FREDERICK COUNTY HEALTH DEPARTMENT
SUBSTANCE ABUSE SERVICES

Patient Name: _____ **Patient SAMIS #** _____

Spirituality Assessment

Please read each of the following statements. Indicate your agreement with each on the scale provided.

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	I feel as though my life has meaning and purpose.	◉	◉	◉	◉	◉
2	I believe that there is a larger meaning and plan to life.	◉	◉	◉	◉	◉
3	I have a negative outlook on life and others.	◉	◉	◉	◉	◉
4	I believe in a higher power.	◉	◉	◉	◉	◉
5	I have people with whom I can share my thoughts and feelings.	◉	◉	◉	◉	◉
6	It is important for me to give as well as receive.	◉	◉	◉	◉	◉
7	I believe faith is a part of spirituality.	◉	◉	◉	◉	◉
8	I find inner strength and/or peace from my prayer or meditation.	◉	◉	◉	◉	◉
9	I feel an emptiness in my life, as if something were missing.	◉	◉	◉	◉	◉
10	I trust my higher power.	◉	◉	◉	◉	◉
11	I care about the influence of my life on others.	◉	◉	◉	◉	◉
12	I have experienced loss in my life.	◉	◉	◉	◉	◉
13	I feel hopeful.	◉	◉	◉	◉	◉
14	I experience regret or guilt for the harmful things I do.	◉	◉	◉	◉	◉
15	It is important for me to give something back to my community.	◉	◉	◉	◉	◉
16	I desire to be more connected with a higher power and others.	◉	◉	◉	◉	◉