



SPIRITUAL FITNESS ASSESSMENT

Spiritual Fitness Assessment

Your Name: _____

Date: _____

INSTRUCTIONS:

This questionnaire measures some of your faith-related attitudes, beliefs and practices that may have an impact on your health. Your responses may be used by a member of our staff to have a dialogue with you regarding faith and health should you desire. If you are uncomfortable providing a response to any statement, just skip that item.

For each item, please circle the number that best describes your answer according to the scale provided.

All information will be kept confidential.

YOUR BELIEFS & ATTITUDES ABOUT GOD:

**1 = Strongly Disagree 2 = Moderately Disagree 3 = Slightly Disagree 4 = Unsure
5 = Slightly Agree 6 = Moderately Agree 7 = Strongly Agree**

- | | | | | | | | |
|--|---|---|---|---|---|---|---|
| 1. There is a connection between a person's spirit, mind, emotions and body. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. A person's faith-related beliefs, attitudes and practices can have a positive impact on their health. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. I am open to learning how faith-related beliefs, attitudes and practices might impact in a positive way on my health. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. I obtain strength and comfort from my faith/spirituality. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. Aside from my frequency of attending worship services, I consider myself to be spiritual. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. My faith gives me a strong sense of meaning and purpose. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. There is a God. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. God's Spirit lives in me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. My spiritual beliefs affect absolutely every aspect of my life. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. My trust and faith in God gives me hope. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. God hears me when I cry out to Him. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. My thought patterns impact on my emotions, feelings and associated behaviors. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

YOUR RELATIONSHIP WITH GOD:

- | | | | | | | | |
|--|---|---|---|---|---|---|---|
| 13. My relationship with God is the foundation for how I live my life. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|--|---|---|---|---|---|---|---|

- | | | | | | | | |
|--|---|---|---|---|---|---|---|
| 14. My relationship with God gives me a strong sense of purpose and meaning. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 15. I love God in a personal way. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 16. God loves me in a personal way. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 17. I know that God forgives me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 18. I trust in God and have faith that He will take care of me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 19. I try my very best to understand the principles and commandments of Holy Scriptures/the Bible. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 20. I am obedient to the principles and commandments of Holy Scriptures/the Bible. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 21. I am not harboring bitterness toward God for bad things that have happened to me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

**1 = Strongly Disagree 2 = Moderately Disagree 3 = Slightly Disagree 4 = Unsure
5 = Slightly Agree 6 = Moderately Agree 7 = Strongly Agree**

HOW YOU PRACTICE YOUR FAITH

- | | | | | | | | |
|---|---|---|---|---|---|---|---|
| 22. I have close relationships with others in my faith community who have influence in my life's direction. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 23. feel a strong sense of support from other people who are in my faith community. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 24. I engage in healthy behaviors to care for my body as God's temple. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 25. I draw special strength/power from God's Spirit to make health-related behavior choices and changes in my life. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 26. I tend not to hold grudges for a long time when people hurt me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 27. I have forgiven myself for things that I have done wrong. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 28. I have forgiven those who have hurt me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 29. I am not angry or bitter towards God, myself or others. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

**1 = Never 2 = About once a year 3 = Several times a year 4 = About once a month
5 = 2-3 times a month 6 = About once a week 7 = More than once a week**

--- USE NEW SCALE ABOVE ---

30. I cry out to God when I need His help. 1 2 3 4 5 6 7
31. I attend religious services, activities or Bible studies. 1 2 3 4 5 6 7
32. I confess my wrongdoings/sins to God and ask for His forgiveness. 1 2 3 4 5 6 7
33. I volunteer at my place of worship or in my community. 1 2 3 4 5 6 7
34. I consciously surrender or "let go" of all aspects of my life to God. 1 2 3 4 5 6 7
35. I engage in social interaction with others of my faith. 1 2 3 4 5 6 7

**1 = Never 2 = Less than once a month 3 = 2-3 times a month 4 = About once a week
5 = Several times a week 6 = Once a day 7 = More than once a day**

--- USE NEW SCALE ABOVE ---

36. I monitor my thinking/thought patterns as a way to influence my emotions, feelings and associated behaviors. 1 2 3 4 5 6 7
37. Other than at mealtime I pray, meditate, or talk with God. 1 2 3 4 5 6 7
38. I read or study Holy Scriptures/the Bible privately. 1 2 3 4 5 6 7
39. Would you like a member of our staff to talk with you about your responses and suggest how certain Christian-principled 'spiritual exercises' might help make a difference with your health? **Yes or No**
40. What is your current religion, faith and/or denomination? _____

*For an accompanying, low cost 34-page booklet, "Spiritual Exercises for a Healthier Life,"
or to receive permission to administer this tool to others, visit the Products page of the Services tab on the website.*

Permission granted for personal use only

Copyright 2009, Dale Fletcher, M.S. www.faithandhealthconnection.org