

SPIRITUAL WELLNESS QUESTIONNAIRE

Please note that the following will be held in strict confidentiality.

1. Age : _____ 2. Gender : ☐ male ☐ female ☐ non-binary ☐ LGBTQ2S++ ☐ gender fluid ☐ other
3. Religious affiliation at birth: _____
4. Spiritual beliefs / religion presently: _____ or ☐ atheist ☐ agnostic
AND am presently ☐ very involved ☐ somewhat involved ☐ not at all involved
5. Are you: ☐ married ☐ common-law ☐ single ☐ divorced ☐ separated ☐ widowed ☐ remarried ☐ other
6. Do you live: ☐ alone ☐ with : _____ (pets included)
7. Do you have children? ☐ no ☐ yes (ages): _____
- =====

Platform:

1. Were you exposed to any of the following during your childhood?
☐ loss of loved ones ☐ alcoholic or drug dependent parent(s) ☐ abuse (emotional, physical, sexual, verbal)
2. Do you or did you have any of the following?
☐ street-drugs/alcohol/nicotine/cannabis dependency ☐ drug/medical dependency ☐ eating disorder ☐ excessive spending
☐ physical, sexual or emotional abuse issues ☐ uncontrolled anger ☐ chronic pain ☐ gambling addiction ☐ depression/anxiety
☐ suicidal thoughts ☐ mental or emotional troubles ☐ grieving loss of loved ones ☐ dealing with illness of loved ones
3. Ongoing known medical/psychological conditions: _____

Please place one or more check marks in the boxes below.

1. What are the major stressors in your life?
☐ finances ☐ career/employment ☐ family ☐ loneliness ☐ self-image ☐ particular individual(s)
☐ physical, emotional or sexual abuse issues ☐ change in living location ☐ illness ☐ life-style (lack of rest/fun)
☐ other (please specify): _____
2. Have any of your on-going illnesses or psychological problems caused you to experience a loss in any of following?
☐ friends ☐ family support ☐ physical functioning ☐ job ☐ living conditions ☐ self-esteem
☐ relationships ☐ sexuality ☐ intimacy ☐ other (please specify): _____
3. I think I am dealing with my stressors ☐ well ☐ fairly ☐ poorly
4. **Circle** any number of the following which expresses how you feel **most of the time**:

serene	awed	depressed	joyful	delighted
neutral	anxious	elated	lonely	omnipotent
centered	angry	frightened	optimistic	exhilarated
accepting	bored	frustrated	overwhelmed	tense
balanced	calm	guilty	powerful	euphoric
even	content	irritable	proud	thrilled
relaxed	confident	indifferent	sad	animated

=====

Pivot:

1. What gives your life meaning? _____
2. Have you ever had a profound spiritual/religious experience? ☐ yes ☐ no
3. If you needed help or support with your personal spirituality, who would you want to talk to?:
☐ religious/spiritual authority ☐ physician ☐ psychologist ☐ art/music therapist
☐ friend ☐ alternative medicine healer ☐ other (please describe): _____

Circle the most appropriate

not at all very much so

1. Would you be interested in speaking to someone about your spiritual issues in order to help you cope with stresses better? 1 2 3 4 5
2. Do you think spiritual well-being is important to your health? 1 2 3 4 5
3. Do you feel that help in the area of spirituality would help you maintain a better level of health and well-being? 1 2 3 4 5
- =====

Circle one number for each question (further reflection is encouraged if your score less than 3)

Activities:

hardly ever most of the time

1. I am actively involved in doing good things for others. 1 2 3 4 5
2. I have a spiritual advisor/mentor. 1 2 3 4 5
3. I spend time just being quiet and peaceful, or meditating 1 2 3 4 5
4. I believe in miracles. 1 2 3 4 5
5. I believe in the power of prayer. 1 2 3 4 5
6. I believe in a divine power. 1 2 3 4 5
7. I believe in the power of goodness/kindness and respect for life. 1 2 3 4 5
8. I believe in the power of forgiveness. 1 2 3 4 5
9. I feel loved and supported emotionally by either friends, family, or a partner. 1 2 3 4 5
10. I regularly connect with or dwell in the presence of nature to improve my sense of well-being. 1 2 3 4 5
11. I frequently derive joy from one or more of the following: music, dance, poetry, art, literature, theatre, gardening, creativity. 1 2 3 4 5
12. I pray and/or meditate and/or read spiritual books. 1 2 3 4 5
13. I derive a sense of belonging and support from my community. 1 2 3 4 5
14. I participate in religious/spiritually-related activities in a community or organization. 1 2 3 4 5
15. I am involved in activities that give meaning to my life. 1 2 3 4 5
- =====

Well-being:

hardly ever

most of the time

- | | | | | | |
|--|---|---|---|---|---|
| 1. My relationship with a spiritual entity (god, higher power,
inner life force, mother earth) contributes to my sense of well-being. | 1 | 2 | 3 | 4 | 5 |
| 2. I consider my body to be sacred and the earth to be sacred. | 1 | 2 | 3 | 4 | 5 |
| 3. I feel I have a positive impact on the well-being of this
planet and humanity. | 1 | 2 | 3 | 4 | 5 |
| 4. I feel my life has a purpose. | 1 | 2 | 3 | 4 | 5 |
| 5. I accept myself unconditionally. | 1 | 2 | 3 | 4 | 5 |
| 6. I generally feel good about myself. | 1 | 2 | 3 | 4 | 5 |
| 7. I have a profound inner calm and peace. | 1 | 2 | 3 | 4 | 5 |
| 8. I feel fulfilled and satisfied with life. | 1 | 2 | 3 | 4 | 5 |
| 9. I am able to forgive others easily. | 1 | 2 | 3 | 4 | 5 |
| 10. I trust that in life there is a reason for everything. | 1 | 2 | 3 | 4 | 5 |
| 11. I trust myself and the path I have chosen. | 1 | 2 | 3 | 4 | 5 |
| 12. I feel supported and united with the earth and all living things. | 1 | 2 | 3 | 4 | 5 |
| 13. I give my love to others freely. | 1 | 2 | 3 | 4 | 5 |
| 14. There is a reason for my existence and for what I do daily. | 1 | 2 | 3 | 4 | 5 |
-

Ability to Cope:

hardly ever

most of the time

- | | | | | | |
|--|---|---|---|---|---|
| 1. I feel hopeful during difficult times. | 1 | 2 | 3 | 4 | 5 |
| 2. During troubled times, I experience an inner source of hope. | 1 | 2 | 3 | 4 | 5 |
| 3. I am slow to anger | 1 | 2 | 3 | 4 | 5 |
| 4. I view death as a spiritual rite of passage. | 1 | 2 | 3 | 4 | 5 |
| 5. I believe there is some real purpose for my life. | 1 | 2 | 3 | 4 | 5 |
| 6. I take care of today and let yesterday
and tomorrow take care of themselves. | 1 | 2 | 3 | 4 | 5 |
| 7. In problem situations, I do what I am able to do
and then patiently find a solution. | 1 | 2 | 3 | 4 | 5 |
| 8. I have control over how I want to live my life. | 1 | 2 | 3 | 4 | 5 |
| 9. I experience intimacy or closeness
as often as I require. | 1 | 2 | 3 | 4 | 5 |
| 10. I have routine ways to relieve daily stresses. | 1 | 2 | 3 | 4 | 5 |
| 11. I make consistent efforts to maintain my health. | 1 | 2 | 3 | 4 | 5 |
| 12. I believe my belief system can influence the course of my illnesses. | 1 | 2 | 3 | 4 | 5 |
| 13. I have energy to give support and love to others. | 1 | 2 | 3 | 4 | 5 |
| 14. I take care of my body with respect and a sense of duty. | 1 | 2 | 3 | 4 | 5 |
| 15. I do not feel alone. | 1 | 2 | 3 | 4 | 5 |