Arizona State Hospital

The strength to last a century...and beyond.

Spiritual Needs Assessment

Name _____ Date of Birth _____

1) Your Religious Preference: Catholic ☐ Protestant ☐ Native American ☐ Jewish ☐
Muslim ☐ Buddhist ☐ Hindu ☐ Other _____

2) What type of religious/spiritual accommodation would you need? _____

_____

3) Would you like to have a visit from the chaplain? Yes _____ No _____

4) How often do you pray or meditate? Never ☐ Sometimes ☐ Often ☐

5) How often do you attend public worship, observe dietary laws, practice religious rituals?
Never ☐ Sometimes ☐ Often ☐

6) What is the name of your pastor, rabbi, spiritual leader? _____

7) How often do you read the Bible, Qur'an, Torah or other holy books?
Never ☐ Sometimes ☐ Often ☐

8) Do you feel that God or life has treated you unfairly?
Never ☐ Sometimes ☐ Often ☐

9) What religious or spiritual question would you like to have answered? _____

_____

10) Who or what provides you with strength or hope? _____

_____

Patient Signature _____ Date _____

For Office Use Only:

Recommendations/Plan _____

_____

_____

Staff Signature _____ Date _____