

SPIRITUAL ASSESSMENT

Name: _____

Date of birth: _____

Religious affiliation (denomination): _____

1. What is your gender?
 Male Female
2. What is your race?
 White, Caucasian Native American
 Black/Afro-American Asian, Pacific Islander
 Hispanic Multi-racial
3. What is your marital status?
 Single, never married Separated
 Married Divorced
 Committed relationship Widow, Widower
4. What is the highest level of education you have completed?
 Not as much as high school College Graduate
 High School or GED Graduate degree(s)
 Vocational or trade school
5. Have you ever served in the military service?
 Yes No (If no, skip next question)
6. Were you actively involved in combat during military service?
 Yes No
7. How often do you attend religious services?
 Never
 Major holidays only
 More than four times a year
 Weekly
 More than once a week
8. Aside from how often you attend religious services, do you consider yourself to be:
 Against religion
 Not at all religious
 Only slightly religious
 Fairly religious
 Deeply religious
9. How much is religion (and/or God) a source of strength and comfort to you?
 Not at all
 A slight bit
 Quite a bit
 A great deal
10. My faith involves all of my life.
 Strongly disagree
 Disagree
 Agree
 Strongly agree

11. How often do you pray?
- Never
 - Occasionally (once a week)
 - Regularly (once a day)
 - Frequently (twice a day or more)
12. How often do you read the Bible or other religious literature?
- Never
 - Occasionally (once a week)
 - Regularly (once a day)
 - Frequently (twice a day or more)
13. How often do you listen to religious programs on the radio or TV?
- Never
 - Monthly
 - Weekly
 - One a day
 - Twice a day or more

Ultimate values:

14. From the following list, what is your highest value?
- | | | |
|-----------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Church | <input type="checkbox"/> Friendship | <input type="checkbox"/> Religious community or tradition |
| <input type="checkbox"/> Comfortable life | <input type="checkbox"/> Good health | <input type="checkbox"/> Self respect |
| <input type="checkbox"/> Equality | <input type="checkbox"/> Happiness | <input type="checkbox"/> Sexual fulfillment |
| <input type="checkbox"/> Exciting life | <input type="checkbox"/> Inner harmony | <input type="checkbox"/> Social recognition |
| <input type="checkbox"/> Faith in God | <input type="checkbox"/> Knowing God's love | <input type="checkbox"/> Wisdom |
| <input type="checkbox"/> Family harmony | <input type="checkbox"/> Marital relationship | <input type="checkbox"/> World of peace |
| <input type="checkbox"/> Financial security/ wealth | <input type="checkbox"/> Meaningful life | <input type="checkbox"/> World of beauty |
| <input type="checkbox"/> Freedom | <input type="checkbox"/> Personal salvation | |
15. From the following list, what is your second highest value?
- | | | |
|-----------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Church | <input type="checkbox"/> Friendship | <input type="checkbox"/> Religious community or tradition |
| <input type="checkbox"/> Comfortable life | <input type="checkbox"/> Good health | <input type="checkbox"/> Self respect |
| <input type="checkbox"/> Equality | <input type="checkbox"/> Happiness | <input type="checkbox"/> Sexual fulfillment |
| <input type="checkbox"/> Exciting life | <input type="checkbox"/> Inner harmony | <input type="checkbox"/> Social recognition |
| <input type="checkbox"/> Faith in God | <input type="checkbox"/> Knowing God's love | <input type="checkbox"/> Wisdom |
| <input type="checkbox"/> Family harmony | <input type="checkbox"/> Marital relationship | <input type="checkbox"/> World of peace |
| <input type="checkbox"/> Financial security/ wealth | <input type="checkbox"/> Meaningful life | <input type="checkbox"/> World of beauty |
| <input type="checkbox"/> Freedom | <input type="checkbox"/> Personal salvation | |
16. From the following list, what is your third highest value?
- | | | |
|-----------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Church | <input type="checkbox"/> Friendship | <input type="checkbox"/> Religious community or tradition |
| <input type="checkbox"/> Comfortable life | <input type="checkbox"/> Good health | <input type="checkbox"/> Self respect |
| <input type="checkbox"/> Equality | <input type="checkbox"/> Happiness | <input type="checkbox"/> Sexual fulfillment |
| <input type="checkbox"/> Exciting life | <input type="checkbox"/> Inner harmony | <input type="checkbox"/> Social recognition |
| <input type="checkbox"/> Faith in God | <input type="checkbox"/> Knowing God's love | <input type="checkbox"/> Wisdom |
| <input type="checkbox"/> Family harmony | <input type="checkbox"/> Marital relationship | <input type="checkbox"/> World of peace |
| <input type="checkbox"/> Financial security/ wealth | <input type="checkbox"/> Meaningful life | <input type="checkbox"/> World of beauty |
| <input type="checkbox"/> Freedom | <input type="checkbox"/> Personal salvation | |

17. How often do you feel guilty over past behaviors?
- Never
 - Sometimes
 - Often
 - Very often
18. Does anger or resentment block your peace of mind?
- Never
 - Sometimes
 - Often
 - Very often
19. How often do you feel sad or experience grief?
- Never
 - Sometimes
 - Often
 - Very often
20. Do you feel that life has no meaning or purpose?
- Never
 - Sometimes
 - Often
 - Very often
21. How often do you feel despair or hopeless?
- Never
 - Sometimes
 - Often
 - Very often
22. Do you feel that God/Life has treated you unfairly?
- Never
 - Sometimes
 - Often
 - Very often
23. Do you worry about your doubts/disbelief in God?
- Never
 - Sometimes
 - Often
 - Very often
24. How often do you think about death?
- Never
 - Sometimes
 - Often
 - Very often

In the past two years have any of these things happened to you?

Personal events:

25. Death of a close friend or family member?
- Yes
 - No
26. Injury, illness or hospitalization?
- Yes
 - No
27. Pregnancy (if male pregnancy of spouse or significant other)?
- Yes
 - No

28. Loss of self-confidence?
 Yes No
29. Outstanding achievement (graduation, promotion, award, etc.)?
 Yes No
30. Change in eating habits?
 Yes No
31. Change in sexual activity?
 Yes No
32. Change in sleeping patterns?
 Yes No
33. Change in energy level?
 Yes No
34. Considered suicide?
 Yes No
35. Change in religious belief or practice?
 Yes No
36. Stress related to vacation?
 Yes No
37. Change in relations with parents?
 Yes No
38. Change in recreational time or activity?
 Yes No
39. Trouble with the law?
 Yes No
40. Change in time schedule?
 Yes No
41. Change in drinking behavior?
 Yes No
42. Change in smoking behavior?
 Yes No
43. Change in drug use?
 Yes No
44. Have you ever been physically or sexually abused (not just past two years)?
 Yes No

If you answer No to question #44, skip next two questions and go to #47.

45. If Yes to #44, did abuse happen in the past two years?
 Yes No
46. If Yes to #45, are you currently in a physically or sexually abusive relationship?
 Yes No

In the past two years have any of these things happened to you?

Marital relationship:

47. Have you married?
 Yes No
48. Divorced?
 Yes No

49. Separated?
 Yes No
50. Become widowed?
 Yes No
51. Started or ended living together?
 Yes No
52. Disagreements over money management?
 Yes No
53. Increased emotional distance?
 Yes No
54. Trouble with in-laws?
 Yes No
55. Spouse beginning or stopping work or school?
 Yes No

Household events:

56. Family member left home?
 Yes No
57. Gain a new member (birth, parents moving in, etc.)?
 Yes No
58. Spouse at home more than before?
 Yes No
59. Problems with children at home?
 Yes No
60. Change residence?
 Yes No
61. Remodeling or building?
 Yes No
62. Change in health, behavior, or attitude of a member of the household?
 Yes No
63. Change in neighbors or neighborhood?
 Yes No

Vocational events:

64. New job or new line of work?
 Yes No
65. Quit job?
 Yes No
66. Retired from job?
 Yes No
67. Fired from job?
 Yes No
68. Laid off?
 Yes No
69. Promoted?
 Yes No
70. Demoted?
 Yes No

71. Disabled?
 Yes No
72. Less job security?
 Yes No
73. Trouble with work associates?
 Yes No
74. Change in hours, conditions, travel, etc.?
 Yes No

Financial events:

75. Changes in financial state (better or worse)?
 Yes No
76. Major mortgage or loan taken out?
 Yes No
77. Foreclosure of mortgage or loan?
 Yes No

Spiritual events:

78. Change in relationship with God?
 Yes No
79. Change in church activity or prayer life?
 Yes No
80. Significant spiritual experience?
 Yes No
81. Spiritual emptiness?
 Yes No
82. Constant feelings of guilt and anxiety?
 Yes No

Advance directives:

83. Have you designated another person to make health care decisions for you if you are ever unable to make such decisions yourself sometime in the future?
 Yes No
84. What are your wishes regarding life-sustaining treatment if you have a terminal condition?
 Allow me to die I don't know/don't want to say
 Prolong my life I don't understand the question
85. How do you want "terminal condition" to be interpreted?
 Includes permanently unconscious
 Does not include permanently unconscious
 I don't know/don't want to say
 I don't understand the question
86. Do you want to receive artificially provided food and fluids if you are in a terminal condition?
 Yes—I wish to receive both food and fluids
 No—I do not wish to receive
 I don't know/don't want to say
 I don't understand the question

Thank you for completing this assessment