

Providence St. Vincent Medical Center
Department of Pastoral Services

SPIRITUAL PAIN ASSESSMENT FORM

PATIENT NAME: _____

ROOM NUMBER: _____

Date: _____

Meaning Pain Scale

1	2	3	4	5
life is filled with w/purpose & meaning	life is good, I know what I want to accomplish	I feel generally motivated	I lack energy to accomplish	life has become meaningless

Comments: _____

Relatedness Pain Scale

1	2	3	4	5
I feel a strong sense of connection w/the person & things that matter to me	I feel connection to those important to me	Most important areas of my life seem balanced	I feel some dis- association from key relationships/ issues	I feel seriously alienated from from someone/thing that is important to me

Comments: _____

Forgiveness Pain Scale

1	2	3	4	5
I feel a deep sense of reconciliation towards myself and others	I'm unaware of unresolved issues	There are no outstanding issues that are calling for forgiveness in my life	I know of areas I need to work on to forgive others	I feel a strong sense of unforgiving towards myself/others

Comments _____

Hope Pain Scale

1	2	3	4	5
I feel hope-filled and optimistic	I sense all will probably work out positively	I generally trust what the future holds for me	I sometimes question "why me?"	I am experiencing deep depression & hopelessness

COMMENTS: _____

CAREGIVER'S OBSERVATIONS: _____

Adapted from assessment tool designed by Richard Grove, St. Charles Medical Center, Bend, OR.