



# Building a Synagogue Culture Survey

## Survey Sample B

There are many reasons to take a survey of congregational culture. Perhaps it is trying to discover how congregants see the community. It could be learning more about what speaks to the membership. It could be a tool to help a search committee describe the congregation. Often congregations seeking a merger will take surveys to see if they are, at core, compatible.

No matter the reason, surveys need to be designed for the congregation and its particular needs at a given time.

United Synagogue has designed some basic core on-line surveys from which a *custom survey* for your congregation can be built. A print out of that survey follows.

Contact Rabbi Paul Drazen, Chief Program Development Officer [646-519-9310, [drazen@uscj.org](mailto:drazen@uscj.org)] to review, customize and put your congregations survey on-line.

## congregation survey seed b

Created: December 30 2009, 6:13 AM  
Last Modified: December 30 2009, 6:13 AM  
Design Theme: Basic Blue  
Language: English  
Button Options: Labels  
Disable Browser "Back" Button: False

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### A United Synagogue of Conservative Judaism survey tool. Congregational Survey Seed B

Page 1 - Heading

Please take a few minutes to help %%% better serve you by getting to know you better.

Page 1 - Question 1 - Choice - One Answer (Bullets)

How many years have you been a member of %%%?

- 0-2
- 3-5
- 5-10
- 11-20
- more than 20

Page 1 - Question 2 - Choice - Multiple Answers (Bullets)

Do you have children in these age groups?

- Pre-school
- elementary school
- middle / junior high school
- high school
- college

Page 1 - Question 3 - Choice - One Answer (Bullets)

What is your age bracket?

- 20-30
- 31-40
- 41-60
- 61-75
- 75+

Page 1 - Question 4 - Choice - Multiple Answers (Bullets)

At what point did you join %%%?

- When you came to this area
- When you were married
- When you became a parent
- When your child entered our Sunday School
- When your child entered our Hebrew School

Which were your main reasons for joining %%%?

- You or your spouse / partner grew up as a member of %%%
- %%% most suitable for our religious needs
- Friends who are members influenced us
- Location of %%% was most convenient
- Religious school seemed most suitable for our children
- Liked the rabbi
- Enjoyed sample services we attended
- Sunday School program
- Social/Cultural Programming
- Daily services
- Other (please specify)

Do you light candles on Friday night?

- Yes
- No

Do you keep a kosher home?

- Yes
- No

Do you keep kosher when you dine out?

- Yes
- No

Do you observe Passover?

- Yes
- No

Do you light Chanukah candles?

- Yes
- No

Page 1 - Question 11 - Yes or No

Do you attend High Holiday Services?

- Yes
- No

Page 1 - Question 12 - Yes or No

If applicable, do you light Yahrzeit candles?

- Yes
- No

Page 1 - Question 13 - Choice - One Answer (Bullets)

If applicable, do you attend Yizkor Services?

- Yes, High Holiday only
- Yes, High Holiday and other times
- No, do not observe

Page 1 - Question 14 - Choice - One Answer (Bullets)

Which of the following best describes the home in which you were raised?

- Conservative
- Orthodox
- Reconstructionist
- Reform
- Jewish but not affiliated
- Not in a Jewish home

Page 1 - Question 15 - Choice - Multiple Answers (Bullets)

Growing up, did you attend [check all that apply]

- Afternoon Hebrew School — through bar / bat mitzvah
- Afternoon Hebrew School — through high school graduation
- Supplementary Hebrew high school
- Hebrew day school or Yeshiva
- Jewish Summer camp
- Synagogue youth group

Page 1 - Question 16 - Choice - One Answer (Bullets)

How well can you follow the Hebrew text in services?

- I cannot follow the Hebrew text
- I can follow some of the Hebrew text but do not understand it
- I can follow the Hebrew text and understand some of it
- I can follow the Hebrew text and understand most of it

Page 1 - Question 17 - Yes or No

Would you be willing to participate in programs to increase your Hebrew knowledge?

- Yes
- No

Page 1 - Question 18 - Yes or No

Do you attend services on Friday evening?

- Yes
- No

Page 1 - Question 19 - Choice - One Answer (Bullets)

If yes, how often?

- Weekly
- Once or twice a month
- Less than once a month

Page 1 - Question 20 - Choice - One Answer (Bullets)

Do you attend Temple Services on Saturday Morning?

- Yes
- No

Page 1 - Question 21 - Choice - One Answer (Bullets)

Do you attend services on Friday evening?

- Yes
- No

Page 1 - Question 22 - Choice - One Answer (Bullets)

If yes, how often?

- Weekly
- Once or twice a month
- Less than once a month

Page 1 - Question 23 - Choice - One Answer (Bullets)

Do you feel that the %%%'s approach to Conservative Judaism is:

- too traditional
- just great
- too liberal

Page 1 - Question 24 - Open Ended - Comments Box

Are there any changes you would like in the services? Please give any suggestions.

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What are the most important functions offered by %%%

	Most important	Important	Average importance	Not important
Sunday School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hebrew School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pre-school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bar/Bat mitzvah training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Functions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shabbat Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Action Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Library	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religious activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High Holiday Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Life Cycle Services (Baby namings, Auf Ruf, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sisterhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Men's Club	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If %%% had an extra \$100,000 to spend, we should spend it on

	Spend for sure	Probably spend	Okay with me	Perhaps spend	NO!!!
Endowment Fund/Investments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interior of the facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exterior of the facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Existing professional staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dues reduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hebrew School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Office staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tikkun Olam programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Senior Programming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other — please specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past year %%% has had a number of fund raising events. How would you rate them?

	Great	so-so	Not again
event one	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
event two	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
event three	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What fund raising activities would you like to see in the future:

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In what way does %%% meet your needs and in what way does it not?

	very well	somewhat well	poorly	not at all
Shabbat services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment				
High holiday services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment				
Other holiday services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment				
Daily services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment				
Social programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment				
Cultural programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment				
Counseling / pastoral services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment				
Bar/Bat Mitzvah	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment				
Life Cycle Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment				
Friendships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment				
Children Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment				

Are there any other comments you would like to make?

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Would you like to receive synagogue communications via e-mail?

- Yes
- No

I am

- male
- female

Page 2 - Question 33 - Choice - One Answer (Bullets)

I am the first person in this household taking this survey.

- yes
- no

Page 2 - Question 34 - Open Ended - Comments Box

Your zip code?

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Page 2 - Question 35 - Open Ended - Comments Box

NAME (optional)

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Thank You Page

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