

## **Caring Factor Survey–Specific Care Provider (CFS-SCP)**

Directions to patient:

This is a survey that measures your perception of a specific care provider while in this facility.

To ensure you know what specific care provider we are interested in, we have provided a photograph of this care provider with this survey. It would be very helpful if you would respond to each of the 10 statements below about how you feel regarding the care you are currently receiving from this specific staff member. The information you provide by completing this survey will help us understand your experience of care provided by this care provider. This information will help us understand your care experience more clearly and improve the caring experience for our patients and their families/significant others while they are at the facility.

Are you the:          Patient \_\_\_\_    Family Member \_\_\_\_          (Please check one)

If you do not want to respond to this survey, now or at a later time, the reason that most closely resembles your reason is:

\_\_\_\_ I am too sick or upset to respond to a survey.

\_\_\_\_ I do not want to spend my time responding to a survey.

\_\_\_\_ I do not like to give out information about myself.

Other \_\_\_\_\_

If you are able to respond to this brief survey, we thank you for your time and consideration. If you are unable to respond, we understand and respect your decision.

If you do want to participate in this survey, please read the following instructions and respond to the 10 statements. If you have additional questions about the survey, or would like to know about the results of this survey, you can contact:

John Nelson, President, Healthcare Environment  
jn@hcenvironment.com

Thank you for your time and consideration in helping with this important work!

Instructions: Please read each statement as it relates to you as a patient (or as a family member) about the care you are receiving from this particular care provider. You will be asked to indicate how much you agree or disagree with each statement. Please mark your responses by putting a checkmark next to the number that best represents your opinion.

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Strongly Disagree 1	Disagree 2	Slightly Disagree 3	Neutral 4	Slightly Agree 5	Agree 6	Strongly Agree 7
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1. Every day I am here, I see examples of this care provider providing care with loving kindness.

1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ 5 \_\_\_\_ 6 \_\_\_\_ 7 \_\_\_\_

2. This care provider works with the entire health care team to creatively solve problems to meet my individual needs and requests.

1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ 5 \_\_\_\_ 6 \_\_\_\_ 7 \_\_\_\_

3. This care provider honors my own faith, helps instill hope, and respects my belief system as part of my care.

1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ 5 \_\_\_\_ 6 \_\_\_\_ 7 \_\_\_\_

4. When this care provider teaches me something new, he/she teaches me in a way that I can understand.

1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ 5 \_\_\_\_ 6 \_\_\_\_ 7 \_\_\_\_

5. This care provider encourages me to practice my own, individual, spiritual beliefs as part of my self-caring and healing.

1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ 5 \_\_\_\_ 6 \_\_\_\_ 7 \_\_\_\_

6. This care provider creates a healing environment that recognizes the wholeness and oneness of my body, mind, and spirit.

1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ 5 \_\_\_\_ 6 \_\_\_\_ 7 \_\_\_\_

7. This care provider has established a helping and trusting relationship with me during my time here.

1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ 5 \_\_\_\_ 6 \_\_\_\_ 7 \_\_\_\_

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8. This care provider responds to me as a whole person, helping to take care of all my needs and concerns.

1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ 5 \_\_\_\_ 6 \_\_\_\_ 7 \_\_\_\_

9. I feel like I can talk openly and honestly about what I am thinking with this care provider, because he/she embraces my feelings, both positive and negative.

1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ 5 \_\_\_\_ 6 \_\_\_\_ 7 \_\_\_\_

10. This care provider is accepting and supportive of my beliefs regarding a higher power, which allows for the possibility of me and my family to heal.

1 \_\_\_\_ 2 \_\_\_\_ 3 \_\_\_\_ 4 \_\_\_\_ 5 \_\_\_\_ 6 \_\_\_\_ 7 \_\_\_\_

11. Please describe the attitudes, behaviors, and/or actions this care provider showed that led to your answers.