

**Augusta GA VA Medical Center  
SPIRITUAL HEALTH INVENTORY (draft)**

The Spiritual Health Inventory will assist us in identifying and treating spiritual issues that arise during your treatment. Likewise, it may help you to clarify some concerns you may have in your spiritual care.

For each of the following statements circle the choice that best indicates the extent of your agreement or disagreement as it describes our thoughts and feelings.

SA=Strongly Agree      U=Undecided      D=Disagree      A=Agree      SD =Strongly Disagree

- |   |    |   |   |   |    |
|---|----|---|---|---|----|
| 1. I am concerned about why things are happening to me now.....                                   | SA | A | U | D | SD |
| 2. I often wonder what God is doing in my life.....   | SA | A | U | D | SD |
| 3. I see a purpose in everything that happens to me.....  | SA | A | U | D | SD |
| 4. If I don't get better I don't know what I will do.....   | SA | A | U | D | SD |
| 5. I wonder how much longer I can go on like this.....  | SA | A | U | D | SD |
| 6. I find things to do that bring me satisfaction in life.....                                    | SA | A | U | D | SD |
| 7. I feel fulfilled in my life.....   | SA | A | U | D | SD |
| 8. My faith helps me to cope with what is happening in my life.....                               | SA | A | U | D | SD |
| 9. I feel comfortable with the way that I am able to exercise my faith.....                       | SA | A | U | D | SD |
| 10. I believe God cares for me even though I feel badly.....                                      | SA | A | U | D | SD |
| 11. I am comfortable with my treatment.....   | SA | A | U | D | SD |
| 12. I am able to show how much I care for others openly.....                                      | SA | A | U | D | SD |
| 13. There is someone I know who is special to me that I would give my life for.....               | SA | A | U | D | SD |
| 14. No one understands what I am going through.....   | SA | A | U | D | SD |
| 15. I wish I could find someone who is understanding and knows what I am going through.....       | SA | A | U | D | SD |
| 16. I have a close relationship with my higher power.....   | SA | A | U | D | SD |
| 17. I feel comfortable receiving love and help from others.....                                   | SA | A | U | D | SD |
| 18. I have a feeling of not belonging.....  |    |   |   |   |    |
| 19. I know someone who loves me enough to allow me to share my deepest feelings and thoughts..... | SA | A | U | D | SD |
| 20. I share my deepest thoughts and feeling with a person I can trust.....                        | SA | A | U | D | SD |
| 21. I am a person who does not hold grudges when people wrong me.....                             | SA | A | U | D | SD |
| 22. I know some people who should be judged by God.....   | SA | A | U | D | SD |
| 23. Sometimes I judge others who have offended me.....  | SA | A | U | D | SD |

24. I deserve it when bad things happen to me.....	SA	A	U	D	SD
25. I feel unforgivable in God's eyes.....	SA	A	U	D	SD
26. I am able to gain comfort and strength from prayer.....	SA	A	U	D	SD
27. I wish prayer could help me to cope better...	SA	A	U	D	SD
28. I wonder if God is really listening to me.....	SA	A	U	D	SD
29. I enjoy being alone in a quiet place.....	SA	A	U	D	SD
30. I spend time in meditation.....	SA	A	U	D	SD
31. I am able to hear and listen to my own inner voice.....	SA	A	U	D	SD
32. I am able to find moments when I can relax completely.....	SA	A	U	D	SD
33. I am able to let go of the thoughts that trouble me.....	SA	A	U	D	SD
34. What has been happening in my life has hampered my ability to exercise my faith as I would like to exercise it.....	SA	A	U	D	SD
35. My faith community knows what I am going through in my life.....	SA	A	U	D	SD
36. My faith community understands and supports me.....	SA	A	U	D	SD
37. I have been able to maintain close contact with my faith community.....	SA	A	U	D	SD
38. I feel so alone, I no longer know who or what to worship.....	SA	A	U	D	SD
39. I find ways to feel connected with God other than attending a church.....	SA	A	U	D	SD

Chaplain Richard Davis

**Big Spring VA Medical Center  
BASIC SPIRITUAL ASSESSMENT**

Directions: Please answer the following questions by marking an 'X' in the space above the group of words that best describe you.

1. When talking to people, how often do you mention spiritual or religious things?  
 very often     often     not very often     never
2. How often do you pray?  
 very often     often     not very often     never
3. Do you feel that spiritual and religious beliefs are an important part of your life?  
 yes     no
4. Do you feel that it is important to ask yourself how God would feel about it before you make an important decision?  
 yes     no
5. Would you say that you feel close to God or your higher power in your daily life?  
 yes     no
6. Do your spiritual or religious beliefs or faith help give meaning for your life?  
 yes     no
7. How often do you feel guilty over past behaviors?  
 very often     often     not very often     never
8. How often does anger or resentment block your peace of mind?  
 very often     often     not very often     never
9. How often do you feel sad or experience grief?  
 very often     often     not very often     never
10. How often do you feel despair or hopeless?  
 very often     often     not very often     never
11. How often do you feel that God or life has treated you unfairly?  
 very often     often     not very often     never
12. How often do you worry about your doubts or disbelief in God?  
 very often     often     not very often     never
13. How often do you worry about or fear death?  
 very often     often     not very often     never

L. Dean Thomas  
Chief, Chaplain Service

**Canandaigua VA Medical Center  
SPIRITUAL ASSESSMENT**

INITIAL ASSESSMENT

UPDATED ASSESSMENT

**1. PATIENT'S RELIGIOUS PREFERENCE**

Patient's Religion Preference is:

Religion Preference is accurately reflected in the patient's

Medical Record  YES  NO

If "No", does the patient wish the Religion Preference Code changed?

YES  NO

**2. ORGANIZED RELIGIOUS ACTIVITY**

Parish/Synagogue/Mosque patient currently attends: (Open Text)

Patient wishes his/her clergy or church to be informed of admission:

YES  NO

	NONE		OCCASIONAL		DAILY	
	1	2	3	4	5	
Current Level of participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highest Level of participation in past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perceived support from religious community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

**3. PERSONAL BELIEF SYSTEM**

(Degree of Support Derived)

	LOW		HIGH		
	1	2	3	4	5
Belief in Supreme Being or Higher Power (12 Step)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with Supreme Being/Higher Power	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private devotional practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior reflects ethical/moral beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beliefs give meaning/purpose to life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beliefs support wellness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

**4. PROBLEM ASSESSMENT**

	YES		NO	
Addiction Issues	<input type="checkbox"/>	<input type="checkbox"/>	Medical Issues	<input type="checkbox"/>
Death & Dying Issues	<input type="checkbox"/>	<input type="checkbox"/>	Mental Health Issues	<input type="checkbox"/>
Relational Issues	<input type="checkbox"/>	<input type="checkbox"/>		

Comments: (Open Text)

**5. EMOTIONAL ASSESSMENT**

	LOW					HIGH					OUTCOME		
	1	2	3	4	5	1	2	3	4	5	WORSE	0	BETTER
Anger/Resentment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety/Fear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assurance/Absolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression/Despair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disconnected/Alienated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouragement/Calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guilt/Shame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insight/Acceptance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Loss/Grief	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Meaning/Purpose	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Relationship/Reconciled	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Serenity/Comfort	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Comments:

6. RECOMMENDED PASTORAL CARE PLAN

- |  |   |
|--|---|
| <input type="checkbox"/> Inform about resources  | <input type="checkbox"/> Chaplain Support Group   |
| <input type="checkbox"/> Follow-up Pastoral Care | <input type="checkbox"/> Pastoral Counseling      |
| <input type="checkbox"/> Daily                   | <input type="checkbox"/> Referral to: (Open Text) |
| <input type="checkbox"/> Regular                 | <input type="checkbox"/> Family Consultation      |
| <input type="checkbox"/> Pre/Post Surgery Care   | <input type="checkbox"/> Worship Services         |
| <input type="checkbox"/> Sacramental Ministries  | <input type="checkbox"/> Ward                     |
| <input type="checkbox"/> Sacrament of the Sick   | <input type="checkbox"/> Chapel                   |
| <input type="checkbox"/> Confession              | <input type="checkbox"/> Needs Escort             |
| <input type="checkbox"/> Communion               | <input type="checkbox"/> None Indicated           |
| <input type="checkbox"/> Other: (Open Text)      |   |

Comments:

7. INTERDISCIPLINARY REVIEW ON:

Columbia SC, WJB Dorn VA Medical Center,  
CHAPLAIN SERVICE TREATMENT PLAN:

**SPIRITUAL ASSESSMENT** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PATIENT'S LAST NAME, FIRST, MI:** \_\_\_\_\_

**LAST FOUR OF SS#:** \_\_\_\_\_

**II. Vital Pastoral Functions:**

- 1. Initial Interview
- 2. Seriously Ill
- 3. Death/Dying
- 4. Pre/Post Operative
- 5. Consultation
- 6. End of Life

**III. Religious Affiliation:**

- 1. Baptist
- 2. Methodist
- 3. Presbyterian
- 4. Catholic
- 5. Jewish
- 6. Muslim
- 7. Orthodox
- 8. Other \_\_\_\_\_
- 9. What Spiritual practices does the patient deem important? (CIRCLE) i.e.  
\_\_\_a.) Communion, \_\_\_b.) Sacraments, \_\_\_c.) Scripture Reading, \_\_\_d.) Attending Worship  
Services, \_\_\_e. Prayer,  
 Other? \_\_\_\_\_

**Chaplain Providers**

- William L. Austin
- Terry McLaughlin
- Donald Myers
- Kay Best
- Thomas Grove
- Charles Seastrunk
- Lloyd Hills Norris
- Sammy Wade
- Danny Garnett
- George M. Rossi

**IV. Choice of Spiritual Participation**

- 1. Name of Church \_\_\_\_\_
- 2. Name of Spiritual Director \_\_\_\_\_
- 3. Attends Services? Yes \_\_\_ No \_\_\_
- 4. Engages in private meditation Yes \_\_\_ No \_\_\_
- 5. Other \_\_\_\_\_

**V. Today's Presenting Issues:**

- 1. Terminal Illness
- 2. Chronic Illness
- 3. Anger/Death
- 4. Unfinished Business
- 5. Acceptance/Death
- 6. Loss of Spouse/Family member
- 7. Pain Management (If so how much pain?)
- 8. Other (What?) \_\_\_\_\_

{Less} 1 2 3 4 5 6 7 8 9 10

**VI. Special Request/Needs:**

**VI. Additional Comments:**

William L. Austin  
Chaplain

**Dayton OH VA Medical Center  
CHAPLAIN SPIRITUAL ASSESSMENT**

CONFESSIONAL MATTERS ARE NOT DOCUMENTED HERE!  
PLACE AN X IN THE APPROPRIATE BLANK. LEAVE BLANK IF NOT APPROPROATE.

**SUBJECTIVE**

1. Religious/Spiritual Preference:

- Protestant
- Catholic
- Islam
- Jewish
- Other

2. What are the known spiritual issues of the Veteran?

- Fear of Death       Unresolved Grief       Confusion about Belief
- Loneliness       Guilt Feelings       Alienation from:
- Loss of meaning       Why me?       End of Life Concerns
- Anger/Resentment       Other

3. Patient's Identified Spiritual Goals/Need(s):

- Spiritual Growth       Reduced Guilt
- Increased Trust       Reduced Substance Abuse
- Increased Patience       Pursuing Healing & Recovery
- Increased Gratitude       Reduced Anxiety
- Sharing of Self       Decreased Confusion
- More Self Control       Restoration to Family/Church/Community
- Increase Self-Value & Worth
- Greater Acceptance of Self & Others
- Purpose of Life
- Other

**OBJECTIVE**

4. Objective Spiritual Observations

- Appears Lonely       Appears Accepting       Is Tearful/Sad
- Appears Relaxed       Appears Anxious       Doesn't Want Visit
- Appears Negative       Appears Angry       Appears Joyful
- Appears at Peace       Other

**ASSESSMENT**

5. Chaplain's assessment of Veteran's Current Functionality/Impairment

A. Spiritually Functional

- Expresses Belief in Higher Power
- Expresses Positive Personal Relationship With Higher Power
- Regularly Practices Spiritual Activities
- Has Awareness & Expectation of Desirable Outcomes Resulting From Spiritual Activities
- Able to Use Appropriate Healing & Health Related Interventions
- Demonstrates Spiritual Qualities (Joy, Thankfulness, etc.)

B. Moderately Spiritually Fictional

- Expresses Doubt Concerning Higher Power
- Perceives Lack of Personal Spiritual Experiences
- Has Few or No Spiritual Activities & Resources
- Finds It Difficult To Trust Healthcare Givers & Participate In Treatment Plan

C. Spiritually Impaired

- Expresses Disbelief In Or Rejection Of Higher Power
- Expresses Helplessness or Being Victim of Higher Power
- Demonstrates Disinterest in And Disregard for the Potential of Spiritual Activities.

5. Pastoral Care Plan

- No interventions Needed At This Time
- Provide Sacramental Ministry
- Provide Supportive Pastoral Care
- Provide Pastoral Counseling
  - Weekly
  - Once Every Two Weeks
  - Monthly
- Refer Veteran to Own Minister/Rabbi, etc
- Refer Veteran to Another Care Provider
- Declines Spiritual Intervention
- Other

Wilton Blake  
Chief Chaplain Service



**Durham, NC VA Medical Center  
SPIRITUAL ASSESSMENT FORM**

PATIENT'S NAME:

AGE: (automatically appears)

RELIGIOUS AFFILIATION:

CURRENT CHURCH/TEMPLE MEMBERSHIP:

NAME OF PATIENT'S MINISTER,PASTOR,RABBI,IMAM:

LEVEL OF ATTENDANCE:

LEVEL OF CONTENTMENT WITH CURRENT AFFILIATION:

PATIENT'S USE OF PRAYER IN HIS/HER LIFE:

WAYS PATIENT EXPRESSES SPIRITUALITY:

WHAT ARE YOUR SPIRITUAL GOALS?

HOW/IF FAITH HELPS PATIENT COPE WITH ILLNESS?

WHAT HELPS THE PATIENT GET THROUGH THIS HEALTH CARE EXPERIENCE?

HOW HAS ILLNESS AFFECTED THE PATIENT AND HIS/HER FAMILY?

PATIENT'S LEVEL OF AND/OR COMMENTS ON THE FOLLOWING ISSUES:

FAITH, HOPE, MEANING/PURPOSE, SELF-ESTEEM,  
PERSONAL PRAYER, SPIRITUAL RESOURCES AVAILABLE,  
ANGER TOWARD GOD, GRIEF, CONCERN ABOUT AFTERLIFE,  
DYING, INTERNAL CONFLICTS ABOUT BELIEFS,  
SHAME/GUILT, SUFFERING/THEODICY

WHAT TYPE OF SPIRITUAL/RELIGIOUS SUPPORT DO YOU DESIRE?

PASTORAL CARE PLAN:

**Eastern Kansas VA Health Care System  
SPIRITUAL HEALTH ASSESSMENT BY CHAPLAIN**

**I. Religions Preference:** [see VA religion codes/titles list]

**II. Assessment of Patient's Integration of Faith and Life Values**

A. Faith Group Participation:

-Active participant	-Active before illness.
-Never active/involved.	-Isolated and/or alienated.
-Responds to extended ministry of faith community.	-Responds to ministry of chaplain.
-Does not respond to ministry of chaplain.	-Other. Specify

B. Patient's Faith—As Effective Support System Offers:

-strength and/or comfort	-hope and/or trust
-daily practical helps	-belief in life after death
-no significant help	-Other. Specify...

**III. Assessment of Patient's Life Changes and Support System**

A. Life Changes:

-Pt is confident of care being given.	-Pt does not trust staff and care.
-Pt is working toward accepting his/her illness.	-Pt is in denial about his/her illness.
-Pt has excessive distress and/or anxiety.	-Pt accepts dying process as part of life.
-Pt fears suffering/pain.	-Pt fears death.
-Pt has worries about family/survivors.	-Other. Specify...

B. Other Supportive Systems:

-Spouse and/or SO (Significant Other) and family relations are supportive.	-Friends and/or others are supportive.
-Therapeutic and/or Support Group are positively supportive.	-Religious and/or Fraternal Group are positively supportive.
-Pt has very little supportive connection.	-Pt has no supportive connection.
-Pt's family relations are conflicted.	-Pt's family relations are non-supportive.
-Other. Specify...	

**IV. Religious History:**

-Pt says he/she has had a profound religious experience.	-Pt says he/she has always been an active participant in his/her religion.
-Pt says he/she has had a good religious/spiritual support system in the past.	-Pt says he/she drifted away from his/her religion.
-Pt quit his/her original religion.	-Pt says he/she was never a spiritual or religious person.
-Pt says he/she has found a new religion.	-Pt says he/she has had a bad experience with a minister.
-Pt says he/she has had a bad experience with a religion/church.	-Other. Specify...

**V. Religious/Spiritual Functioning—Supportive Value**

- A. Belief in a Supreme Being:
- B. Relationship with God:
- C. Private Devotional Practices:
- D. Spiritual/Ethical Standards:
- E. Church/Synagogue/Mosque/Other:

-Not at all.	-Slight.	-Somewhat.	-Quite a bit.	-A great deal.
--------------	----------	------------	---------------	----------------

**VI. Spiritual Suffering—Interpersonal and/or Intrapsychic Anguish:**

-from loneliness.	-from fear/anxiety.
-------------------	---------------------

-from loss/grief.	-from resentment/anger.
-from guilt feelings.	-from feelings of shame.
-from feelings of failure.	-from adjustment difficulties.
-from ethical issues.	-from relationship/trust in God.
-from spiritual emptiness.	-from sense that God is unfair.
-from sense that life is unfair.	-from a lack of meaning and purpose in life.
-from worry/fear of death or dying (end of life issues).	-from withdrawal/isolation.
-from low self worth.	-from low quality of life.
-from hopelessness.	-from denial.
-Other. Specify...	

**VII. Inner Resource Deficiency**

**Diminished Spiritual Capacity:**

-Low level of self esteem.	-Low level of self awareness.
-Low aspirations in personal/community goals.	-Diminished will to persevere.
-Diminished spiritual disciplines and adaptive techniques leading to diminished coping skills.	-Preoccupation with survival issues.
-Diminished mental functioning.	-Self consumed.
-Other. Specify...	

**VIII. Directives Assessment**

**A. Notification of Spiritual Leader:**

-Pt wishes to have his spiritual leader notified of his hospitalization here.	-Pt does not wish to have his spiritual leader notified of his hospitalization here.
-Pt. Says that his spiritual leader knows about his hospitalization here.	

**B. Advance Directive:**

-Pt has living will properly recorded.	-Pt has discussed his wishes with his family/SO.
-Pt wishes to discuss advance directives.	-Pt does not wish to discuss advance directives.

**C. Organ/Tissue Donation:**

-Pt has donor plans properly recorded.	-Pt has discussed donor plans with family/SO.
-Pt wishes to discuss organ/tissue donation.	-Pt does not wish to consider organ/tissue donation.

**IX. Religious/Cultural Barriers to Patient's Spiritual Wellbeing:**

-None discovered.	-Treatment is potentially violating religious beliefs.
-Diet provided is not appropriate to religious beliefs.	-Appropriate spiritual leader is not available.
-Appropriate worship opportunities are not available.	-Appropriate religious/spiritual literature or worship aids not available.
-Pt does not relate well when visited by a chaplain or someone not of his faith or culture.	-Pt does not relate well when visited by a chaplain of opposite sex.
-Family or friends seem to be imposing religious or spiritual guilt or obligations on pt.	-Other. Specify...

**X. Pastoral Care Plan:**

-Inform Pt of Spiritual/Religious Resources available here.	-Notify Pt's Specific Spiritual Leader (only if pt requests).
-Prayer/Worship--	-Make provision to have requested Sacraments administered.
-Follow-up Pastoral Visits.	-Pre-Post Surgery Visits.
-Pastoral Counseling.	-Family Consultation/Counseling.
-End of Life Counseling with Pt.	-End of Life Counseling with Family.
-Provide Religious/Spiritual Literature or items as	-Attempt to deal with Religious/Cultural barriers.

Requested by Pt.	
-Discuss Advance Directives with Pt.	-Discuss Organ/Tissue Donation with Pt.
-Referral.	-None Indicated.
-Other. Specify...	

**XI. Notes...**

**XII. Chaplain Signature**

**Erie PA Medical Center  
SPIRITUAL ASSESSMENT**

- Declined by patient
- Could not be completed due to patient's condition and absence of family

**I. ASSESSMENT OF PATIENT'S INTERGRATION OF FAITH AND LIFE VALUES:**

Religious Community (Church, Synagogue, etc.):

Religious preference:

- Active participant
- Active as a child
- Spouse/Family is active
- Relates to God outside of religious community
- Inactive

**RELIGIOUS FAITH OFFERS:**

- Strength/comfort
- Hope in crisis
- Direction/guidance in Life's decisions
- No significant help
- Other:

**II. ASSESSMENT OF PATIENT'S LIFE CHANGES, SUPPORT AND SPIRITUAL NEEDS:  
LIFE CHANGES IN LAST 12 MONTHS:**

**SPIRITUAL NEEDS:**

- Coping with illness
- Loss and Grief
- Guilt
- Ethical Concerns
- Death/dying
- Lack of meaning and purpose
- Estrangement from God
- Concerns relative to beliefs about Supreme Being
- Relationship issues

**SUPPORT SYSTEMS:**

- Spouse/local family
- Friends/other
- Church/Chapel
- Support group
- No local support

**III. RESTRICTIONS:**

Does patient's religious beliefs restrict certain medical treatment?

- No
- Yes: (list)

**IV. PASTORAL CARE PLAN:**

- Pastoral visit for spiritual/emotional support
- Pastoral counseling
- Prayer
- Communion
- Sacrament/Sick
- Confession

Walter M. Willey  
Chaplain



**VA Greater Los Angeles Healthcare System  
PRELIMINARY SPIRITUAL ASSESSMENT**

Preliminary Information:

Patient Name:

Patients Social Security Number:

Patients Religious Preference on File:

Patients Stated Religious Preference:

Date Assessment Completed:

**Social Support Systems  
(Immediate Family)**

Mother:

Father:

Sisters:

Brothers:

Wife:

Husband:

Children:

Significant Others:

**Spiritual Concerns  
(Narrative)**

Overall Current Spiritual Condition:

Areas of Spiritual Injury:

**Pastoral Care Plan:  
(Narrative)**

Chaplain's Plan of Treatment:

**VA Greater Los Angeles Healthcare System  
DOMICILIARY PATIENT RELIGIOUS/SPIRITUAL SURVEY**

Patient's Name:

Today's Date:

Patient's Social Security Number (last 4):

1. Patient's Religious Affiliation:

Religious Affiliation	Religious Affiliation	Religious Affiliation
Roman Catholic	Protestant	Disciples of Christ
Jewish, Orthodox	Adventist	Episcopal
Jewish, Conservative	Assemblies of God	Evangelical Covenant
Jewish, Reconstructionist	Baptist	Friends
Jewish, Unaffiliated	Christian Science	Jehovah's Witness
Jewish, Reformed	Church of Christ	Latter-Day Saints
	Church of God	Lutheran

Religious Affiliation	Religious Affiliation	Religious Affiliation
Methodist	Unitarian, Universalist	Native American
Nazarene	United Church of Christ	Islamic
Pentecostal	Unknown, No Preference	Buddhist
Presbyterian		Other (Specify)
Protestant, No Denom.		
Protestant, Other		
Salvation Army		

Notes:

2. Spiritually, right now I feel I am in....
- A. Excellent spiritual health
  - B. Good spiritual health
  - C. Fair spiritual health
  - D. Poor spiritual health
  - E. Uncertain about my spiritual health

Comments:

3. Which, if any of the following spiritual losses or spiritual life changes occurred for you in the last year?
- A. "I had a change in my religious belief or practice."  
What was the change?
  - B. "I had a change in relationship with God."  
What was the change?
  - C. "I had a change in my faith group activity."  
What was the change?
  - D. "I had a significant spiritual experience."  
What happened?
  - E. "I feel spiritually empty."  
Comments:
  - F. "I have constant feelings of guilt or anxiety."  
Comments:
  - G. "Nothing has really changed for me this year."
4. What role does your church or synagogue or faith group play in giving you spiritual support?
- A. My primary or only source
  - B. A great deal
  - C. Quite a bit



- D. Slightly
- E. Not at all

5. From the following list which items, if any are ways you choose to express your spiritual life?

- A. The Bible or Spiritual literature
- B. My faith group (church, synagogue, sweat lodge, or mosque)
- C. My family: either immediate or extended
- D. My friends
- E. A group smaller than "congregation"
- F. A particular individual, either living or deceased
- G. A pastor, rabbi or spiritual leader
- H. Prayer: personal/group
- I. Religious TV or radio programming or religious music
- J. Sacraments, ordinances, or creeds
- K. Other

- Pre-surgery     Post-surgery
- Asleep         Dialysis
- Outpatient     Other

Comments:

6. How important is it to you to be able to express your spirituality?

- A. Extremely important
- B. Very important
- C. Somewhat important
- D. Not very important
- E. Not at all important

7. In your own personal life, please choose 3 things from the list below that you consider most important to you.

My MOST important thing is:

My SECOND most important thing is:

My THIRD most important thing is:

- |                                 |  |
|---------------------------------|--|
| A. Comfortable Life             | B. Equality                                    |
| C. Exciting Life                | Church   |
| E. Faith in God                 | F. Family harmony                              |
| G. Financial Security or Wealth | H. Freedom                                     |
| I. Friendship                   | J. Good Health                                 |
| K. Happiness                    | L. Inner Harmony                               |
| M. Knowing God's Love           | N. Marital Relationship                        |
| O. Personal Salvation           | P. Religious Tradition/<br>Religious Community |
| Q. Self Respect                 | R. Sense of<br>Accomplishment                  |
| S. Social Recognition           | T. Wisdom                                      |
| U. World Peace                  | V. World of Beauty                             |

8. What does the word "hope" mean to you?

Answer:

9. What do you hope for?

Answer:

10. In the event that you should have a physical or emotional crisis, or become physically incapacitated, do you have any requests about your spiritual/religious care?

Comment:



**VISIT 2: SPIRITUAL RE- SSESSMENT**  
Chaplain: Date: Time:

Identified Spiritual Needs/Issues/Concerns:

Spiritual Pastoral Diagnosis:

Plan/Interventions:

Evaluation:

Patient/Family Outcomes Expressed:

**VISIT 3: SPIRITUAL RE- SSESSMENT**  
Chaplain: Date: Time:

Identified Spiritual Needs/Issues/Concerns:

Spiritual Pastoral Diagnosis:

Plan/Interventions:

Evaluation:

Patient/Family Outcomes Expressed:

**VISIT 4: SPIRITUAL RE- SSESSMENT**  
Chaplain: Date: Time:

Identified Spiritual Needs/Issues/Concerns:

Spiritual Pastoral Diagnosis:

Plan/Interventions:

Evaluation:

Patient/Family Outcomes Expressed:

**Manchester NH VA Medical Center  
BASIC SPIRITUAL ASSESSMENT**

VII. Patient's Name: \_\_\_\_\_

- Initial Assessment
- Updated Assessment
- Unable to Complete Assessment because of condition of patient (explain)

1. PATIENT'S RELIGIOUS PREFERENCE

2. ORGANIZED RELIGIOUS ACTIVITY

3. PERSONAL BELIEF SYSTEM

4. PROBLEM ASSESSMENT

5. INTERVENTIONS

- Talked and listened
- Gave sacrament of the sick
- Gave other sacraments
- Read Bible
- Prayed
- Talked to family
- Other?
- Short visit (1 to 10 minutes)
- Intermediate visit (10 to 30 minutes)
- Long visit (over 30 minutes)

6. RECOMMENDED PASTORAL CARE PLAN



Acceptance:  
Meaning of Life:  
Unresolved ethical issues:  
None at this time:

PHILOSOPHY OF LIFE

Positive:  
Negative:  
Uncertain:

BASED ON PATIENTS/FAMILY'S/SIGNIFICANT OTHER/S SPIRITUAL VALUES, STATUS, ORIENTATION, CULTURE AND CONCERNS, THE FOLLOWING NEEDS WERE IDENTIFIED AND MET.

Card left at bedside:  
Prayer:  
A Rosary:  
Spiritual Counseling:  
Spiritual Support:  
Family Support:  
Religious Literature, Bible or Catechism:  
Death/Dying Counseling:  
Transportation to Chapel:  
Desire to attend Worship Svc:  
Pastoral presence:  
Affirmation:  
Blessing:  
Other:

SACRAMENTS

Holy Eucharist:  
Anointing of the Sick:  
Other Rite or Ritual:

FOLLOW UP PLANNED -

Patient        Yes:  
                  No:  
                  NA:  
Family/Significant Other  
                  Yes:  
                  No:  
                  NA:

COMMENTS/OBSERVATIONS

Chaplain Phil Binnie

**Northampton VA Medical Center  
PASTORAL CARE ASSESSMENT PLAN FOR  
EXTENDED CARE AND HOSPICE PATIENTS**

1. Name:
2. Admission Date: AUG 4,1999 13:50
3. Interview Included: Patient ( ) Family ( )
4. Is Patient Able to Articulate? Yes ( ) No ( ) Somewhat ( )
5. Denominational Preference:
6. Patient's Explanation of Any Religious Problems or Concerns:
7. Patient's Relationship with God:
  - A. ( ) Deeply Committed
  - B. ( ) Somewhat Important
  - C. ( ) Not Important
  - D. ( ) Unable to Access
8. Spiritual Resources of Patient:

Belief System Includes:

  - A. ( ) Personal Prayer
  - B. ( ) Biblical Literacy
  - C. ( ) Communion/Sacrament Participation
  - D. ( ) Active in Faith Community
  - E. ( ) Positive Feelings toward Faith and God
9. Pastoral Care Plan:
  - A. ( ) Notify Patient of Resources Available Through Chapel Office
  - B. ( ) Supply Reading/Listening Material
  - C. ( ) Facilitate Patient's Attendance at Worship Service or Mass
  - D. ( ) Offer Communion/Sacraments
  - E. ( ) Provide Pastoral Care
  - F. ( ) Education
  - G. ( ) Other
10. Pastoral Care Performed:
  - A. ( ) Anointing
  - B. ( ) Communion/Sacraments
  - C. ( ) Religious Service
  - D. Counseling related to:
    - (1) ( ) Spiritual Injuries
    - (2) ( ) Review of personal values
  - E. Any education provided/recommended:
11. Comments:
12. Extended Care/Hospice Care Assessment:

A. A. Denial	( )1	( )2	( )3	( )4	( )5	Acceptance
B. B. Withdrawal	( )1	( )2	( )3	( )4	( )5	Engagement
C. C. Faith Vacuum	( )1	( )2	( )3	( )4	( )5	Faith Support
D. D. Guilt	( )1	( )2	( )3	( )4	( )5	Grace
E. E. Hopelessness	( )1	( )2	( )3	( )4	( )5	Hope
F. F. Fear	( )1	( )2	( )3	( )4	( )5	Peace
G. G. Powerlessness	( )1	( )2	( )3	( )4	( )5	Power

13. Pastoral Care Priorities:

David F. Whiteley,  
Chaplain

**Portland VA Medical Center  
PASTORAL CARE ASSESSMENT**

**1. PASTORAL CARE SUPPORT EVALUATION:**

-Membership:  
-Clergy To Be Notified (if desired):  
    PHONE:

-Sacraments:  
-Scripture:  
-Rituals:

**2. RELIGIOUS HISTORY OF FAMILY:**

-Father:  
-Mother:  
-Brothers/Sisters:  
-Spouse:  
-Children:  
-Important Others:

**3. PASTORAL CARE FOLLOW-UP NOTES:**

(Note: See Addendums to this note or other Chaplain progress notes.)

648/7-89/125/1  
OP-298-(648)-89  
STANDARD FORM 507

Richard Sipe  
DOM Chaplain



**Richmond, VA, VA Medical Center  
CHAPLAIN SPIRITUAL ASSESSMENT**

Your health has many components (physical, mental, and spiritual). With your consent, the following questions will help your healthcare providers (medical doctors, nurses, chaplains and others) understand the spiritual component of your life. It is the goal of chaplains to facilitate spiritual health and growth, since research has shown the positive correlation between spiritual health and physical/emotional health and satisfaction. To help us do this, please check the answers that most closely apply to you and/or add other thoughts or feelings that you would like to express. If no answer is satisfactory, please provide your own answer under "other." Thank you, and know that **your information will be maintained with appropriate confidentiality and integrity.**

1. What answer best describes the **place of "faith"** in your life?  
 very important;  mildly important;  not very important;  
other: \_\_\_\_\_  
\_\_\_\_\_
2. Does your faith include **belief in God**?  
 yes;  no;  
other: \_\_\_\_\_  
\_\_\_\_\_
3. Which of the following words begin to describe your **thoughts about God**?  
 loving;  harsh;  personal;  distant;  hard to know;  
 gracious;  demanding;  forgiving;  cruel;  kind.  
 caring;  uncaring;  there is no God;  unsure.  
other: \_\_\_\_\_  
\_\_\_\_\_
4. Which of the following words begin to describe your **current relationship with God**?  
 satisfactory;  needs improvement;  confusing;  don't know where I stand.  
other: \_\_\_\_\_  
\_\_\_\_\_
5. Is **prayer** important to you?  
 yes;  used to be but not now;  never saw value in prayer.  
other: \_\_\_\_\_  
\_\_\_\_\_
6. What are some things you **do to strengthen** your spiritual life?  
 pray;  read religious literature;  attend worship services;  
 listen/watch religious programs;  meditate;  observe nature;  
other: \_\_\_\_\_  
\_\_\_\_\_
7. In what way(s) has your illness/injury **affected your spiritual life**?  
 caused me to consider my spiritual life more seriously.  
 caused me to have more negative feelings about my spiritual life.  
 has not affected my spiritual life.  
 unsure of the relationship between my spiritual life and my injury.  
 no affect that I am aware of.  
other \_\_\_\_\_  
\_\_\_\_\_
8. Aside from your illness/injury, have such as the following **happened to you** in

the past 3-5 years, or maybe longer, which have been a challenge to your spiritual life?

For example:

loss of a loved one;  health problems;  financial problems;  
 unfair actions against you;  disappointment by someone close;  
other: \_\_\_\_\_  
\_\_\_\_\_

9. **How might a chaplain help you** while you are here?

**prayer** regarding some or all of the above concerns, and/or other issues?  
 **discussion** of some or all of the above concerns, and/or other issues?  
 **religious literature** that might address relevant concerns/issues?  
 **chapel worship services** when you are physically able to attend?  
 **a friendly visit** periodically?  
other: \_\_\_\_\_  
\_\_\_\_\_

10. Is there a **spiritually supportive person** (family member, friend, pastor, or organization) that you would like to have notified of your current hospitalization?

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

---

Your (Patient's) Name: \_\_\_\_\_ Location:(ward/room #) \_\_\_\_\_ Soc. Sec. (last 4): \_\_\_\_\_  
Interviewer: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

**Pastoral Care Goal(s):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Plans toward fulfillment of the goal(s): (See also #9 above)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**St. Cloud VA Medical Center  
SPIRITUAL HISTORY ASSESSMENT \***

4. Have you always been \_\_\_\_\_? (I have noted the preference on the Assessment. If there is no preference or if the person has indicated a low level of involvement with organized religious activity I will also ask if they have a group of persons/community of persons which provides them with some spiritual/emotional support?)
5. Who has had a positive influence upon your spiritual life/outlook/direction as you were growing up?
6. Who has had a negative influence upon your spiritual life/outlook/direction as you were growing up?
7. Are there particular times when you feel close to God? (If the person were Native American or of an eastern religious tradition, rephrase this to ask about a sense of harmony with life and/or creation/nature)?
8. Are there particular times when you feel distant from God? (as in previous question)?
9. Is there a spiritual story/religious story/bible story that is important for you?
10. How did your family celebrate holidays? What did they do as a family? (I may suggest holidays that may be familiar based on cultural background.)?
11. Were these family celebrations times of connecting or conflict for your family?
12. Are there times you have felt a sense of awe/wonder? (I may suggest things like being present for a birth, seeing the grand canyon or the northern lights.)
13. **\*Note:** This is used in conjunction with the Berg Computerized Spiritual Assessment.

Peter Lundholm  
Chaplain

**Sheridan WY VA Medical Center,  
INITIAL SPIRITUAL ASSESSMENT**

Date:

Name:

Religious Preference:

Marital Status:

1. ASSESSMENT OF RELIGIOUS ACTIVITY

- How often do you attend religious services:

- Never
- Major holidays only
- More than 4 times a year
- Weekly
- More than once a week

- How much is religion a source of strength and comfort to you?

- Not at all
- Slightly
- Quite a bit
- A great deal

- Does your Church/Synagogue/other play a role in your life?

- Not at all
- Slightly
- Quite a bit
- A great deal

- Do you wish to have a specific Clergy member or religious organization contacted on your behalf?

- Yes, explain
- No

- Comments:

2. ASSESSMENT OF SPIRITUAL ACTIVITY:

- Do you consider yourself to be a spiritual person?

- No
- Somewhat
- Yes

How do you express your spirituality:

Prayer:

How often do you pray privately?

- Never
- Occasionally ( at least once a week)
- Regularly (once a day or more)
- Frequently (twice a day of more)

Spiritual Reading:

How often do you read scriptural or spiritual literature?

- Never
- Occasionally ( at least once a week)
- Regularly (once a day or more)
- Frequently (twice a day of more)

Religious/Spiritual Programs:

How often do you listen to spiritual/religious programs on radio or TV?

- Never

- Monthly
- Weekly
- Once a day
- twice a day or more

Bible Study:

How often do you study the Bible or other spiritual/religious text?

- Never
- Monthly
- Weekly
- Once a day
- Twice a day or more

How important is spiritual expression to you?

- Not at all
- Slightly
- Quite
- Very important

- In my life, I experience the presence of the Divine (i.e., God, Higher Power, Great Spirit).

- Definitely not true
- Tends not to be true
- Unsure
- Tends to be true
- Definitely true

- My beliefs/philosophy are what really lie behind my whole approach to life.

- Definitely not true
- Tends not to be true
- Unsure
- Tends to be true
- Definitely true

- I try to carry my beliefs over into all other dealings in life.

- Definitely not true
- Tends not to be true
- Unsure
- Tends to be true
- Definitely true

3. CULTURAL/ETHNIC:

- Do you have any special cultural/ethnic practices related to worship? (e.g., use of sweat lodges by Native Americans)
- Do you have any special dietary practices related to your religion? (e.g., restrictions against certain types of food or beverages, days of fasting, etc.)
- Do you have any religious/spiritual beliefs that would affect your medical treatment? (e.g., no transfusions, no medication, support measures to maintain life, etc.)
- Do you have any religious/spiritual beliefs related to death? (e.g., last rites for Catholics, confession, communion, cremation prohibited. Etc).

4. SPIRITUAL INJURIES

- How often do you feel guilty over past behaviors?
- Never

- Sometimes
- Often
- Very often
- Does anger or resentment block your peace of mind?
- Never
- Sometimes
- Often
- Very often
- How often do you feel sad or experience grief?
- Never
- Sometimes
- Often
- Very often
- How often do you feel despair or hopelessness?
- Never
- Sometimes
- Often
- Very often
- Do you feel that life has no meaning or purpose?
- Never
- Sometimes
- Often
- Very often
- Do you worry about doubts or disbelief in God?
- Never
- Sometimes
- Often
- Very often
- Do you worry about or fear death?
- Never
- Sometimes
- Often
- Very often
- Do you feel that God/Life has treated you unfairly?
- Never
- Sometimes
- Often
- Very often

SUMMARY OF SPIRITUAL INJURIES:

5. END OF LIFE ISSUES (EOL)

- What are your beliefs about illness and suffering?
- Are you at peace with yourself?
- Yes
- No; explain
- Are you at peace with those person(s) important in your life:
- Yes
- No; explain
- Are you at peace with God?
- Yes
- No; explain

VETERAN WOULD LIKE CHAPLAIN TO:

6. CONCLUSION:

**Sheridan, WY VA Medical Center  
SPIRITUAL SCREEN ASSESSMENT (DRAFT)**

1. What is your Faith Group preference?
2. Do you have any religious beliefs or practices that would help us plan your treatment care?  
 No  
 Yes, describe:
3. In the past year the patient has experienced:  
 Increase/decrease in spiritual interest  
 Change in expectations for health  
 Change in relationship with God/Higher Power  
 Feeling of hopelessness/helplessness  
 \*Feelings that life is meaningless.empty (critical element)  
 None

Questions not reviewed; explain:

If three or more elements are checked or the critical element (\*) is checked, or any significant problem or need suspected, request a consult.

Comments:

Make a referral to the Chaplains for a consult when:

1. the critical item is checked (\*)
2. Any three (3) items are checked
3. The questions aren't asked
4. The questions aren't answered
5. You think it might be helpful for the patient for a family member
6. Through your continued observation you still can send a referral, even after many days.

To make a referral:

Request a Consult. Please include the patient's last 4, room number, and any comments you think might be helpful.

Temple TX VA Medical Center  
SPIRITUAL ASSESSMENT

**I. Vital Pastoral Functions:**

- 1. Initial visit/interview
- 2. Seriously Ill/Palliative Care/Hospice
- 3. Death/Dying
- 4. Pre/Post Operative
- 5. Consultation/Referral
- 6. Routine visit/Follow-up
- 7. Counseling session

**II. Assessment of Patient in Pastoral Perspective:**

- 1. Desires pastoral support
- 2. Desires family support
- 3. Desires no special pastoral intervention
- 4. Unable to express desire for spiritual care
- 5. Pastoral support not indicated.
- 6. Spiritual issues:  Hope  Despair  Guilt  Forgiveness  
 Anxiety  Depression  
 Other (Specify)  None
- 7. Spiritual orientation:  Christian  Jewish  Muslim  
 Other (Specify)  Inactive  Unknown  
 Active

**III. Recommendations for Pastoral Intervention:**

- 1. Routine pastoral visitation; ie., prayers, scripture, sacraments/rites
- 2. Pastoral counseling
- 3. Pastoral support to family
- 4. Patient education
- 5. Groups (Specify)
- 6. Referrals:
- 7. Pastoral care not indicated at this time.

**IV. Are there any religious, traditions, ethnic, or cultural practices that need to be part of the patient's care? If yes, please describe.**

**V. Other Comments**

Thomas Rardin  
Chief, Chaplain Service



**Temple, TX VA Medical Center  
SPIRITUAL SCREEN**

**VIII. SPIRITUAL SCREENING CRITERIA:**  
(If yes to any, initiate consult to Chaplain)

Religious affiliation:

- Y  N    1. Patient has spiritual needs or concerns which might need special attention?
- Y  N    2. Patient follows religious practices which might impact health care delivery?
- Y  N    3. Patient wishes to see a chaplain?

Thomas Rardin  
Chief, Chaplain Service

**Tuscaloosa VA Medical Center  
SPIRITUAL ASSESSMENT**

- 1. Location -**     Acute Medical             Extended Care                             Acute psychiatry  
                          Long term psychiatry     Other (specify)-
- 2. Source of information -**                             Patient interview                             Record  
    Staff information             Family/significant other             Other (specify)-
- 3. Religious affiliation -**  
Self identification:  
Level of activity -  Regular     Occasional     Not active  
Recent change in activity?  Yes     No    If yes, specify-
- 4. Current spiritual condition -**  
 Unconcerned             Satisfied             Mildly anxious             Very anxious
- 5. Spiritual injuries -** Specify if any of the following checked -  
 Losses  
 Health changes  
 Life situation changes  
 Emotional/mental status changes
- 6. Summary of assessment data:**

**VA Healthcare Network Upstate New York  
EOL (End-Of-Life) SPIRITUAL ASSESSMENT**

Religious Preference is:

Change in medical record needed:

Yes: change from:

No

Home Church:

Pastor:

Yes, the patient wishes their pastor contacted:

phone:

No, the patient does not wish their pastor contacted

Not Applicable, Pastor has been informed by veteran

Medical Record indicates the veteran's Diagnosis is:

Medical Record indicates the veteran's Prognosis is:

Veteran's understanding for admission is:

Veteran finds strength in: (including Persona, family, community, other sources)

Veteran finds stress in: (including Persona, family, community, other sources)

Veteran would like the chaplain to:

PASTORAL CARE PLANS:

The veteran is appropriate to attend chapel services and can benefit from traditional religious and spiritual interventions

Yes

No

The veteran can benefit from:

Sacrament of the Sick

Other Sacraments (Communion, Confession, etc.)

General Pastoral Care/Visitation

Pastoral Counseling for:

Advanced Illness Support

Assistance with Advance Directives:

Education

Documentation

Religious or Moral Guidance

Other:

**VA Healthcare Network Upstate New York  
MINI-SPIRITUAL ASSESSMENT**

Religious Preference is:

Change in medical record needed;

Yes: change from:

No

Home Church:

Pastor:

Yes, the patient wishes their pastor contacted: phone:

No, the patient does not wish their pastor contacted

Patient's understanding of reason(s) for admission is:

Duke University Religion Index (DUREL)

(1) How often do you attend church, synagogue, or other religious meetings?

- Never

- Once per year or less

- Few times per year

- Few times per month

- Once per week

- More than once per week

(2) How often do you spend time in private religious activities, such as prayer, meditation or Bible Study?

- Rarely or never

- Few times per month

- Once per week

- Two or more times per week

- Daily

- More than once per day

(3) In my life, I experience the presence of the Divine (i.e., God, Higher Power, Great Spirit).

- Definitely not true

- Tends not to be true

- Unsure

- Tends to be true

- Definitely true

(4) My beliefs/philosophy are what really lie behind my whole approach to life.

- Definitely not true

- Tends not to be true

- Unsure

- Tends to be true

- Definitely true

(5) I try to carry my beliefs over into all other dealings in life.

- Definitely not true

- Tends not to be true

- Unsure

- Tends to be true

- Definitely true

DUREL SCORE: \_\_\_\_\_ of 27 (Low/High Threshold =14)

COMMENTS:

Berg Spiritual Injury Score

(1) How often do you feel guilty over past behaviors?

- Never

- Sometimes

- Often

- Very often
- (2) Does anger or resentment block your peace of mind?
- Never  
 - Sometimes  
 - Often  
 - Very often
- (3) How often do you feel sad or experience grief?
- Never  
 - Sometimes  
 - Often  
 - Very often
- (4) Do you feel that life has no meaning or purpose?
- Never  
 - Sometimes  
 - Often  
 - Very often
- (5) How often do you feel despair or hopelessness?
- Never  
 - Sometimes  
 - Often  
 - Very often
- (6) Do you feel that God/Life has treated you unfairly?
- Never  
 - Sometimes  
 - Often  
 - Very often
- (7) Do you worry about doubts or disbelief
- Never  
 - Sometimes  
 - Often  
 - Very often
- (8) Do you worry about or fear death?
- Never  
 - Sometimes  
 - Often  
 - Very often

Spiritual Injury Score: \_\_\_\_ of 32 (Threshold >16)

COMMENTS:

Have you ever tried to commit suicide?

Yes

No

If yes, please describe the incident(s):

Do you have thoughts of wanting to harm yourself or other?

Yes

No

If yes, what sort of thoughts are you having?

Does the Veteran have an Advance Directive, Living Will or Health Care proxy?

Yes

No

Does the Veteran want additional information of Advance Health Care planning?

Yes

No

PASTORAL CARE PLANS:

The veteran is appropriate to attend chapel services and can benefit from traditional religious and spiritual interventions

Yes

No

The veteran can benefit from

AA/NA 4<sup>th</sup> & 5<sup>th</sup> Step work to relieve guilt

Anger Management Group

Grief Process Group

Refer for Grief Severity Assessment

Pastoral Counseling for:

Spirituality Group

Spiritual Recovery Tools Group

Spiritual Injury Group

Advance Directive Education

The veteran will be seen as part of ward visitation and upon referral.

**VA Healthcare Network Upstate New York  
SPIRITUAL NEEDS ASSESSMENT (short)**

1. What is your present religious preference?
2. Is there a change in the medical record needed?  
 Yes: change from:  
 No
3. Home Church:  
Pastor:  
 Yes, the patient wishes their pastor contacted:  
Phone:  
 No, the patient does not wish their pastor contacted .  
 Not necessary, pastor is aware of admission.

Completing this assessment questionnaire will help us to better understand your spiritual care needs. We believe that faith plays an important role in a person's sense of health and wellness.

Please take a moment and mark the responses which best describe your experiences and feelings.

4. What is the patient's understanding of reason(s) for admission?
5. How often do you attend church, synagogue, or other religious meetings?  
 - Never  
 - Once per year or less  
 - Few times per year  
 - Few times per month  
 - Once per week  
 - More than once per week  
Comments:
6. Do you consider religious or spiritual beliefs to be important in your life?  
 Yes  
 No  
Comments:
7. Does your faith or beliefs influence the way you think about your health or the way you take care of yourself?  
 Yes  
 No  
Comments:
8. Would you like to receive any devotional materials while you are hospitalized?  
 Yes  
 No  
Comments:
9. Would you like to address any religious or spiritual issues with a chaplain?  
 Yes  
 No

Comments:

PASTORAL CARE PLANS:

The veteran is appropriate to attend chapel services and can benefit from traditional religious and spiritual interventions

Yes

No

The veteran can benefit from the following pastoral care interventions:

General Pastoral Care/Visitation

Sacramental ministries or religious rites

Grief Process Group

Assistance with Advance Directives:

Education

Documentation

Religious or Moral Guidance

Other assessment needed

Spiritual Injury Assessment

Refer for Grief Severity Assessment

Other assessment

Pastoral Counseling for:

Companion support by a Spiritual Care Volunteer



**VA Healthcare Network Upstate New York  
GRIEF SEVERITY INDEX**

The veteran has experienced the following loss(es) through death, divorce or separation over the past two years:

- |                          | Name                  | Date of loss |
|--------------------------|-----------------------|--------------|
| <input type="checkbox"/> | Spouse                |              |
| <input type="checkbox"/> | Child or grandchild   |              |
| <input type="checkbox"/> | Brother or sister     |              |
| <input type="checkbox"/> | Parent or step-parent |              |
| <input type="checkbox"/> | Other relative        |              |
| <input type="checkbox"/> | Close friend          |              |
| <input type="checkbox"/> | Grandparent           |              |

Following the loss of my friends or loved ones I experienced (check all that apply):

- Overwhelming sadness/depression
- Difficulties in sleeping
- Lack of appetite
- Weight loss
- Visual or auditory sense that the departed was with me
- Increased use of alcohol and/or drugs
- Sought help through professional counseling
- Sought help through a support group

Whenever I think of the friends or loved ones I have lost:

1. I feel guilty over things I did or failed to do.

- Never
- Sometimes
- Often
- Very Often

2. I have thoughts about my own death.

- Never
- Sometimes
- Often
- Very Often

3. I feel like it should have been me who died.

- Never
- Sometimes
- Often
- Very Often

4. I feel worthless.

- Never
- Sometimes
- Often
- Very Often

5. I feel like things around me are moving faster than I can go.

- Never
- Sometimes
- Often
- Very Often

6. I have difficulty accomplishing simple things in my daily life.

- Never
- Sometimes
- Often
- Very often

7. I feel more angry or resentful.

- Never
- Sometimes
- Often
- Very Often

COMMENTS:

**White River Junction VA Chaplain Service:  
BASIC SPIRITUALITY ASSESSMENT**

**INPATIENT:**

1. Inquire as to accuracy of the indicated “religious preference” on the Chaplains’ List (inpatient).
  - Explain what is listed for “religious preference.”
  - Clarify faith group, denominational preference, or other designation.
  - Offer to make any needed changes in this listing.

**INPATIENT or OUTPATIENT:**

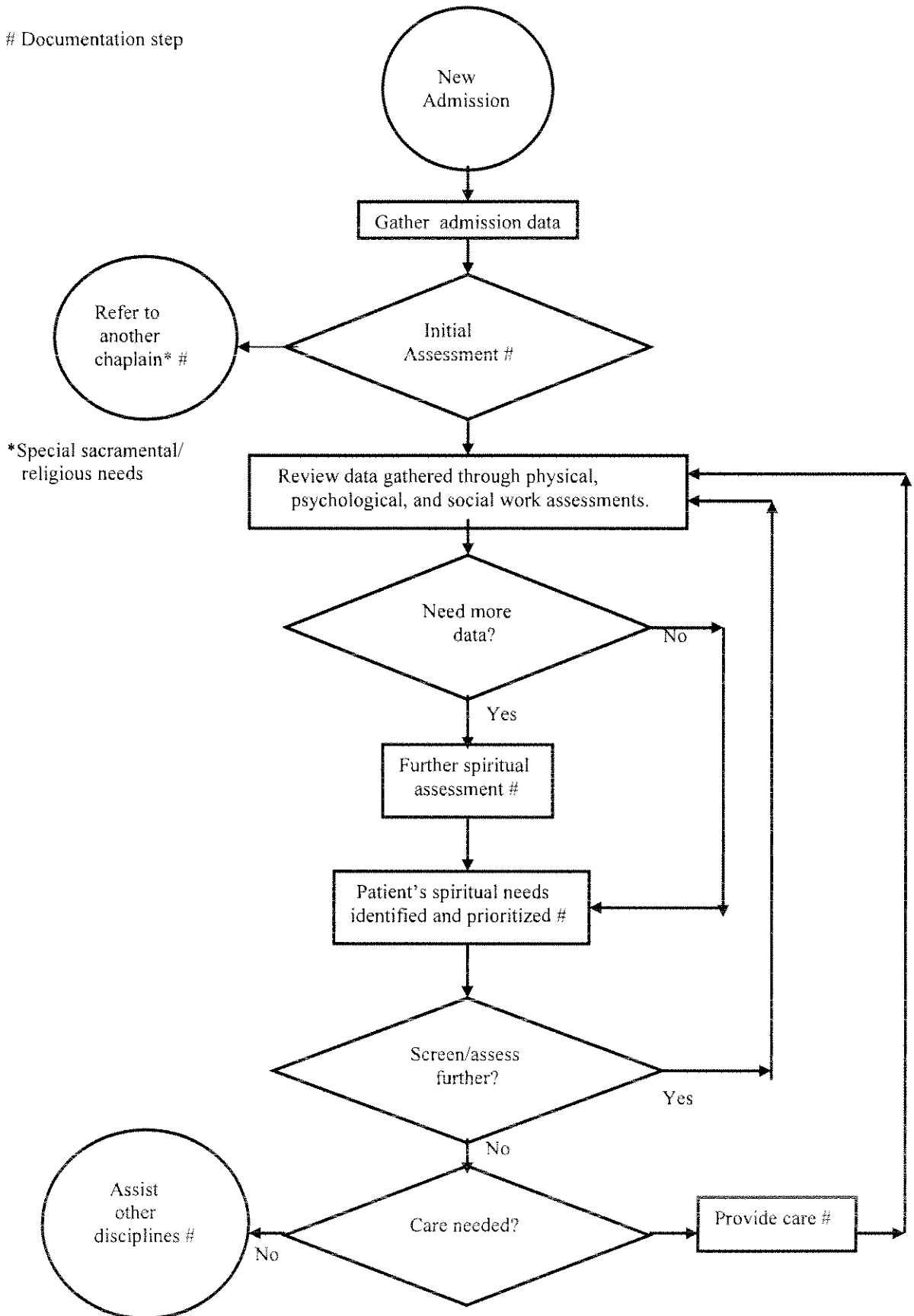
2. Ask if the person attends worship (follow-up questions used depending on initial response).
  - How often?
  - Where?
  - Name of religious leader (would the pt. like us to contact him/her?).
3. Ask if the person believes in God or another Higher Power (if not clear from above).
  - Determine patient’s “Imago Dei” if possible.
  - Determine patient’s sense of “closeness” to this God/Higher Power.
4. Determine the spiritual resources that are important to this pt. (emphasize breadth of spirituality if the patient notes that s/he is not interested in religion).
  - Prayer.
  - Read the Bible, Torah, Koran, Book of Mormon or other Scriptural/devotional sources.
  - Meditation.
  - 12 Step Program (such as AA).
  - Being out in Nature (i.e. the woods, lakes, oceans, etc.).
  - Other spiritual disciplines (fasting, tithing, devotional reading, acts of charity, etc.). \*
  - Other spiritual experiences (Cursillo, healings, Near Death Experiences, etc.). \*
5. Inquire about spiritual problems that may trouble this pt. \*
  - Loss of relationship with God/Higher Power.
  - Loss of meaning, purpose, direction.
  - Ostracism by religious community or conflict with significant religious leader.
  - Sense of emptiness.
  - Anxiety about “loss of salvation.”
  - Experience of overwhelming guilt.
  - Belief that one’s suffering is punishment for previous actions.
  - Other.
6. Solicit description of history of religious experiences (particularly if the patient mentions such an experience). \*
  - Faith group and/or denominational involvements including changes in affiliations.
  - Significant positive spiritual experiences.
  - Significant negative spiritual experiences (including unresolved conflicts).
  - Hopes for the future in relationship to one’s God/Higher Power/Source of meaning.

\* = **OPTIONAL** – i.e. depending upon the patient’s condition (i.e. ability to answer) and other responses (i.e. resistance or openness to topic).

Chaplain Larry LaPierre, D.Min.  
12/20/00

## CHAPLAIN ASSESSMENT FLOWCHART

# Documentation step



\*Special sacramental/  
religious needs