

**An Assessment of Spiritual Needs of Older Adults**  
(Level 2 Assessment)  
Based on Spiritual Tasks of Aging (MacKinlay 2001)

**To be used in interview with resident/patient.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Optional question: Religion/ denomination:  
\_\_\_\_\_

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

Yes  No

Is there someone within that community that you would want contacted?

Yes  No

If yes, please provide contact details for that person:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**1. Ultimate meaning in life:**

1.1 Where do you find/what brings greatest meaning in your life?

1.2 What do you think God is like?

**2. Response to ultimate meaning:**

2.1 Is religion important for you?  
If yes, in what way is it important?

Is your spiritual life important to you?  
In what way is it important?

2.2 Do you go to church?

*If no:* Did you used to go to church?

2.3 Which ways of engaging with life's meaning do you use and/or would like to use:  
(tick relevant boxes)

- Worship
- Prayer
- Reading of Scripture
- Meditation
- Music
- Art
- Environment
- Other

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Comments:

---

---

2.3.1 If you engage with meaning through religious traditions, which of the following would you like to engage in?

- Attending church services
- Having the chaplain call
- Having your own minister/pastoral visitors visit
- Joining a small group for Bible reading/study/other religious studies
- Meditation
- Other

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Would you like assistance with any of these?

2.3.2 If you engage in life's meaning through any of the following please tick the relevant boxes:

- Music
- Art
- Environment
- Other?

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Comments

### **3. Transcendence of loss and disabilities**

- 3.1 What losses have you experienced in the past two to five years?  
eg. Spouse, other relatives, friends, work, home?
  
- 3.2 Do you have enough energy to do all you want to do?
  
- 3.3 Have you had any major illnesses and/or surgery?
  - 3.3.1 What chronic illnesses do you live with?
  
- 3.4 What has helped you to cope in difficult circumstances in the past?
  
- 3.5 Has your faith been a help in coping?
  - If so how?

### **4. Moving from provisional to ultimate meanings**

- 4.1 Questions to explore:
  - What have been the hardest things in your life?
  
  - What is hardest now?
  
  - What life experiences do you remember with joy?
  
  - What life experiences do you remember with sadness?

(Spiritual reminiscence may be used as a vehicle to explore issues and find relationship between ultimate meaning and growth)

### **5. Finding intimacy with God and/or others**

- 5.1 Meaningful relationships, type and satisfaction with
  - Do you have someone you can share with?
    - Is that a relative or friend/s?
  
    - Do you share struggles and joys with God?
  
- 5.2 Social and spiritual intimacy/isolation

- Do you feel lonely?  
(place a tick in one box below)

Never  Sometimes?  Mostly?  All the time?

Comments:

**6. Finding hope**

6.1 Do you have any fears?

6.2 What gives you hope in life?