

# SPIRITUAL SCREENING/RELIGIOUS NEEDS SURVEY

Resident Name: \_\_\_\_\_ Room No. \_\_\_\_\_

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Informant for Spiritual Screening (if other than resident)

## Spiritual Needs/Resources

### God/Ultimate Reality

1. What has been the most important thing in your life? What is most important to you now?

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2. In what way has your religion or faith been important in your life in the past? Now?

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### Meaning

1. Where do you find strength and meaning in your life?

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2. How have you gotten through hard times in the past?

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3. How has your illness affected your spiritual practices or beliefs?

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4. How can I/we help you maintain your spiritual strength now?

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### Support System/Family

1. Who are people who have been supportive to you at this time of your life?

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2. What spiritual support do family members need? (e.g., call congregational clergy, chaplain contact, opportunity to talk about their spiritual struggles/pain)

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### Non-Religious Spiritual Resources/Sources of Meaning and Pleasure

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|--|--|---|
| <input type="checkbox"/> Music (what kind?)              | <input type="checkbox"/> Personal/family rituals | <input type="checkbox"/> Ethnic community |
| <input type="checkbox"/> Nature                          | <input type="checkbox"/> Physical activity       | <input type="checkbox"/> Pets (which?)    |
| <input type="checkbox"/> Goals left to accomplish: _____ | <input type="checkbox"/> Flowers/plants          | <input type="checkbox"/> Reading (what?)  |
| <input type="checkbox"/> Art (what kind?)                | <input type="checkbox"/> Helping others          | <input type="checkbox"/> Dream to fulfill |
| <input type="checkbox"/> Meditation                      | <input type="checkbox"/> Special objects         | <input type="checkbox"/> Other _____      |

—Continued on reverse side—

Notes on above non-religious resources

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**Religious Needs/Resources Inventory**

1. Religious identification:  Catholic  Protestant (specify) \_\_\_\_\_  Jewish  
 Moslem  Buddhist  Hindu  Baptist  Other (specify) \_\_\_\_\_
2. Congregational affiliation: Which? Would you like us to contact someone there?
3. What regular religious practices have been important to you?  
 Prayer with congregation:  Sunday  Shabbat  Festivals (specify) \_\_\_\_\_  
 Other (specify) \_\_\_\_\_  
 Personal prayer (when?)  Sacraments (which?)  
 Observance of sacred times/seasons (specify)  Meditation  
 Observance of dietary customs/laws  Scripture reading/study  
 Other daily observance  
Comments: \_\_\_\_\_
4. Religious needs/desires at this time  
 Visit from congregational clergy or other representatives of home congregation  
 Spiritual/religious counseling/Visit from chaplain  
 Religious symbols/ritual articles (which?)  
 Participation in communal worship  
 In Community  At Facility  
 Help in scripture reading or personal prayer (Any symbols or ritual objects needed to facilitate this practice in the facility?)

**Terminal Care Event Planning**

1. Specific wishes for ritual as death approaches

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2. Specific requests regarding funeral arrangements

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*To be completed by Staff:*

**Markers of Spiritual Distress (check any which are apparent)**

- Guilt
- Separation from spiritual ties or religious community / Inability to participate in usual religious practice
- Conflict between belief and recommended treatment path
- Challenged belief and value system / loss of faith, e.g., sense of alienation/abandonment, guilt, shame, anger or injustice

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**Staff Signature**

**Date**

**Resident Name:** \_\_\_\_\_

**Room No.** \_\_\_\_\_

Notes on above non-religious resources

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