

SPIRITUAL ASSESSMENT TOOL

Faith or Beliefs:

What is your faith or belief? _____

Do you consider yourself spiritual or religious? _____

What things do you believe in that give meaning to your life? _____

Importance and Influence:

Is it important in your life? _____

What influence does it have on how you take care of yourself? _____

How have your beliefs influenced your behavior during this illness or situation? _____

What role do your beliefs play in regaining your health? _____

Community:

Are you part of a spiritual or religious community? _____

Is this of support to you and how? _____

Is there a person or group of people you really love or who are really important to you? _____

Address:

How would you like me, your healthcare provider, to address these issues in your healthcare? _____