

An Assessment of Spiritual Needs of Older Adults
First level assessment

Based on Spiritual Tasks of Aging (MacKinlay 2001)

To be used at admission may be self-administered, or with family or staff

Name: _____

Address: _____

What makes your life worth living?

Are there things that are hard for you now?

- What is hardest for you now?

How do you cope with difficult things in your life?

1. (Question 1 is optional) Religion/ denomination: _____

2. Are there any religious or spiritual practices that give you support? eg. Attending services of worship, prayer, meditation, reading Scripture or other religious materials.

3. Are you a member of a church, congregation or faith community ?

Yes No

4. Is there someone within that community that you would want contacted, for example your minister?

Yes No

If yes, please provide contact details for that person:

Name: _____

Address: _____

Phone: _____