PART A

Throughout this questionnaire “unit” refers to the congregation, province, region, delegation, monastery, or other entity for which you are responsible. Please provide information only for this unit. Unless otherwise requested, please include information for all sisters for whom you are canonically responsible (including sisters outside the United States, if applicable). A sister on excastration should be included in the count of members of your unit. A sister in the process of transfer from one religious institute to another should be counted by the unit from which she is transferring. If the unit has been reconfigured or is in the process of reconfiguration, please provide the information for the unit as of September 1, 2009.

<table>
<thead>
<tr>
<th>Contact information for the major superior responsible for responding to this questionnaire:</th>
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<tbody>
<tr>
<td>Name of Religious Institute: ____________________________________________________________</td>
</tr>
<tr>
<td>Initials: _______________ Kenedy Directory Number: __________________</td>
</tr>
<tr>
<td>Name of Person Responding: ____________________________________________________________</td>
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<tr>
<td>Title of Person Responding: ___________________________________________________________</td>
</tr>
<tr>
<td>Province, Region, Delegation, if applicable: __________________________________________________________________________</td>
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<tr>
<td>Telephone: __________________________________________________________________________</td>
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<tr>
<td>E-mail: __________________________________________________________________________</td>
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</table>

1. Which best describes the unit for which you are responding?
   - ☐ Congregation
   - ☐ Province
   - ☐ Region
   - ☐ Delegation
   - ☐ Monastery
   - ☐ Other (please specify): __________________________________________________________________________

2. What is the canonical status of your unit (or of the congregation, province, etc. of which the unit is a part)?
   - ☐ Religious Institute of Diocesan Right
   - ☐ Religious Institute of Pontifical Right
   - ☐ Monastery
   - ☐ Other (please specify): __________________________________________________________________________
3. Has your unit been reconfigured since September 1, 1999?  □ 1 Yes □ 2 No

4. If yes, please list each of the former entities (e.g. provinces, congregations) which are now components of the new configuration. (Add extra lines if necessary.)

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

5. Is your unit divided into geographical areas or groupings (e.g., regions)?  □ 1 Yes □ 2 No

If yes, please list all geographical areas or groupings. (Add extra lines if necessary.)

<table>
<thead>
<tr>
<th>in the United States:</th>
<th>outside the United States:</th>
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<tbody>
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6. Please indicate the total number of sisters in your unit (including any sisters residing outside the United States) who are in each category as of September 1, 2009. Include sisters on exclaustration. Any sister in the process of transfer from one religious institute to another should be counted by the unit from which she is transferring.

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Postulants/candidates (after entrance but before novitiate)</td>
<td></td>
</tr>
<tr>
<td>(b) Novices (those received into the Novitiate but not yet professed)</td>
<td></td>
</tr>
<tr>
<td>(c) Temporary vows</td>
<td></td>
</tr>
<tr>
<td>(d) Perpetual/Solemn vows</td>
<td></td>
</tr>
<tr>
<td>(e) Total number of all in this unit (sum of a, b, c, and d, above)</td>
<td></td>
</tr>
</tbody>
</table>

7. In what year did the newest member of your unit make first profession?
8. If any sisters in your unit currently reside outside the United States, please indicate the number in each category as of September 1, 2009:

__________ (a) Postulants/candidates (after entrance but before novitiate)
__________ (b) Novices (canonical and apostolic)
__________ (c) Temporary vows
__________ (d) Perpetual/Solemn vows

9. Of all those in your unit reported in question 6, above, please indicate the total number within each category who were born in each decade:

<table>
<thead>
<tr>
<th>Decade of Birth</th>
<th>Perpetually/Solemnly Professed Sisters</th>
<th>Temporary Professed Sisters</th>
<th>Novices</th>
<th>Candidates/Postulants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before 1910</td>
<td>(a)</td>
<td>(k)</td>
<td>(aa)</td>
<td>(kk)</td>
</tr>
<tr>
<td>1910-1919</td>
<td>(b)</td>
<td>(l)</td>
<td>(bb)</td>
<td>(ll)</td>
</tr>
<tr>
<td>1920-1929</td>
<td>(c)</td>
<td>(m)</td>
<td>(cc)</td>
<td>(mm)</td>
</tr>
<tr>
<td>1930-1939</td>
<td>(d)</td>
<td>(n)</td>
<td>(dd)</td>
<td>(nn)</td>
</tr>
<tr>
<td>1940-1949</td>
<td>(e)</td>
<td>(o)</td>
<td>(ee)</td>
<td>(oo)</td>
</tr>
<tr>
<td>1950-1959</td>
<td>(f)</td>
<td>(p)</td>
<td>(ff)</td>
<td>(pp)</td>
</tr>
<tr>
<td>1960-1969</td>
<td>(g)</td>
<td>(q)</td>
<td>(gg)</td>
<td>(qq)</td>
</tr>
<tr>
<td>1970-1979</td>
<td>(h)</td>
<td>(r)</td>
<td>(hh)</td>
<td>(rr)</td>
</tr>
<tr>
<td>1980-1989</td>
<td>(i)</td>
<td>(s)</td>
<td>(ii)</td>
<td>(ss)</td>
</tr>
<tr>
<td>1990 or later</td>
<td>(j)</td>
<td>(t)</td>
<td>(jj)</td>
<td>(tt)</td>
</tr>
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</table>

10. Please indicate the number who entered your unit as candidates/postulants during these periods:

__________ (a) From September 1, 1999 through August 31, 2004
__________ (b) From September 1, 2004 through August 31, 2009

11. Of the total number who entered between September 1, 1999 and August 31, 2009, please indicate the numbers who are in each of the following race/ethnic categories.

__________ (a) African, African American, non-Hispanic black
__________ (b) Anglo, Caucasian, non-Hispanic white
__________ (c) Asian or Pacific Islander
__________ (d) Hispanic/Latina
__________ (e) Native American/American Indian
12. Of the total number who entered between September 1, 1999 and August 31, 2009, the number who remain in the unit as of September 1, 2009.

13. Of those who entered and then left between September 1, 1999 and August 31, 2009, please indicate the number who left your unit at each stage of initial formation or incorporation. Please include any sisters who died during any of these stages of initial formation or incorporation.

(a) During candidacy/postulancy
(b) During novitiate
(c) During temporary vows (or at the expiration of temporary vows)
(d) After perpetual/solemn vows

14. Please indicate the total number of perpetual/solemn professions in your unit (regardless of year of entrance) during the following time periods:

(a) From September 1, 1999 through August 31, 2004
(b) From September 1, 2004 through August 31, 2009

15. Please indicate the number of sisters from your unit who have initiated or completed transfer to another religious institute since September 1, 1999:

(a) Number who have initiated but not yet completed transfer
(b) Number who have completed transfer

16. Please indicate the number of sisters from another religious institute who have initiated or completed transfer to your unit since September 1, 1999:

(a) Number who have initiated but not yet completed transfer
(b) Number who have completed transfer

17. Total number of sisters in your unit on exclaustration as of September 1, 2009. For each sister on exclaustration, please indicate the date exclaustration was granted and the age of the sister at the time exclaustration was granted. (Add extra lines if necessary.)

<table>
<thead>
<tr>
<th>Year</th>
<th>Age of sister</th>
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<tbody>
<tr>
<td>(a)</td>
<td>(aa)</td>
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<tr>
<td>(b)</td>
<td>(bb)</td>
</tr>
<tr>
<td>(c)</td>
<td>(cc)</td>
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</table>

18. Please indicate the number of sisters from your unit who have received an indult of departure during the following time periods:

(a) From September 1, 1999 through August 31, 2004
(b) From September 1, 2004 through August 31, 2009
19. For each sister for whom an **indult of departure was granted**, please provide the date of the indult and the age of the sister as of the date the indult was granted. (Add extra lines if necessary.)

<table>
<thead>
<tr>
<th>Year</th>
<th>Age of sister</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______ (a)</td>
<td>_________ (aa)</td>
</tr>
<tr>
<td>_______ (b)</td>
<td>_________ (bb)</td>
</tr>
<tr>
<td>_______ (c)</td>
<td>_________ (cc)</td>
</tr>
</tbody>
</table>

20. Please indicate the number of sisters from your unit who have died during the following time periods:

- _______ (a) From September 1, 1999 through August 31, 2004
- _______ (b) From September 1, 2004 through August 31, 2009

**Living Arrangements:**

In this section, the term “religious house” refers to a legitimately constituted house with Eucharist reserved (cf. Can. 608).

21. _______ Number of religious houses of your unit

22. _______ Number of sisters of your unit who have the Eucharist reserved where they reside

23. Please indicate the number of sisters in your unit who reside in each of the following settings:

- _______ (a) A religious house of your unit
- _______ (b) A religious house of your institute (but not of your unit)
- _______ (c) A religious house of another institute
- _______ (d) In a setting other than a religious house (include sisters residing alone as well as sisters residing with other religious, family, other laity, or anyone else in any setting that is not a religious house)
- _______ (e) Total number of sisters above (should equal the total number reported in number 6(e))

24. Of the sisters in your unit who reside in any setting that is not a religious house, please indicate the number who reside:

- _______ (a) Alone
- _______ (b) With sisters of your religious institute
- _______ (c) With religious of other religious institutes
- _______ (d) With associates of your religious institute
- _______ (e) With family members
- _______ (f) With laity who are not members of a religious institute, associates, or family
- _______ (g) Other (please specify): __________________________________________

- _______ (h) Total number of sisters above (should equal the total in number 23(d)).
25. Please indicate the number of sisters residing outside a religious house of the unit or institute for reasons of:

_________(a) Apostolate
_________(b) Health
_________(c) Study
_________(d) Other (please specify): ____________________________________________________

(Add extra lines if necessary.)

26. Please indicate the number of infirm or retired sisters (i.e., retired from full-time or part-time active ministry) in your unit who require each level of care. Please see the definitions for each level of care.

_________(a) Skilled care – Care is provided for sisters with long-term illnesses or disabilities whose needs are met by appropriate health care personnel under the direction of a registered nurse. These sisters would normally be found in a nursing home setting.

_________(b) Assisted care – Care is provided for sisters who require some assistance in the activities of daily living. Examples of assisted living services are meal preparation, housekeeping and laundry services, assistance with bathing, and assistance with scheduling of physician appointments. Many of these sisters would be likely to live in larger, congregate settings.

_________(c) Independent living – These are sisters who are capable of taking care of their own activities of daily living, are competent in decision making, and are able to carry out the normal problem-solving activities of daily life. These sisters often live in local groupings.

27. Please list the specific names and locations of each facility that provides skilled and/or assisted care for sisters in your unit and the number of sisters residing in each as of September 1, 2009. Include motherhouses, infirmaries and other facilities that provide skilled and/or assisted care. (Add extra lines if necessary.)

<table>
<thead>
<tr>
<th>Name and location (city and state) of the facility</th>
<th>Number of sisters from your unit residing in this facility</th>
<th>Is this a Catholic facility?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
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<td></td>
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<td>☐ Yes ☐ No</td>
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<tr>
<td></td>
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<td>☐ Yes ☐ No</td>
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<tr>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
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</tbody>
</table>

28. _________ Total number of sisters in your unit who reside in the motherhouse or other central house (include novitiate, formation house, infirmary, or other buildings or sections that are considered part of the motherhouse)
29. ________ Number of sisters in your unit who reside in the motherhouse (or other central house) who regularly participate in Eucharist, prayers, meals, or recreation in common with all sisters living within that same house.

30. ________ Number of infirm or retired sisters (i.e., retired from full-time or part-time active ministry) in your unit who reside at the motherhouse.

31. ________ Number of infirm or retired sisters (i.e., retired from full-time or part-time active ministry) in your unit who reside in a retirement home, infirmary, or other facility outside the motherhouse.

**Governance:**

32. Please indicate if you, in your capacity as major superior, or your unit holds membership in the following.

☐ Yes ☐ No  International Union of Superiors General
☐ Yes ☐ No  Leadership Conference of Women Religious
☐ Yes ☐ No  Council of Major Superiors of Women Religious
☐ Yes ☐ No  Other national or international organization(s), e.g., federation, association, or NGO

*If yes to “other,”* please list the organizations and include a brief description of the purpose of each:

____________________________________________________________________

____________________________________________________________________

**Ministry:**

33. Please indicate the number of professed sisters (temporary and perpetual/solemn vows) in each category.

__________ (a) Active in full-time ministry (include study, sabbatical, care of family)
__________ (b) Active in part-time ministry (include study, sabbatical, care of family)
__________ (c) Retired from active ministry
__________ (d) Other (please specify): __________________________________________

__________ (e) Total – This should match the total number of professed sisters listed above in 6(c&d).

34. For sisters in full-time or part-time ministry, please indicate the number in each category.

__________ (a) Number who receive a salary or stipend
__________ (b) Number in volunteer (non-compensated) ministry
35. For sisters in full-time or part-time ministry (including volunteer ministry), please indicate the number in each type of ministry. Please count each professed sister only once, using the category that best describes her primary ministry.

(a) Education (all levels, include early childhood, adult education, literacy, special education)
(b) Health care (include mental health services)
(c) Pastoral and spiritual ministry (include parish ministry, pastoral care, chaplaincy, spiritual direction, retreat work)
(d) Social services (include direct service, social work)
(e) Social justice and/or advocacy
(f) Arch/dioecesan, regional, or national Church ministry
(g) Internal (intra-community) services (include leadership, formation, administration, support services)
(h) Other Church-related ministries (please specify):
(i) Other non-Church related activities/employment (please specify):

36. For sisters in full-time or part-time ministry (including volunteer ministry), please indicate the number who minister in each type of institution or setting. Please count each professed sister only once, using the category that best describes the setting for her primary ministry.

(a) Ministry in the institute or sponsored by the institute
(b) Ministry sponsored by another Church organization (e.g., parish, diocese, other religious institute, other Catholic organization)
(c) Ministry sponsored by another non-profit organization
(d) Ministry/work in the public sector (e.g., government agency)
(e) Ministry/work in the private sector (please specify)

Signature of Major Superior responsible for this report:____________________________________
Date:_________________________________

If you are mailing this Questionnaire, please send Part A to:

Center for Applied Research in the Apostolate (CARA)
2300 Wisconsin Avenue NW, Suite 400
Washington, DC 20007