

## Caring Factor Survey (CFS)

Directions to patient:

This is a survey that measures your perception of your care while in this facility. 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 the staff. The information you provide by completing this survey will help us understand your experience of care more clearly and improve the caring experience for our patients and their families/significant others while they are at the facility. 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. Your return of the survey will be considered your consent for us to use your responses to better understand perception of caring as reported by the patient or patient's family member.

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 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 the nursing staff. 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. For example, if you strongly agree with the statement, you put a checkmark next to #7.

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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 that the care is provided with loving kindness.

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

2. As a team, my caregivers are good at creative problem solving to meet my individual needs and requests.

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

3. The care providers honored my own faith, helped instill hope, and respected my belief system as part of my care.

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

4. When my caregivers teach me something new, they teach me in a way that I can understand.

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

5. My caregivers encouraged me to practice my own, individual, spiritual beliefs as part of my self-caring and healing.

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

6. My caregivers have responded to me as a whole person, helping to take care of all my needs and concerns.

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

7. My caregivers have established a helping and trusting relationship with me during my time here.

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

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8. My health care team has created a healing environment that recognizes the connections between my body, mind, and spirit.

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

9. I feel like I can talk openly and honestly about what I am thinking, because those who are caring for me embrace my feelings, no matter what my feelings are.

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

10. My caregivers are accepting and supportive of my beliefs regarding a higher power, which allows for the possibility that I and my family will heal.

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

11. Please describe the attitudes, behaviors, and/or actions of your care provider(s) that led to your answers.

12. Please put a checkmark next to the one that is closest to your race/ethnicity.

- ☐ Hispanic
- ☐ White
- ☐ Non-Hispanic
- ☐ Hispanic-Black
- ☐ Non-Hispanic Black
- ☐ Asian American / Pacific Islander
- ☐ Alaska Native / American Indian
- ☐ Other \_\_\_\_\_