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Measuring Religiosity in Nursing: Reliability, Validity and Psychometric Properties of the Greek Translation of the Centrality of Religiosity Scale -15

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Abstract: Many nurses today are religious and sometimes there exist some religious motivations on becoming a nurse. They are often responsible through their care to assess and facilitate spiritual well-being, identify spiritual distress and to provide religious and spiritual care. Nurses need to understand their own spirituality and religiosity before they can successfully integrate them into their care. Aim: The present study aims to assess Greek nurses' religiosity and to validate the Centrality of Religiosity Scale (CRS) in the Greek language. Material and Methods: The CRS-15 questionnaire is an anonymous self-administered questionnaire that contains fifteen, five point Likert scale, closed questions (ranging 1-5). The sample of the study was 344 nurses and nurse assistants. Exploratory factor analysis, with principal components analysis, was performed for checking the construct validity of the questionnaire. The test–retest reliability and the internal consistency were also examined. Statistical analysis performed using SPSS 21.0. Statistical significance level was set at p=0.05. Results: The final Greek version of the questionnaire includes all the fifteen questions. The mean age of the participants was 42.9±7.5. Two factors exported from the statistical analysis: the first one corresponded to religious practices and the second one to religious beliefs and experiences. The Cronbach-a coefficient was 0.952 for the total questionnaire and for Religious beliefs and experiences is a=0.923 while for the religious practices is a=0.926. Conclusions: The CRS-15, is a valuable and reliable questionnaire that can be used for assessing religiosity in Greek population.

Keywords: Religiosity, Nursing, Validation, Psychometric Properties

1. Introduction

Nowadays, an increasing academic, research and social interest on the relationship between religion and health has been observed. Many empirical studies have been examining those variables in order solid evidence that supports that interaction to come into the light. Although the link between religion and health is well documented since ages, not only until the past three decades well-conducted studies have shared some insight about that link. Moreover, it is widely agreed that spiritual and religious beliefs and practices can have a positive effect on physical and mental health as well as on mortality and other health parameters [1-3].

Religiosity refers to the variety of aspects that religion can have, like beliefs, practices, devotion and faith. It also refers to the frequency that an individual is occupied by the

practices of his religion has [4]. Allport and Ross (1967) distinguished religiosity to intrinsic and extrinsic. The first refers to the priority that some individuals give to the religious beliefs and concerns while the second refers to the benefits that people can have on the religious commitment like safety and social life [5]. According to Huber and Huber (2012), personal religious construct-system can be described by five domains. Intellectual, which refers to individual's knowledge on religion and religiosity. Ideology refers to beliefs, which people have regarding their existence. Public practice, referring to the commitment to religious communities and activities. Private practices, which regard to the activities and rituals in private space. Finally, the domain of religious experience refers to a type of direct contact with an ultimate reality [6].

Religiosity is connected with health as it is documented since antiquity and in many cases, religious leader and healer, in some civilizations, was the same person. Moreover, the most primal forms of hospitals were actually next to monasteries and hospitals of that era were under the supervision of the church [7]. Nurses responsible for caring of those in need were either volunteers or paid personnel [8]. Marking in that way the relationship between nursing and religion [9]. Religiosity and faith being present in hospitals up until today, while priestess and churches can be found in most cases in the precinct of the building. In addition, patients alongside with the medicine practices, seek relief turning their prayers to God. Religion teaches patience and prayer for the impasse [10].

Many nurses today are religious and sometimes there exist some religious motivations on becoming a nurse. According to Taylor and Taylor (2012) and Park and Pfeiffer (2014), nurses are often responsible through their care to assess and facilitate spiritual well-being, identify spiritual distress and apply interventions if needed and to provide religious and spiritual care in general [11-12].

In a study conducted in graduate nursing students by Christopher [13], about the relationship between nurses' religious beliefs and nurses - patients' communication, it was found that the nurses who scored higher on the scale of intrinsic religious beliefs were more willing to let patients take control of conversations about end-of-life care. In addition, it concludes that a nurse' s religious beliefs can enhance the clinical experience without the nurse trying to impose his or her beliefs on the patient, as the nurse works to make sure the patient's religious beliefs are upheld. Something that can play an important role in patient's satisfaction with care, especially in contexts like palliative care. Moreover, many nurses rely on religion, which can have a protective function and provide structures which help nurses cope with patients' suffering and everyday stressors within the clinical practice. Religious coping dominated by a basic trust where prayer is used as a coping strategy may support the nurses [12, 14, and 15].

Although a considerable number of articles on religiosity have been published, few studies, particularly in Greece, have examined religiosity and religious beliefs in nurses. The purpose of this study was to assess Greek nurse's religiosity, validate and assess the psychometric properties of the Centrality of Religiosity Scale 15 in the Greek language.

2. Material and Methods

The Centrality of Religiosity Scale (CRS)

The Centrality of Religiosity Scale (CRS) is a measure developed by Huber in 2003 [16] and assesses the importance or salience of religious meanings in personality. It includes five aspects of religiosity intellectual domain, ideology, private and public practice and finally the domain of religious experience. It has been translated into many languages and it is a valid measure to assess religiosity, especially in health care [6]. The basic scale is provided in three lengths with 15 (CRS-15), with 10 (CRS-10) and with 5 items (CRS-5). All items are answered on a five point Likert scale, closed questions, ranging from one to five. For the items that measure frequencies the five answers can be: never, rarely, occasionally, often, and very often, ranging from 1 to 5. And for the items where frequencies have little meaning as, for example, the belief in something divine, its intensity or importance is assessed in five levels: not at all, not very much, moderately, quite a bit, and very much so, also ranging from 1 to 5. This allows for a range of the CRS score between 1.0 and 5.0. This way three groups are formed: the "highly-religious", "religious", and "non-religious" with a threshold of: 1.0 to 2.0: not-religious, 2.1 to 3.9: religious, 4.0 to 5.0: highly-religious.

The translation and cultural adaption procedure.

For producing the Greek version of the Centrality of Religiosity Scale -15, the World Health Organization guidelines were followed. First, two independent bilingual researchers made two forward translations from English to the Greek language. Then, a reconciliation of the 2 forward translations was provided by a third translator. Finally, a back translation into English was performed by a fourth translator. In the final step of this procedure, the final translation was reviewed and finalized by a fifth translator. Then, it was tested in a small sample of 10 nurses, who completed the test version of the questionnaire and answered questions from a cognitive debriefing script. Less than 10 min were required for most of the individuals to complete the Greek version of the CRS -15. No individual found any of the questions irrelevant, upsetting or disturbing. The final translated version of CRS-15 is presented in appendix 1.

Sample of the study

A convenience sample of 344 nurses was recruited from two major hospitals within Attica region. Eligible individuals for the study were required to be adults (>18 years of age), to be a nurse or nurse assistant and have adequate knowledge of the Greek language and satisfactory level of communication.

Ethics

All participants were Greeks who have signed a consent form to participate in the study. They had been informed of their rights to refuse or to discontinue participating in the study according to the ethical standards of the Helsinki

Declaration [12]. Ethical approval for the study was obtained from the Ethics Committee and the scientific boards for each site. Nurses were approached by a member of the researchers and asked if they want to participate in this study and then they were referred to the principal investigator. The data were collected from January 2017 to June 2017.

Statistical analysis

Quantitative variables are presented as mean (± standard deviation) and qualitative variables as absolute and relative frequencies. The internal consistency of the questionnaire was evaluated with Cronbach a coefficient. For the reliability of CRS-15 questionnaire the method of Test - Retest was used. For the construct validity of the questionnaire, the technique of exploratory factor analysis was applied. For the statistical analysis of the data, the IBM SPSS Statistics 22 was used and the statistical significance level was set to a = 5%.

3. Results

Descriptive statistics

From the total of the sample, 77% were female, the age ranged from 23 to 61 years old with a mean of 42.9±7.5. The majority of them were nurses 56.4 %, married 65.7%, and held a higher education degree 42.4 %. The working experience ranged from 1 to 37 years, with a mean of 17.21±8.7. Finally, regarding their religious preference, most of them were Christians Orthodox (96.8%) (Table 1).

***Table 1.** Descriptive statistics of sample characteristics (n=344).*

Characteristics		% (n)
Sex	Male	23% (79)
	Female	77%(265)
Age	Mean ± St. Dev.	42.9±7.5
	Min – Max	23-61
Centrality of religiosity scale-15	Mean ± St. Dev.	2.97±1.06
	Min – Max	1-5
Marital Status	Single	25% (86)
	Married	65.7% 2(26)
	Divorced	7.8%(27)
	Widowed	1.5% (5)
Educational Status	Primary school	0.9% (3)
	Junior High school	2.9% (10)
	High school	39.0% (134)
	University degree	42.4% (146)
	Postgraduate degree	14.8% (51)
Profession	Nurse	56.4% (194)
	Nurse assistant	43.6% (150)
Years in the profession	Mean ± St. Dev.	17.2±8.7
	Min – Max	1-37
Religion	Christian orthodox	96.8% (333)
	Christian catholic	0.6% (2)
	Muslim	0.6% (2)
	Other	2% (7)

The Centrality of Religiosity Scale (CRS) Questionnaire in table 2 the distribution of nurses' answers (n=344) in the Centrality of Religiosity Scale (CRS-15) is presented.

***Table 2.** Centrality of Religiosity scale – 15 (n=344).*

Item	Not at all (1)	A little bit (2)	Somewhat (3)	Quite a bit (4)	Very much (5)
CRS-1	18.6%	29.4%	24.7%	16.0%	11.3%
CRS-2	20.1%	24.7%	19.5%	16.0%	19.8%
CRS-3	23.0%	31.7%	26.5%	12.5%	6.4%
CRS-4	13.4%	21.2%	22.4%	20.1%	23.0%
CRS-5	15.2%	24.5%	23.3%	19.0%	18.1%
CRS-6	17.7%	28.5%	25.9%	15.4%	12.5%
CRS-7	20.9%	25.0%	19.2%	15.7%	19.2%
CRS-8	11.6%	20.3%	18.3%	18.0%	31.7%
CRS-9	11.3%	19.5%	18.3%	18.0%	32.8%
CRS-10	32.3%	26.7%	20.1%	11.3%	9.6%
CRS-11	17.4%	23.5%	16.6%	14.8%	27.6%
CRS-12	7.0%	16.9%	18.9%	22.1%	35.2%
CRS-13	10.8 %	22.4%	24.1%	23.3%	19.5%
CRS-14	11.0%	22.1%	22.4%	19.8%	24.7%
CRS-15	18.9%	25.6%	20.1%	18.9%	16.6%

Legend: 5 – point Likert scale was used (1 = Not at all/ never to 5 = Very much/ always).

The validation of the Centrality of Religiosity (CRS-15) questionnaire

The Greek version of CRS-15 was checked for its validity and reliability.

Construct Validity of the Greek version of CRS-15

Factor Analysis was applied to explore construct validity of the questionnaire. In particular, exploratory factor analysis was applied that shows if the correlation between items can be explained by a smaller number of factors. For extracting the factors principal components analysis with axes rotation and Varimax rotation method was applied. The high value of KMO index (KMO=0.819) and the statistical significance of Bartlett's Test of Sphericity $\chi2$ (105) = 6872.81375 p<0.001, suggesting that there is a sampling adequacy and by applying

factor analysis will give satisfactory results. The factor analysis resulted in two-factor solution as it is presented in figure 1, with Eigenvalue >1 (Kaiser Criterion) that interpreted 69, 1% of the total variance. All items loadings in factors had values >0.40 which is the marginal acceptance point. Items loading are presented in Table 3.

Table 3. *Items loadings in Factor Analysis of Centrality of Religiosity – 15 scale (n=344).*

Item	Factor 1 Religious practices	Factor 2 Religious beliefs and experiences
CRS-3	.417	
CRS-4	.761	
CRS-8	.830	
CRS-9	.836	
CRS-13	.858	
CRS-14	.856	

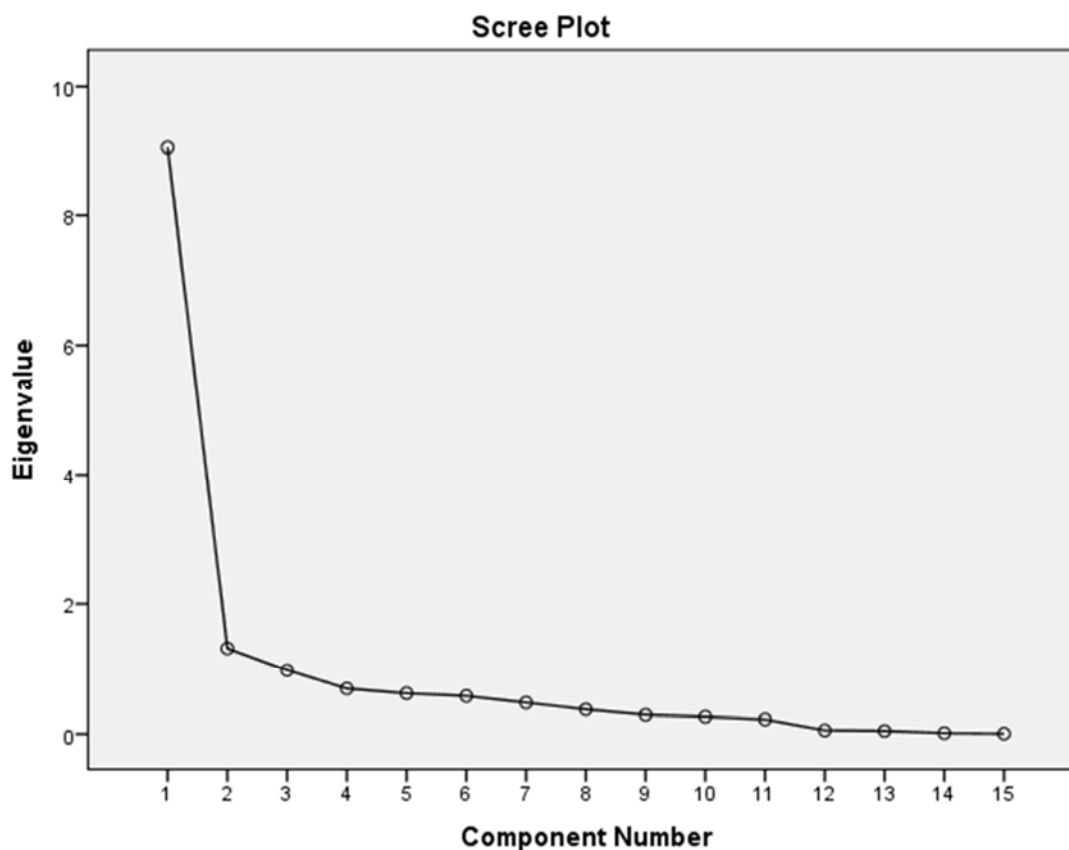| Item	Factor 1 Religious practices	Factor 2 Religious beliefs and experiences
CRS-1		.782
CRS-2		.851
CRS-5		.601
CRS-6		.776
CRS-7		.842
CRS-10		.506
CRS-11		.428
CRS-12		.441
CRS-15		.505
Eigenvalue	9.051	1.320
% Variance	60.3%	8.8%
Total variance 69.1%		
KMO=0.819		
Bartlett's test: $\chi^2(105)= 6872.81375$ p<0.001		
Principal Component Analysis		

Figure 1. *Scree plot of Exploratory Factor Analysis.*

The first factor can be named "Religious Practices", had Eigenvalue 9.051, and interprets the 60.3% (Q: CRS-3, CRS-4, CRS-8, CRS-9, CRS-13, and CRS-14). The second factor can be named "Religious beliefs and experiences" and interprets the 8.8% of the total variance (Q: CRS-1, CRS-2, CRS-5, CRS-6, CRS-7, CRS-10, CRS-11, CRS-12, and CRS-15). These two factors covered all 15 items, represent the Centrality of Religiosity Scale – 15, and interpret the 69.1% of the total variance.

Scale reliability

The Reliability of CRS-15 questionnaire was tested for the characteristics of stability and internal consistency.

For testing the reliability of the CRS-15 the test-retest method was used. From the total of 344 nurses, 40 of them have completed the questionnaire for a second time (retest) after a four weeks period. A period sufficient that there is no remembrance of previous answers. For the statistical control, the repeatability of measurements between test and retest, the Pearson's correlation coefficient was estimated and paired t-test for the difference between the two administrations of the questionnaire. Results of the test – retest reliability are shown in Table 4.

Table 4. *Test – Retest of Centrality of Religiosity – 15 scale (n=40).*

Item	Test (A) Mean ± St. Dev.	Retest (B) Mean ± St. Dev.	Pearson's r Correlation A and B	Paired t-test (t) Difference A and B
CRS-8	3.60±1.42	3.45±1.39	0.916**	1.637*
CRS-9	3.60±1.42	3.48±1.41	0.922**	1.403*
CRS-13	3.13±1.30	3.08±1.26	0.970**	1.000*
CRS-3	2.60±1.23	2.55±1.17	0.967**	1.000*
CRS-4	3.20±1.48	2.98±1.44	0.839**	1.711*
CRS-14	3.13±1.30	3.08±1.26	0.970**	1.000*
Religious practices	3.20±1.21	2.95±1.09	0.926**	1.489*
CRS-2	2.85±1.51	2.70±1.45	0.924**	1.637*
CRS-6	2.95±1.41	2.90±1.39	0.936**	0.628*
CRS-7	2.85±1.51	2.75±1.44	0.968**	1.669*
CRS-12	3.83±1.37	3.75±1.35	0.967**	1.356*
CRS-1	2.95±1.41	2.88±1.39	0.930**	0.902*
CRS-5	2.98±1.20	2.93±1.26	0.888**	0.530*
CRS-10	2.30±1.32	2.20±1.24	0.927**	1.275*
CRS-11	3.83±1.37	3.73±1.35	0.948**	1.433*
CRS-15	2.70±1.47	2.63±1.44	0.935**	0.902*
Religious beliefs and experience	3.02±1.13	2.95±1.09	0.932**	1.042*
Total	2.74±1.26	2.86±1.19	0.929**	-1.749*

*p>0.05 **p<0.001

Correlations between the two administrations of the questionnaire, in scale total score (r=0.929 and p<0.001) and partial sums of the subscales (r=0.926 and p<0.001 "religious practices", r=0.932 and p<0.001 for "religious beliefs and experiences" as well as in the level of individual questions had a value r ranging from 0.839 to 0.970 suggesting a strong correlation between the two administrations. Moreover, t values in the Paired t-test between the two administrations, in scale total score (t=-1.749 and p>0.05), and partial sums of the subscales (t=1.489 and p>0.05 "religious practices", t=1.042 and p>0.05 for "religious beliefs and experiences", as well as in the level of individual questions was no statistical significance. Thus, we can say there were not any differences between the two administrations and the questionnaire has high test - retest Reliability meets the characteristic of Stability.

Internal consistency

For testing the internal consistency of the CRS-15 Cronbach's Alpha coefficient was used. Internal reliability coefficient for the total score of the CRS-15 questionnaire was 0.952 and for the subscales was 0.926 for "religious practices" and 0.923 for "religious beliefs and experiences" which showed that the scale has very good internal consistency. Moreover, values of Cronbach's in cases that one item was deleted from the scale, were checked. The audit showed that not any substantial increase of the Cronbach's Alpha will happen if an item is deleted from the scale. Thus, we can say that all the questions were important internal coherent with the other. Results are presented in table 5.

Table 5. *Internal consistency of the Centrality of Religiosity – 15 scale (n=344).*

Item	Mean ± St. Dev.	Min – Max	Cronbach's a	Alpha if item deleted	Item - to – total correlation
CRS-8	3.38±1.40	1-5		0.906	0.839
CRS-9	3.42±1.40	1-5		0.904	0.850
CRS-13	3.22±1.31	1-5		0.906	0.837
CRS-3	2.48±1.16	1-5		0.917	0.577
CRS-4	3.18±1.35	1-5		0.914	0.779
CRS-14	3.25±1.33	1-5		0.906	0.836
Religious practices	3.15±1.13	1-5	0.926		
CRS-2	2.91±1.41	1-5		0.915	0.715
CRS-6	2.76±1.26	1-5		0.909	0.804
CRS-7	2.87±1.41	1-5		0.914	0.727
CRS-12	3.62±1.30	1-5		0.915	0.709
CRS-1	2.72±1.25	1-5		0.909	0.802
CRS-5	3.00±1.33	1-5		0.911	0.763
CRS-10	2.39±1.30	1-5		0.921	0.616
CRS-11	3.12±1.47	1-5		0.919	0.651
CRS-15	2.89±1.36	1-5		0.913	0.738
Religious beliefs and experiences	2.92±1.06	1-5	0.923		
Total CRS-15	2.97±1.06	1-5	0.952		

4. Discussion

The aim of our study was to assess the validity and reliability of the Greek version of Centrality of Religiosity (CRS-15). Several measures have been constructed for assessment of religiosity and have been used for studies in psychology, sociology, anthropology, nursing, and medicine as well. Those measures can assess religiosity (instinct/extinct, spiritual well-being, and religious practices, coping and much more). Before choosing a questionnaire for use in a specific study, it should thoroughly be reflected which religious component or components should be addressed [17]. According to Hall, Keith and Koenig (2008), there were over 100 psychometric instruments measuring religiosity and its various aspects [18]. After they have reviewed a lot of them, they concluded that measuring religiousness is complex and no single approach has yet emerged as a standard. Yet, the use of brief measures that assess religiosity that can be applied in various populations is necessary. The Centrality of Religiosity is a brief measure that can be administered and completed within few minutes and assess various aspects of religiosity. Moreover, the Greek version can provide an insight of the importance that religious beliefs, experiences and practices can have in individual's perspectives.

Results obtained the Greek version of the Centrality of Religiosity (CRS-15) proved to have satisfactory psychometric properties for the Greek population. The Centrality of Religiosity Scale -15 displayed good reliability, repeatability and internal consistency as assessed by coefficient a. The excellent Pearson correlation coefficient for the test-retest of the scale suggests that any repetition of the test would be likely to render the same results. The tool, therefore, proved to be reliable and it can be used to assess' religiosity in Greek population. The Greek version of Centrality of Religiosity Scale as a whole and its two subscales showed good internal consistency. The total scale had a Cronbach's alpha of 0.952, almost the same found by Huber [6]. According to the aforementioned studies, Cronbach's alpha ranged from 0.92 to 0.96 for the scale total score. Those values had been also reported in the studies of Zarzycka in 2007 & 2011 [19, 20], where the a value was 0.94 for the total scale. Moreover, in a more recent study in Rwanda, while evaluating a community sample of 200 Rwandese, found Cronbach's alpha of 0.90 in the economical CRS of ten questions [21]. Thus, we can suggest it is a valid instrument that can assess religiosity in various cultural contexts.

One of the main findings of this study is that the factor analysis revealed the two-factor solution for the Greek version of CSR-15. The original standardization reports the existence of five factors: Intellect, Ideology, Public practice, Private practice and Experience. On the Greek sample, this structure cannot be applied. In addition, we were obliged to accept the division of two major factors for religiosity, based on the eigenvalues. Other studies validating measures of religiosity in Greek population also led to the conclusion that instruments developed in other countries can have a different factorial structure in Greece [22].

According to our results, Greek nurses can be characterized as religious, compared with norms derived from other countries [6]. Many studies in Greece in general population as well as in various conditions regarding religiosity, it was found that Greek people are quite religious [23, 24]. Moreover, previous studies in Greece, religiosity was found to be the main source of hope, strength and courage and it is expressed with church/monastery attendance, belief in God, praying, and performing religious rituals [25].

The importance of religiosity in nursing profession has been highlighted in many studies. Others linking religiosity and coping, while others examine the implications that can have in clinical practice, such as in the provision of spiritual care. According to Ekedahl and Wengström [26], religiosity can have a protective function that facilitates coping, as the nurse has something to turn to. Moreover, religious coping dominated by basic trust where prayer is used as a coping strategy may support the nurse. In addition, spirituality/religiosity can be a good predictor of nurses' spiritual well-being and for the positive attitudes toward spiritual care [27]. The implication that religiosity can have on nursing practice also was highlighted in the study of Musgrave and McFarlane [28], in which 148 Jewish nurses participated. This study resulted that nurses' religiosity can influence spiritual well-being and their attitudes toward spiritual care. They also suggested that oncology nurses need self-awareness of their intrinsic religiosity, extrinsic religiosity, spiritual well-being, and attitudes toward spiritual care when they administer holistic care to their patients. On the other hand, Lopez et al. [29], accept the fact that spirituality is multidimensional and multilevel and is interconnected with religiosity and personal belief in nurses. They suggest that nurses need to understand their own spirituality and religiosity before they can successfully integrate them into their care.

5. Conclusions

Nowadays religiosity and spirituality can be protective resources to everyday stressors, especially in stressful professions such as nursing. Religiosity can provide relief and comfort and contribute to mental balance. In addition, religious nurses can provide spiritual and religious care on those who are in need. In conclusion, the results of our study show that construct validity, internal consistency, and concurrent validity of the Greek version of the CRS-15, and its corresponding subscales, were generally supported by our population; thus, the 15 -item CRS-15 seems to be a valid tool assessing religiosity in the Greek population.

Appendix

Appendix 1. Final Greek version of The Centrality of Religiosity Scale-15.

Κλίμακα θρησκευτικότητας "The Centrality of religiosity scale-15"	
Ακολουθεί μια σειρά από προτάσεις σχετικά με τη θρησκεία και τις θρησκευτικές πρακτικές και θα θέλαμε την άποψή σας. Είναι απαραίτητο να απαντήσετε σε όλες τις ερωτήσεις. Δεν υπάρχουν σωστές ή λάθος απαντήσεις και γι' αυτό παρακαλούμε να απαντήσετε με ειλικρίνεια. Οι απαντήσεις σας θα παραμείνουν ανώνυμες. Παρακαλώ διαβάστε κάθε μία από τις ακόλουθες προτάσεις και στη συνέχεια βάλτε σε κύκλο έναν από τους αριθμούς σε κάθε γραμμή για να δηλώσετε την απάντησή σας. Καθώς απαντάτε να έχετε υπόψη σας την εξής διαβάθμιση σε ερωτήσεις που αφορούν σημαντικότητα και πεποιθήσεις: 1=Καθόλου, 2=Λίγο, 3=Κάπως, 4=Πολύ, 5=Πάρα Πολύ και την παρακάτω διαβάθμιση σε ερωτήσεις που αφορούν συχνότητα: 1=Ποτέ, 2=Σπάνια, 3=Περιστασιακά, 4=Συχνά, 5=Πολύ Συχνά.	
1 Πόσο συχνά σας απασχολούν θέματα θρησκευτικού ενδιαφέροντος;	1 2 3 4 5
2 Κατά πόσο πιστεύετε στην ύπαρξη του Θεού ή κάποιας ανώτερης δύναμης;	1 2 3 4 5
3 Πόσο συχνά συμμετέχετε σε θρησκευτικές πρακτικές;	1 2 3 4 5
4 Πόσο συχνά προσεύχεστε;	1 2 3 4 5
5 Πόσο συχνά βιώνετε καταστάσεις όπου έχετε την αίσθηση ότι ο Θεός ή κάτι Θείο επεμβαίνει στη ζωή σας;	1 2 3 4 5
6 Πόσο σας ενδιαφέρει να μαθαίνετε περισσότερα σχετικά με θέματα θρησκευτικού περιεχομένου;	1 2 3 4 5
7 Σε τι βαθμό πιστεύετε στη μεταθανάτια ζωή, όπως αθανασία ψυχής, μετενσάρκωση, ανάσταση νεκρών;	1 2 3 4 5
8 Πόσο σημαντικό είναι για εσάς να συμμετέχετε σε θρησκευτικές πρακτικές;	1 2 3 4 5
9 Πόσο σημαντική είναι για εσάς η προσωπική προσευχή;	1 2 3 4 5
10 Πόσο συχνά βιώνετε καταστάσεις κατά τις οποίες έχετε την αίσθηση ότι ο Θεός ή κάτι Θεϊκό θέλει να επικοινωνήσει μαζί σας ή να αποκαλύψει κάτι σε σας;	1 2 3 4 5
11 Πόσο συχνά ενημερώνεστε σχετικά με τα θρησκευτικά ζητήματα μέσω ραδιοφώνου, τηλεόρασης, διαδικτύου, εφημερίδων ή βιβλίων;	1 2 3 4 5
12 Κατά τη γνώμη σας, πόσο πιθανό είναι να υπάρχει πραγματικά μια ανώτερη δύναμη;	1 2 3 4 5
13 Πόσο σημαντικό είναι για σας να έχετε δεσμούς με μια θρησκευτική κοινότητα;	1 2 3 4 5
14 Πόσο συχνά προσεύχεστε αυθόρμητα όταν εμπνέεστε από καθημερινές καταστάσεις;	1 2 3 4 5
15 Πόσο συχνά βιώνετε καταστάσεις κατά τις οποίες έχετε την αίσθηση ότι ο Θεός ή κάτι Θεϊκό είναι παρών;	1 2 3 4 5

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