

**Spiritual Dimension Screening**

This tool can be self-administered by patients using the rating scales below or used as a guide for an in-depth conversation between a palliative care interdisciplinary team member and a patient and/or their loved ones. Patients/loved ones who indicate suffering, distress, disconnection or spiritual pain should be referred to the palliative care chaplain for further assessment and intervention.

**1. How hopeful are you feeling?**

*Not at all hopeful* 0 1 2 3 4 5 6 7 8 9 10 *Very Hopeful*

**2. Are you feeling fearful or anxious about anything?**

*Not at all* 0 1 2 3 4 5 6 7 8 9 10 *Very Fearful/Anxious*

**3. Are you feeling connected to your family and/or loved ones?**

*Not at all* 0 1 2 3 4 5 6 7 8 9 10 *A great deal*

**4. Are you involved with a spiritual, faith, or religious community at this time?**

*Not at all* 0 1 2 3 4 5 6 7 8 9 10 NA *A great deal*

**5. How supportive is your spiritual, faith, or religious community at this time?**

*Not at all* 0 1 2 3 4 5 6 7 8 9 10 NA *A great deal*

**Would you like us to contact someone from your faith or spiritual community and let someone know you are not feeling well at this time and/or would like a visit?**

\_\_\_ Yes \_\_\_ No

**Person to Contact and phone Number** \_\_\_\_\_

**Please tell us how we might be helpful to you in the spiritual area of your life:**

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**Please share other comments about your illness or injury and health care experience you wish us to know:**

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Find additional resources at: [www.supportivecarecoalition.org](http://www.supportivecarecoalition.org)