

Spiritual Assessment Questionnaire

Please circle all that apply when there is a multiple choice question

Website: Healthy Christian Living - Living by the Blueprint

I do not charge for this assessment, but donations are accepted as this takes time and work to do this for you. If you cannot afford to donate that is not a problem, but if you can please ask me how.

Please Note: Due to the laws of the land, we are required to tell you that the health information received during this consultation is for general education and is not intended to be specific medical advice. No medical care, diagnosis, or treatment is provided during this consultation. It is advisable to consult with ones personal health care provider before implementing any lifestyle changes.

I release all Lifestyle counselors or associated organizations from any and all liability. Participation in this consultation indicates acceptance of these terms.

These next two portions are in no way designed to judge or condemn; just simply to get an idea about each person

SPIRITUAL COMPONENT:

1. Do you believe in God? YES or NO
2. Do you pray to God? YES or NO ***If yes, how often a day? ____ x day
3. Do you believe the Bible is true? YES NO SOME OF IT
4. Do you read the Bible? YES or NO ***If yes, Which Version? _____
How Many Times? EVERY DAY ONCE A WEEK ONCE A MONTH ONCE A YEAR NEVER
5. Do you feel like God has been GOOD, BAD, or OKAY to you?
6. Do you feel you have been GOOD or NOT GOOD to God?
7. Do you trust God 100% implicitly? YES or NO
8. Do you believe God loves you? YES or NO
9. Do you believe God is LOVING and CARING or a MERCILESS TYRANT?
10. Do you take EVERYTHING to God when you have a problem or want some type of direction? YES or NO

SOCIAL: (Please answer as truthfully as possible)

1. Do you have a good family unit? YES or NO
2. Are you close to your parents? YES or NO

3. Are you close to your children? YES or NO
4. Were you raised by your Biological parents? MOTHER or FATHER or BOTH? YES or NO
5. Were you raised with SIBLINGS, COUSINS, AUNTS, UNCLES? YES or NO
6. Do you get along well with others? YES or NO
7. Do you feel you have been cheated in life? YES or NO
8. Do you feel people misunderstand you? YES or NO
***If yes...MOST OF THE TIME or SOME OF THE TIME?
9. Are you a SENSITIVE PERSON or THINGS DON'T BOTHER YOU EASILY?
10. Do you have a social circle that you are a member of? (Church, Senior Center, Club, etc.) YES or NO
11. Do you feel that you make good choices in picking friends and partners? YES or NO
12. Is there any unfulfilled promise you made that you wish you could fix? YES or NO
13. Is it easy for you to forgive others when they have wronged you? YES or NO
14. Are you willing to admit when you are wrong? YES NO SOMETIMES
15. Are you more SHY and TO YOURSELF or OUTGOING?
16. Are you an EMOTIONAL or SENSITIVE person, BOTH or NEITHER?
17. Do you feel your personality is ABRASIVE and HARSH or GENTLE and KIND?
18. Do you feel you are more of a LISTENER or TALKER?
19. Are you an OUTSPOKEN person or QUIET?
20. Would you consider yourself to be one who EXPRESSES YOURSELF & COMPLAIN when things don't go your way, or one who KEEPS IT IN TO YOURSELF?
21. Are you the type to tell all your personal business? YES or NO
22. Do you talk about others'? YES NO SOMETIMES
23. Are you more OPTIMISTIC or PESSIMISTIC?
24. On a scale of 0-100, what do you believe you are worth?_____