

**I. Spiritual Care Patient Satisfaction Survey:  
Questionnaire**

- 1= strongly disagree**  
**2= somewhat disagree**  
**3= agree**  
**4=strongly agree**  
**n/a = not applicable**

*Subscale 1: The Chaplain's supportive ministry:*

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>n/a</b>
Visits gave me strength to go on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped me feel more relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visits made my hospitalization easier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visits were a comfort to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visits reassured me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributed to my feeling better faster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visits helped me overcome my fears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributed to my readiness to leave the hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped me face difficult issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped me feel better about problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped me adjust to my medical condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped me realize God cares for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chaplain's prayer was meaningful to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped me stay in touch with my faith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped me to connect with my clergyperson/ faith group leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aided my spiritual growth during illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped me address my spiritual issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped me to talk about my spiritual questions/concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Care became a valuable part of my hospital stay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Subscale 2: The Chaplain's Ministry to Help the Patient Cope*

Helped me cope with my sense of loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped me cope with my grief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped me cope with the stress of my illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped my family cope with the stress of my illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped with my feelings of guilt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped me work with doctors, nurses and/or other hospital staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped me find meaning in my situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Spiritual Care Patient Satisfaction Survey

Helped me recognize my own strengths       
Religious services met my needs  
(e.g. Sacrament of the Sick, Holy

Eucharist, Baby Naming Ceremony,  
Prayer, and Anointing) **1** **2** **3** **4** **n/a**  
      
Helped me cope with my loneliness       
Helped me cope with my worries/concerns       
Helped me use my faith / beliefs to cope

*Subscale 3: Acceptance of the Chaplain's Ministry*

The chaplain's visits scared me       
The chaplain's visits made me too tired       
The chaplain's visits frustrated me       
The chaplain's visits were too long       
The chaplain talked too much       
The chaplain did not seem to understand me       
I did not feel respected by the chaplain

*Subscale 4: Chaplain's Ministry to the Patient's Private Concerns*

Chaplain seemed to be listening to me       
Chaplain let me say what was on my mind       
Chaplain spent adequate time with me       
Chaplain functioned in a professional  
manner       
Chaplain possessed spiritual sensitivity       
Chaplain understood problems associated  
with my condition

**II. Is there anything else you would like to tell us about your experience with the chaplain?**

(feel free to add more pages if you want)

**III. Background and demographic (please check/circle what applies to you)**

**Admission...**

1. *Were you:*

- Admitted through the Emergency Department
- Admitted through a planned admission by your doctor
- Admitted unexpectedly after a day procedure or test
- Transferred from another facility
- Visiting family member

**Your Background**

2. *Are you:*

- Male  Female

3. *What is your faith background?*

- |                  |                          |                            |                          |
|------------------|--------------------------|----------------------------|--------------------------|
| Anglican         | <input type="checkbox"/> | Buddhist                   | <input type="checkbox"/> |
| Baptist          | <input type="checkbox"/> | Hindu                      | <input type="checkbox"/> |
| Eastern Catholic | <input type="checkbox"/> | Jewish                     | <input type="checkbox"/> |
| Easters Orthodox | <input type="checkbox"/> | Muslim                     | <input type="checkbox"/> |
| Lutheran         | <input type="checkbox"/> | Native Spiritual Tradition | <input type="checkbox"/> |
| Mennonite        | <input type="checkbox"/> | No Organized Religion      | <input type="checkbox"/> |
| Pentecostal      | <input type="checkbox"/> | Other _____                |                          |
| Presbyterian     | <input type="checkbox"/> |                            |                          |
| Roman Catholic   | <input type="checkbox"/> |                            |                          |
| Salvation Army   | <input type="checkbox"/> |                            |                          |
| United Church    | <input type="checkbox"/> |                            |                          |

4. *How old are you?*

- 19-30      30-45      45-60      60-75      75-90      90+

5. *In general, how would you rate your health?*

- Poor  Fair  Good  Very good  Excellent

6. *In the last six months how many times in the last six months have you been in a hospital?*

- Once  Three times   
Twice  More then three times

7. *When were you discharged from the hospital?*

- |                            |                          |                           |                          |
|----------------------------|--------------------------|---------------------------|--------------------------|
| Less then a month ago      | <input type="checkbox"/> | More then five months ago | <input type="checkbox"/> |
| More then two months ago   | <input type="checkbox"/> | More then four months ago | <input type="checkbox"/> |
| More then three months ago | <input type="checkbox"/> |                           |                          |

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8. *How often were you visited by your family and/or friends during your hospital stay?*  
Once or more times a day                       Once a week   
Once every two days                       Never
9. *How often did you meet with the chaplain?*  
Once                       Three times   
Twice                       More than three times
10. *How did you meet a chaplain?*  
You requested to see a chaplain   
A nurse or doctor asked a chaplain to see you   
Chaplain came to meet you while doing his/hers rounds
11. *When not in the hospital how often do you attend your faith group's worship services?*  
Four times a month                       One or two times a month   
More then four times a month                       On special occasions during the year   
Never
12. *When in the hospital did you visit the hospital chapel or meditation room?*  
Yes                       No
13. *What is the highest grade or level of school that you have completed?*  
Public school                       University undergraduate degree   
High school                       Post university/graduate education   
College, trade, or technical school
14. *Overall, how would you rate your experience of this hospitalization?*  
Poor                       Fair                       Good                       Very good                       Excellent
15. *Based on your experience with the chaplain would you recommend this hospital to your friends and family?*  
Yes, definitely                       Yes, probably                       No