



COVID-19 QUESTIONNAIRE

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| **Question** | **Answer** *(please delete as appropriate)* |
| 1 | Name of Trust/Hospice where you work |  |
| 2 | Are you employed or voluntary? | Employed / Voluntary |
| 3 | How many hours do you work weekly? | 1-8 / 9-16 / 17-24 / 25-32 / 33+ |
| 4 | What is your age bracket?  | 20+ / 30+ / 40+ / 50+ / 60+ / 70+ |
| 5 | During this pandemic, have you been at home shielding, self-isolating, working from home and/or still attending the hospital/hospice? | Shielding / Self-isolating / Working from home / Still attending |
| 6 | Did you show any symptoms of COVID-19?  | Yes / No |
| If ‘yes’, have you been tested? | Yes / No |
| 7 | If you were shielding, self-isolating and/or working from home, in what ways were you able to reach out? |  |
| 1. Answering phone calls
 | Yes / No |
| 1. Preparing resources
 | Yes / No |
| 1. Keeping in contact with other chaplaincy colleagues and staff
 | Yes / No |
| 1. Other…
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| 8 | Did you have any requests for chaplaincy support? | *Mid-March to April* | *May* |
| Yes / No | Yes / No |
| 1. How many patients have you been asked to see (approx.)?
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| 1. How many staff have you given support to (approx.)?
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| 1. How many relatives have you communicated with in-person or virtual means (approx.)?
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| 9 | While at home, did you receive any communication from the Service Management enquiring about your well-being?  | Yes / No |
| If ‘yes’, by what means? |  |
| What did you find helpful? |  |
| 10 | During this period, has your Church authority/belief group enquired about your well-being?  | Yes / No |
| If so, by what means? |  |
| What did you find helpful? |  |
| 11 | During this time have you been asked to assist other departments?  | Yes / No |
| If so, which departments? |  |
| What assistance were you able to give? |  |
| 12 | During this pandemic, have you been involved in any multidisciplinary groups, e.g. Staff support, Ethics Committee, Bereavement support, etc.?  | Yes / No |
| If ‘yes’, which ones and what was your role? |  |
| 13 | Have you been trained in the use of Personal Protective Equipment (PPE)? | Yes / No |
| 14 | Have you been fit-tested for a respiratory mask? | Yes / No |
| 15 | Had you any contact with COVID-19 positive patients? | Yes / No |
| If ‘Yes’, how many (approx.)? | *Mid-March to April* | *May* |
|  |  |
| 16 | Where you asked to attend a patient in an Intensive Care or Critical Care Unit using full PPE? | Yes / No |
| If so, on how many occasions (approx.)? |  |
| 17 | Were you on a referral-only basis or did you continue routine pastoral work? |  |
| 18 | Did you feel you had appropriate PPE at all times?  | Yes / No |
| Had you any concerns about PPE use? |  |
| 19 | Were you concerned about your general well-being while attending patients in the hospital? | Yes / No |
| If so, what were your principal concerns and why? |  |
| 20 | Did you receive guidance either from NIHCA and/or Service Management about chaplaincy during this time? | Yes / No |
| If ‘Yes’, by what means?  |  |
| Is there anything else you feel could have helped you? |  |
| 21 | What innovations within chaplaincy have you introduced, and what have you learned that could be shared with others to help future practice? (Max. 250 words) |
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