

Serenity Lounge Pre-Visit Survey

Please complete the survey below.

Thank you!

-
- 1) Unit name
- ☐ 3 NSY
 - ☐ 3N Shortstay (General Acute Care)
 - ☐ 3N-UNIV
 - ☐ 3-SE
 - ☐ 3SPT
 - ☐ 3S-UNIV
 - ☐ 3-SW
 - ☐ 4N-CICU
 - ☐ 4-NE
 - ☐ 4-NICU
 - ☐ 4-NW
 - ☐ 4SCCT- PICU
 - ☐ 4-SE
 - ☐ 4SMON
 - ☐ 4-SW
 - ☐ 5-NE
 - ☐ 5N-SICU
 - ☐ 5-NW
 - ☐ 5-SE
 - ☐ 5S-SICU
 - ☐ 5-SW
 - ☐ 6ICU
 - ☐ 6N-CSICU
 - ☐ 6-NE
 - ☐ 6-NW
 - ☐ 6S-CSICU
 - ☐ 6-SE/6-SW
 - ☐ 7-NE
 - ☐ 7N-MICU
 - ☐ 7-NW
 - ☐ 7-SE
 - ☐ 7S-RICU
 - ☐ 7SWM
 - ☐ 8- NW
 - ☐ 8-NE
 - ☐ 8N-NSICU
 - ☐ 8-SE
 - ☐ 8S-NSICU
 - ☐ 8-SW
 - ☐ Dialysis
 - ☐ Emergency Department
 - ☐ Labor and Delivery
 - ☐ MFCU
 - ☐ OR
 - ☐ Other
-
- 2) Do you currently provide nursing care for patients diagnosed with COVID-19?
- ☐ Yes
 - ☐ No

Current Level of Burnout**(For the following statements, please answer how you feel currently.)**

	To a very low degree	To a low degree	Somewhat	To a high degree	To a very high degree
3) I am emotionally exhausted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) I feel burnt out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) I feel frustrated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) I feel worn out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Current Level of Stress

	Not at all	Only a little	To some extent	A lot	Extremely
7) Stress refers to a situation where a person feels tense, restless, nervous, or anxious. Do you feel that kind of stress right now?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Current Level of Anxiety

	Not at all anxious	A little anxious	Moderately anxious	Very anxious	Extremely anxious
8) Please check how anxious you feel at the moment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9) Please enter your email below

(A post visit survey will be sent to this email)

(Your answers to the survey will remain anonymous.
Email address will only be used to automatically email
you the post-survey.)

Serenity Lounge Post Visit Survey

Please complete the survey below AFTER your visit to the serenity lounge.

Thank you!

Current Level of Burnout:

(For the following statements, please answer how you feel currently.)

	To a very low degree	To a low degree	Somewhat	To a high degree	To a very high degree
I am emotionally exhausted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel burnt out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel frustrated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel worn out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Current Level of Stress

	Not at all	Only a little	To some extent	A lot	Extremely
Stress refers to a situation where a person feels tense, restless, nervous, or anxious. Do you feel that kind of stress right now?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Current Level of Anxiety

	Not at all anxious	A little anxious	Moderately anxious	Very anxious	Extremely anxious
Please check how anxious you feel at the moment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Massage Chair Use

	Yes	No
Did you use the massage chair during this visit?	<input type="radio"/>	<input type="radio"/>

	< 10 minutes	10-20 minutes	>20 minutes	I do not remember
If you used the massage chair, how long did you use it for?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other Zen Resources

	Not at all	Only a little	To some extent	A lot	Extremely	N/A
How helpful were the eye covers in helping you feel relaxed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How helpful were the essential oil vials in helping you feel relaxed/energized?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How helpful were the
immunity/energy boost
supplement in helping you feel
relaxed/energized?

☐☐☐☐☐☐

How helpful were the
power/energy bars in helping
you feel relaxed/energized?

☐☐☐☐☐☐

Survey Participation

Did you participate in a
post-serenity lounge experience
survey before?

Yes

☐

No

☐

I don't remember

☐