

FAMILY GUIDANCE CENTER OF WARREN COUNTY
SUBSTANCE ABUSE PROGRAM
SPIRITUAL ASSESSMENT

Client: _____ Case#: _____ Date: _____

1. Were you brought up in a particular religion? _____ Do you still practice? _____
2. What do you believe the purpose and meaning of life to be?

3. How would you describe your philosophy of life?

4. Do you believe in a life after death? _____
5. How do you express your spirituality?

6. Do you use prayer in your life? _____
7. Who or what provides you with strength or hope? _____
8. Are you seeking some type of spiritual or religious support? _____
9. What are your spiritual goals?

10. What do the words "higher power" mean to you?

11. Have you ever called upon God or a higher power to help you? _____ Do you believe in either? _____
12. Would you find it difficult to be in a self-help group that uses spirituality as a guiding principle to mental health and sobriety? _____

Therapist Comments:

Signature _____

Date: _____