

CONFIDENTIAL: Only to those with access to medical records

Name: _____

Date: _____

Spiritual & Emotional Self-Assessment:

The Four Cs - Crisis, Coping, Comfort, Community

This reflection will help our team serve you better.

- Instructions:** a) take your time
b) there are no "right" or "wrong" answers
c) check as many boxes as apply to you now
d) please write additional comments if you wish

1. How do you feel about this health crisis?

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> o.k. | <input type="checkbox"/> anxious | <input type="checkbox"/> helpless |
| <input type="checkbox"/> at peace | <input type="checkbox"/> angry | <input type="checkbox"/> depressed |
| <input type="checkbox"/> hopeful | <input type="checkbox"/> why me? | <input type="checkbox"/> sad |
| <input type="checkbox"/> uninformed/confused | <input type="checkbox"/> sense of loss | <input type="checkbox"/> betrayed |
| <input type="checkbox"/> lonely | <input type="checkbox"/> fearful | <input type="checkbox"/> guilty |
| <input type="checkbox"/> other comments _____ | _____ | _____ |

2. How are you coping?

- | | | |
|--|---|---|
| <input type="checkbox"/> just fine | <input type="checkbox"/> avoiding reality | <input type="checkbox"/> loss of meaning |
| <input type="checkbox"/> good family/friends support | <input type="checkbox"/> stressed | <input type="checkbox"/> financial worries |
| <input type="checkbox"/> experiencing closer ties | <input type="checkbox"/> no energy | <input type="checkbox"/> anxious about children |
| <input type="checkbox"/> partner/family not coping | <input type="checkbox"/> fearful | <input type="checkbox"/> not coping well at all |
| <input type="checkbox"/> other comments _____ | _____ | _____ |

3. What are your sources of comfort (strength, hope and support)?

- | | | |
|---|--|--|
| <input type="checkbox"/> family | <input type="checkbox"/> music | <input type="checkbox"/> friends |
| <input type="checkbox"/> nature walks | <input type="checkbox"/> pets | <input type="checkbox"/> no sources |
| <input type="checkbox"/> physical activity | <input type="checkbox"/> prayer/meditation | <input type="checkbox"/> religious practices (e.g. worship, scripture, sacraments) |
| <input type="checkbox"/> self | <input type="checkbox"/> faith | |
| <input type="checkbox"/> other comments _____ | _____ | _____ |

4. Do you have a faith community? (and/or a community of support?)

- | | | |
|---|--|---|
| <input type="checkbox"/> yes | <input type="checkbox"/> none | <input type="checkbox"/> had faith community, not now |
| <input type="checkbox"/> personal meditation/prayer | <input type="checkbox"/> loss of faith since crisis | <input type="checkbox"/> nature experiences |
| <input type="checkbox"/> friends, congregation | <input type="checkbox"/> spiritual but not religious | <input type="checkbox"/> hurtful memories of religion |
| <input type="checkbox"/> support group (e.g. A.A.) | <input type="checkbox"/> religious and spiritual | |
| <input type="checkbox"/> other comments _____ | _____ | _____ |

Thank you very much for supplying this information. Please ask if you have any questions.

"Caring for the Whole Person"