm is evident in our communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our lay leaders are good ambassadors for our congregation. They enthusiastically promote the congregation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our website adequately communicates what we need to know.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The synagogue makes it clear who to go to for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Please provide one specific suggestion to improve our Communications

29. Please indicate your level of agreement with these statements regarding our Congregational Mission and Vision.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know
I can easily describe our congregation's mission and vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I understand what makes us distinctive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the vision of our leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our leaders tell stories about how we put our vision to work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. In the past year, how often did you attend the following activities at our congregation? Please rate EACH activity.

	At Least Monthly	At Least Every Other Month	At Least 4 Times a Year	At Least Once a Year	Less than Once a Year
Programs for Seniors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Education Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men's Club Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sisterhood Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Committee Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fundraisers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Group activities (including but not limited to USY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social/Cultural Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. Please feel free to make a suggestion on programming.

32. In the past year, how often did you attend the following services at our kehilla (congregation)?

	Bi-weekly (at least 25 times a year)	Monthly (about 12 times a year)	Bi- monthly (about 6 times a year)	Less than 6 times a year	Not at all
Friday night family service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday night regular service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday morning service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday afternoon service (minchah)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekday morning Minyan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekday evening Minyan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. Please feel free to make a suggestion about how to enhance our Ritual services

34. As you know, Congregation Beth Shalom is currently creating a new strategic plan. Below are some directions we have been told people are interested in over the next few years. Please rank order the following eight options, with 1 for your highest rated option and 8 for your lowest rated option.

Option	Ranking
Emphasize Conservative Jewish practice and ritual at the synagogue and home.	<input type="checkbox"/>
Emphasize tikkun olam and engage in more social action.	<input type="checkbox"/>
Fully address and resolve any financial challenges facing Beth Shalom.	<input type="checkbox"/>
Recruit more young people and new members.	<input type="checkbox"/>
Emphasize adult learning and education.	<input type="checkbox"/>
Find a way to end our problems with the current building, however that can be done.	<input type="checkbox"/>
Focus more attention on Israel and our relationship to Israel	<input type="checkbox"/>
Emphasize the Derekh program	<input type="checkbox"/>

35. If our congregation would offer _____, I would attend and ask a friend to join me.

36. If you could wave a magic wand, what is one thing you would like to see change here at Beth Shalom.

37. Not including dues, tuition, or high holiday seats, how much would you estimate that your household contributes financially to the congregation? Please note that all data is CONFIDENTIAL.

- \$0 - \$99
- \$100 - \$249
- \$250 - \$499
- \$500 - \$999
- \$1000 - \$1999
- \$2000 or more

38. Please rate the following statements concerning your commitment to Jewish and general community causes.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know	Not applicable
I feel it is essential to financially support Jewish causes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel it is essential to contribute to causes outside the Jewish community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel it is essential to support Israel financially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. Have you visited Israel?

- Yes → *Go to Question 40*
- No → *Go to Question 42*

If you have visited Israel, please answer these two questions.

40. How many times have you visited Israel in the last 5 years? _____

41. Visiting Israel strengthened my Jewish identity.

Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. Are you ?

Male	Female	Prefer Not to Answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. I am currently ...

Single	Married or Partnered	Separated	Divorced	Widowed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

44. Have you been a member of Beth Shalom's board in the last three years?

Yes
 No

45. Do you have a child in a Jewish Day School?

Yes	No	Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. Do you have any children living at home?

Yes →

<i>Go to question 47</i>

No →

<i>Go to question 49</i>

47. If you do have children living at home, how many children are currently living at home (include those in college) and what are their ages?

	0	1	2	3 or more
Under 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10-13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14-18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19-21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over 21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48. If you do have children living at home, do you currently have a child in Religious School at Beth Shalom?

- Yes
- No

We now want to ask a few questions about your involvement in various activities during the year.

49. In a typical year, do you or anyone in your household attend or hold a Passover Seder?

- Yes
- No

50. In a typical year, do you or anyone in your household light Hanukkah candles?

- Yes
- No

51. Which of the following best describes your current practices regarding keeping kosher? Would you say you ...

- | | | | |
|--|---|-----------------------------|-----------------------------|
| Don't follow
Kosher rules
at all | Follow some
Kosher rules,
like avoiding
pork or
shellfish | Keep Kosher
only at home | Keep Kosher
all the time |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

52. How often do you or anyone in your household light Shabbat candles on a Friday night?

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Always | Usually | Sometimes | Never |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

53. In the past year, how often did you attend Jewish services at a synagogue?

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------------|---------------------------|
| Never | Once or
twice a year | Every few
months | About once
a month | Two or
three times
a month | Once a
week or
more |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

54. Did you fast during Yom Kippur in 2017? Would you say you..

I fasted for the whole day	I fasted for part of the day	I could not fast for medical reasons	I did not fast
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

55. Did you attend any High Holy Day services in the Fall of 2017?

Yes
 No

56. In the past month, how often did you access Jewish-focused culture (such as books, TV, music, or a museum)?

Never	Once or twice	Once a week	Every few days	Once a day or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

57. In the past YEAR, either for or with a Jewish organization, did you read material produced by a Jewish organization (such as a newsletter, magazine, website, or some other media)?

Yes, at least once a month	Yes, less than once a month	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

58. In the past month, how often did you actively seek out news about Israel?

Never	Once or twice	Once a week	Every few days	Once a day	Several times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

59. Are you or anyone in your household currently a member of the Jewish Community Center (JCC) of Greater Pittsburgh?

Yes, and I pay dues	Yes, but I do not pay dues	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

60. Aside from congregation(s) and JCC's, are you or anyone in your household a member of any other formal Jewish organizations or clubs (such as Hadassah, ADL, AJC, or others)?

- Yes
- No

61. Do you or anyone in your household belong to an informal or grassroots Jewish group such as a social chavurah, Jewish book club, or other informal Jewish group?

- Yes
- No

62. In the past YEAR, either for or with a Jewish organization, did you attend or participate in a program, event, or class (not for religious services)?

- | | | |
|-------------------------------|--------------------------------|--------------------------|
| Yes, at least once
a month | Yes, less than
once a month | No |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

63. In the past MONTH, either for or with a Jewish organization, did you help in a leadership role such as serving on a committee or board or planning an event or program?

- Yes
- No

64. In the past MONTH, either for or with a Jewish organization, did you help as a participant such as tutoring, serving meals at a soup kitchen, or attending a rally?

- Yes
- No

65. Over the past year, did you make any charitable donations? Please include donations to both Jewish and non-Jewish organizations.

Yes.....	<input type="checkbox"/>	→	<i>Go to the next question</i>
No	<input type="checkbox"/>	→	Thank you for answering our questions.

66. If you made donations over the past year, which of the following best describes the charities to which you made monetary contributions, other than membership dues?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| All Jewish | Mostly
Jewish | About
equal | Mostly
non-Jewish | All
non-Jewish |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

We thank you for answering this questionnaire for Congregation Beth Shalom's Strategic Planning Committee. Please enclose the completed survey in the stamped self-addressed envelope and return it promptly to Congregation Beth Shalom.