Cultural and Spiritual Mnemonic Tools for use in Genetic Counseling

This work has been supported by the Jane Engelberg Memorial Fellowship, the 2009 grant from the Engelberg Foundation to the National Society of Genetic Counselors, Inc.

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Cultural Assessment Mnemonic Tools

ADHERE

"ADHERE" is a mnemonic tool that can be very helpful for health care providers to gain an understanding of the patient's lifestyle and culture. These key factors of the mnemonic will help eliminate concerns and questions the patients come across. The treatment plan will be a result of both the patient and health care provider's goals and desires, designed by compromising and discussing important issues together.

Acknowledge: *Acknowledge the need for treatment with the patient, and ask about previous treatments utilized. Together determine mutual goals and desired outcomes.*

Discuss: *Discuss potential treatment strategies and options, as well as consequences of non-treatment with the patient (consider issues such as treatment effectiveness, prognosis, use of complementary/ alternative medicine, brand name vs. generics, off-label uses, prescription plans, formularies, etc.).*

Handle: *Handle any questions or concerns the patient may have about treatment (e.g., fears or worries, side effects, costs, dosage, frequency, timing, sequence, duration of treatment, drug or food interactions, and proper storage techniques).*

Evaluate: *Evaluate the patient's functional health literacy and understanding of the purpose/rationale for treatment, and assess barriers and facilitators to adherence (e.g., environmental, economic, occupational, and sociocultural factors, family situation and supports)*

Recommend: *Recommend treatment, and review the therapeutic regimen with the patient.*

Empower: *Empower by eliciting the patient's commitment and willingness to follow-through with the therapeutic regimen.*

Originally referenced:

Soto-Greene, M., Salas-Lopez, D., Sanchez, J., and Like, R.C. (2004) Antecedents to Effective Treatment of Hypertension in Hispanic Populations. *Clinical Cornerstone*, 6(3), 30-36.

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BATHE

"BATHE" can be a useful device for physicians and health care providers to use with patients to discover the core issue or problem. A good foundation of trust and rapport is built by using these steps, to allow the patient to feel comfortable sharing information that is pertinent to the health issue.

Background: A simple question. "*What is going on in your life?"* elicits the context of the patient's visit.

Affect: (The feeling state) Asking *"How do you feel about it?"* or "*What is your mood?"* allows the patient to report and label the current feeling state.

Trouble: Asking *"What troubles you most about the situation?"* helps the physician and patient focus, and may bring out the symbolic significance of the illness or event.

Handle: *"What helps you handle the situation?"* gives an assessment of functioning and provides direction for an intervention.

Empathy: *"This must be very difficult for you"* or *"Anybody would feel as you do"* legitimizes the patient's feelings and provides psychological support.

Originally referenced:

Stuart M.R., Lieberman, J.A. (1993) *The fifteen minute hour: applied psychotherapy for the primary care physician. 2nd ed.* Westport, Conn.: Praeger.

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ETHNIC(S)

"ETHNIC(S)" is a useful mnemonic tool that assesses the medical logic and health beliefs of the patient (Levin, Like, & Gottleib, 1997). ETHNIC(S) was developed to allow the health care provider to understand how the patients' culture will affect their treatment. Not intended to replace medical intake, this mnemonic can serve as a guide for integrating cultural sensitivity throughout the session. This tool builds a framework for health care providers to create an atmosphere that is welcome and understanding to the patient's diverse perceptions on sickness and symptoms, including relevant cultural healing techniques.

Explanation

Consider asking such psychosocial questions as:

- *How do you explain your illness? or Why do you think you have this illness?*
- *What do others think of your condition? What do friends, family, and others say about these symptoms?*
- *Do you know anyone else who has had or has this kind of problem?*
- *Have you heard about/read/seen it on television/radio/newspaper/internet?*

  *Some individuals may be reluctant to give their impression because they feel that diagnosis is a doctor's job. However, the use of normalizing phrases like "I often learn important things from hearing people's ideas about why they are ill and what they think should be done about it" can help gently prod patients into meaningful discussion (Kobylarz, Heath, & Like, 2002, p. 1583).
- *If the patient cannot provide an explanation, consider asking them "What concerns you about the problem?"*

Treatment

Consider asking such psychosocial questions as:

- *What have you tried for this illness? or What treatment have you tried?*
- *What kind of medicines, home remedies, or other treatments have you tried for this illness?*
- *Is there anything you eat, drink, do, or avoid on a regular basis to stay healthy?*
- *What kind of treatments are you seeking from me? (Kobylarz, Heath, & Like, 2002, p. 1584).*

Healers

Consider asking such psychosocial questions as:

- *Who else have you sought help from for this illness?*
- *Have you sought help from alternative or folk healers, friends, or other people who are not doctors for help with your problems?*

  *Keep in mind that for more acculturated individuals, asking whether they rely on folk healers may be insensitive. Instead, remember that this area includes all alternative health care, including more Western alternative medicine such as chiropractors and herbal supplements (Kobylarz, Heath, & Like, 2002, p. 1584).

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Negotiate

Brainstorm mutually acceptable options by asking the following questions:

- *How best do you think I can help you?*
- *What are some options that would be best from your perspective?*

*****Remember that your negotiations may extend beyond the patient to caregivers or extended family members, depending on the cultural context of the encounter. The negotiation should seek to find a solution agreeable to ALL participants in the patient's care or decision-making unit. (Kobylarz, Heath, & Like, 2002, p. 1584-5).

Intervention

Agree on an intervention that makes sense based on the cultural context of the encounter, explicitly incorporating the information learned from the previous steps. (Kobylarz, Heath, & Like, 2002, p. 1584-5). . This may include incorporation of alternative treatments, spirituality, and healers, as well as other cultural practices (e.g., foods eaten or avoided both in general and when sick).

Collaborate

Collaborate with patient, family and/or healers to execute the intervention. Open the conversation by asking:

- *"How can we work together on this and with whom else?"* (Kobylarz, Heath, & Like, 2002, p. 1584-5).

(Some health care professionals have added spirituality)

Spirituality

Consider using questions as:

- *Tell me about your spiritual life.*
- *How can your spiritual beliefs help you with this?*
- *What things do you believe give meaning to your life?*
- *What role do your beliefs play in regaining your health?*
- *How would you like me, your healthcare provider, to address these issues in your healthcare?*

Finding a successful intervention may not be a one-time process, and these steps may need to be repeated to come to an intervention that is both culturally sensitive and followed by the patient. However, even if an acceptable intervention does not come out of the first encounter, using ETHNIC can help build essential trust between the patient and the provider, thereby beginning to bridge the cultural gap.

Originally referenced:

Levin S.J., Like R.C., & Gottlieb J.E. (2000) ETHNIC: A framework for culturally competent clinical practice. *Patient Care*, 9 (special issue),188.

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(2005) Techniques for Taking a History. *The Provider's Guide to Quality and Culture*. Management Sciences for Health. Retrieved October 29, 2009 from http://erc.msh.org/aapi/tt2.html.

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ESFT

The "ESFT" tool helps guide health care providers retrieve information about a patient's explanatory model, social and environmental factors, fears and concerns, and proper treatment regime. "ESFT" provides a framework for professionals to ask patients about their feelings and thoughts towards their health or illness. By collecting this information, health care providers can understand and conceptualize the effects the illness has on patients. The information will also help providers determine and generate the best treatment plan for each individual patient. "ESFT" helps the health care professional be sure the patient understands and accepts the treatment.

The following was cited from Carrillo, Green, & Betancourt, 1999 with a few minor adjustments.

E: Explanatory Model of Health and Illness

Consider asking such psychosocial questions as:

- *What do you call your problem?*
- *What do you think caused your problem?*
- *Why do you think it started when it did?*
- *How does it affect your life?*
- *What worries you most?*
- *What kind of treatment do you think you should receive?*
- *How does your family feel about it?*

S: Social and Environmental Factors

Consider asking such psychosocial questions as:

- *How do you get your medications? Do you have access to a pharmacy?*
- *Are they difficult to afford? Does your insurance cover your medications?*
- *Do you have time to pick them up?*
- *How quickly do you get them?*
- *Do you have help getting them if you need it?*
- *How are your medications organized at home?*

F: Fears and Concerns

Consider asking such psychosocial questions as:

- *How do you feel about taking the medication?*
- *Are you concerned with the dosage?*
- *Have you heard anything about this medication?*
- *What worries do you have about side effects?*
- *Do you think the medication will interfere with your life?*

T: Therapeutic Contracting (Treatment)

Consider asking such psychosocial questions as:

- *Do you understand how to take the mediation?*
- *How do you feel about your treatment plan?*
- *Can you repeat the (treatment) instructions back to me in your own words?*

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Originally referenced:

Betancourt JR, Carrillo JE, & Green AR. (1999) "Hypertension in Multicultural and Minority Populations: Linking Communication to Compliance." *Current Hypertension Reports,* 1(6), 482-488.

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"ESFT Model: Handout 1.5." *The QIO Facilitators' Guide: Companion to A Physician's practical Guide to Culturally Competent Care*: (p.156). CMS & UQIOSC. Retrieved October 29, 2009 from https://www.thinkculturalhealth.org/documents/QIO%20Facilitator's%20GuideMEDQIC.pdf.

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LEARN

"LEARN" is a mnemonic tool that can be used to overcome difficulties with communication between health care providers and patients. The goal of this tool is to arrive at an agreeable treatment that is acceptable for both parties, who may see the issues from different cultural worldviews.

Listen: *Listen with empathy and understanding of the patient's perception of the problem.*

Explain: *your perceptions of the problem.*

Acknowledge: *Acknowledge and discuss the differences and similarities.*

Recommend: *Recommend treatment*

Negotiate: *Negotiate agreement.*

Originally referenced:

Berlin, E.A., & Fowkes, W.C. Jr. (1983) A teaching framework for cross- cultural health care. *The Western Journal of Medicine* 139(6), 934-8.

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Adeniran, R.K., &Watts, R.J. (2008). Developing Cultural Competence in Long- Term Care Nursing. In Sullivan-Marx, E.M, & Gray- Miceli, D. (Ed.), "Leadership and Management Skills for Long-Term Care. (pp 138-140). Springer Publishing Company.

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RESPECT

"RESPECT" is a mnemonic tool that offers health care providers a way to learn more about a patient's beliefs and gain insight into how well their counseling techniques work with patients from diverse cultures. This tool creates a framework that health care providers can use to explore and understand the patient's perspectives and also raise awareness of their own biases. The goal of "RESPECT" is to facilitate a trusting environment for honest and open communication between the patient and health care professional.

Respect*: A demonstrable attitude involving both verbal and nonverbal communications*

Explanatory model: *What is the patient's point of view about his or her illness? How does it relate to the physician's point of view? All points of view must be elicited and reconciled*

Sociocultural context: *How class, race, ethnicity, gender, education, sexual orientation, immigrant status, and family and gender roles, for example, affect care*

Power: *Acknowledging the power differential between patients and physicians*

Empathy: *Putting into words the significance of the patient's concerns so that he or she feels understood by the physician*

Concerns and fears: *Eliciting the patient's emotions and concerns*

Therapeutic alliance/ trust: *A measurable outcome that enhances adherence to, and engagement in, health care*

Originally referenced:

Bigby J.A., ed. (2003) *Cross-Cultural Medicine*. (pp. 20) Philadelphia, PA, *American College of Physicians*.

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Adeniran, R.K., &Watts, R.J. (2008). Developing Cultural Competence in Long- Term Care Nursing. In Sullivan-Marx, E.M, & Gray- Miceli, D. (Ed.), "Leadership and Management Skills for Long-Term Care. (pp 138-140). Springer Publishing Company.

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TRANSLATE

"TRANSLATE" is a mnemonic tool used to ensure a successful encounter between patient and health care provider when using a medical interpreter or other language assistance. The outlined steps allow the patient to gain trust and confidence in working with the health care provider and medical interpreter, and lead to the best treatment plan for the patient, and that is uninhibited by communication barriers. This tool will supply the framework for viewing the different key issues and help set up a rapport and contract with the medical interpreter before the encounter.

Trust: *How will trust be developed in the patient-clinician-interpreter triadic relationship? In relationships with the patient's family and other health care professionals?*

Roles: *What role(s) will the interpreter play in the clinical care process (e.g., language translator, culture broker/informant, culture broker/interpreter of biomedical culture, advocate)?*

Advocacy: *How will advocacy and support for patient- and family-centered care occur? How will power and loyalty issues be handled?*

Nonjudgmental: *How can a non-judgmental attitude be maintained during health care encounters? How will personal, beliefs, values, opinions, biases, and stereotypes be dealt with?*

Setting: *Where and how will medical interpretation occur during health care encounters (e.g., use of salaried interpreters, contract interpreters, volunteers, AT&T Language Line)?*

Language: *What methods of communication will be employed? How will linguistic appropriateness and competence be assessed?*

Accuracy: *How will knowledge and information be exchanged in an accurate, thorough, and complete manner during health care encounters?*

Time: *How will time be appropriately managed during health care encounters?*

Ethical issues: *How will potential ethical conflicts be handled during health care encounters? How will confidentiality of clinical information be maintained?*

Originally referenced:

Kaufert J.M. and Putsch R.W. (1997). Communication through Interpreters in Health care: Ethical Dilemmas Arising from Differences in Class, Culture, Language, and Power. *The Journal of Clinical Ethics,* 8(1), 71-87.

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SPEAK

"SPEAK" is a mnemonic tool for use by healthcare providers to enhance their awareness of health literacy components during patient care. This tool provides a framework designed to help healthcare providers recognize and address many of the health literacy challenges their patients and/or caregivers face while navigating the healthcare system. Healthcare providers can enhance the effectiveness and efficiency of the care they provide by recognizing their patient's health literacy.

Speech: How will the health care provider's speech be received by the patient and/or caregiver?

- *Do the healthcare professional, patient, and/or caregiver speak the same or different languages?*
- *Do the healthcare professional, patient, and/or caregiver speak the same level of language (eg, everyday or lay vocabulary versus technical medical language)?*
- *What role will an interpreter (informal or trained) play?*

Perception: How will the patient and/or caregiver perceive both the verbal and written content during the communication with the health care provider?

- *What language do the patient and/or caregiver prefer to read and write?*
- *How do we know the patient and/or caregiver can comprehend the medical information presented?*
- *Have teach-back and show me techniques (verbal, written, hands on demonstration) been used?*
- *What communication challenge does the patient and/or caregiver have and how is this addressed (eg, hearing, vision, cognitive impairment, and other disabilities)?*

Education: What is the education level of the patient and/or caregiver?

- *Are patient and/or caregiver educational materials at the appropriate level and culturally and linguistically appropriate?*
- *How will current technology and different information formats (eg, video, audio, and computer) be used (eg, barrier versus assistive device)?*
- *Do the patient and/or caregiver have access or the ability to use a computer?*

Access: How will the patient and/or caregiver access the health care system?

- *Have practice-site characteristics been considered (eg, building design, signs and directions, voicemail and telephone menus, staff personnel)?*
- *Does the practice-site provide for a respectful and shame-free environment?*

Knowledge: How will assessment of health literacy be carried out, and what tools will be used?

- *Informal (eg, direct observation or encouraging patient to use Ask Me 3 approach).*
- *Formal (eg, use of validated health literacy assessment tool).*

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Spiritual Assessment Tools Quick Reference Sheet

BELIEF

B: Beliefs (Health)
E: Explanation
L: Learn from the patient
I: Impact
E: Empathy
F: Feelings

Dobbie, A.E., Medrano, M., Tysinger, J., & Olney, C. (2003). The BELIEF Instrument: A Preclinical Teaching Tool to Elicit Patients' Health Beliefs. *Family Medicine*, 35: 316-319.

HOPE

H: Sources of hope, meaning, comfort, strength, peace, love, and connection
O: Role of organizational religion
P: Personal spirituality/practices
E: Effects on medical care/ end-of-life issues

Anandarajah, G., & Hight, E. (2001). Spirituality and medical practice: Using HOPE questions as a practical tool for spiritual assessment. *American Family Physician*, *62*(1), 81-89. Retrieved October 29, 2009 from http://www.aafp.org/afp/20010101/81.html.

FICA

F: Faith or beliefs
I: Importance and Influence
C: Community
A: Address

Puchalski, C., & Romer, A.L. (2000). Taking a spiritual history allows clinicians to understand patients more fully. *Journal of Palliative Medicine*, 3,129-138. Retrieved October 29, 2009 from http://web.ebscohost.com/ehost/pdf?vid=3&hid=4&sid=2dcdce9b-815f-47d4-9f6f-41f6982a72ac%40sessionmgr10.

SPIRIT

S: Spiritual belief system
P: Personal spirituality
I: Integration with a spiritual community
R: Ritualized practices and restrictions
I: Implications for medical care
T: Terminal events planning

Maugans, T.A. (1996). The SPIRITual History. *Family Medicine*, *5*(1):11-16. Retrieved October 29, 2009 from http://archfami.amaassn.org/cgi/reprint/5/1/11.

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Spiritual Assessment Mnemonic Tools

BELIEF

"BELIEF" can be a useful tool for physicians and healthcare providers to reduce ethnic health disparities and improve their culturally competent interviewing skills. This tool can be used in many situations that involve various cultures and belief systems. Created to help teach preclinical medical students, using BELIEF does not require any diagnostic or therapeutic skills. Healthcare providers can benefit from using the BELIEF instrument by to enhance their understanding of how health beliefs might influence patient care.

Beliefs (Health): By asking about a patient's beliefs, a healthcare provider can elicit important information about an illness. Patients have different internal support systems that give them strength and may have varied sources for hope, comfort, and peace. Professionals must understand the patient's particular beliefs to successfully treat each patient effectively.

Consider asking such psychosocial questions as:

- *What do you believe has caused your illness/problem?*
- *Do you, or your family, have religious or spiritual beliefs about your illness?*
- *Did you ever hear or read anything about your illness?*
- *What folk healers have you consulted about your illness? Did it help?*
- *What do you believe will happen in the future with your illness?*
- *Have you used any folk / over-the counter remedies for your condition*

Explanation: By asking about a patient's beliefs providers will have insight into the patient's understanding of the cause of the illness/ problem. Health care professional can relate the patient's point of view with views of Western health care. By openly and sensitively discussing these issues, the patient and professional can negotiate the best treatment regime.

Consider asking such psychosocial questions as:

- *Why did it happen at this time?*
- *Did you, or anyone else, do anything that might have caused your problem?*
- *Why do you think you have this illness?*
- *How do you explain your illness?*

Learn from the patient: Healthcare providers must be open to diverse viewpoints that emerge from each culturally and psychologically diverse patient. Having an openness and conveying your willingnness to learn more is beneficial to the patient/provider relationship.

Consider asking such psychosocial questions/ invitations as:

- *Help me to understand your beliefs/opinions.*
- *Tell me more about your beliefs…about this situation.*

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- *What can I do to help you best at this time?*
- *What are some options that would be best from your perspective?*

Impact: Many times a patient will accept a treatment of the illness based on their beliefs and personal opinions. Identifying how much of an impact their beliefs have on the treatment regime is critical to helping the patient.

Consider asking such psychosocial questions as:

- *How is this illness/problem impacting your life?*
- *How is your illness/problem affecting your daily life?*
- *What are the most prominent problems your sickness has caused you?*
- *How are you handling this?*
- *How is your spouse/family handling this problem?*
- *What influence does this issue have on how you take care of yourself?*
- *What role do your beliefs play in regaining your health?*

Empathy: Put into words the patient's concerns and feelings. Directly identify with the patient's situation, feelings, and motives. Empathy provides comfort, reassurance, and generates trust so the patient knows you are sensitive to them.

Provide psychological support by saying such phases as:

- *This must be very difficult for you.*
- *Anybody would feel as you do.*
- *I'm sorry this happened to you.*

Feelings: Significance of the illness may be revealed by exploring the patient's feelings. Both the professional and patient can become more focused when the patient's feelings and concerns are identified and confirmed.

Consider asking such psychosocial questions as:

- *How are you feeling about it?*
- *What is your mood /attitude?*
- *What do you fear most about your illness?*
- *What is troubling you most, right now?*
- *How did you hope to be helped today?*
- *Are you worried about any conflicts between your beliefs and your medical situation?*

Originally referenced:
Dobbie, A.E., Medrano, M., Tysinger, J., & Olney, C. (2003). The BELIEF Instrument: A Preclinical Teaching Tool to Elicit Patients' Health Beliefs. *Family Medicine,* 35, 316-319.

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FICA

"FICA" can be a useful device to help providers and patients discuss the role of religion and spirituality as relevant to health and illness. FICA is a device that can assist the health care provider in taking a patient's spiritual history and facilitate discussion of the role of spirituality and religion in a patient's physical well being. By using FICA and addressing spiritual issues, an environment of intimacy and trust may be established, leading to patient comfort in revealing fundamental information about his/her worldviews and sources of personal meaning.

Faith or beliefs: *What is your faith or belief? Do you consider yourself spiritual or religious? What things do you believe give meaning to your life?*

Importance and Influence: *What influence does it have on how you take care of yourself? How have your beliefs influenced your behavior during this illness? What role do your beliefs play in regaining your health?*

Community: *Are you part of a spiritual or religious community? Is this of support to you and how? Is there a person or group of people you really love or who are really important to you?*

Address: *How would you like me, your healthcare provider, to address these issues in your healthcare?*

Originally referenced:

Puchalski, C., & Romer, A.L.(2000). Taking a spiritual history allows clinicians to understand patients more fully. *Journal of Palliative Medicine, 3,* 129-138. Retrieved October 29, 2009 from http://web.ebscohost.com/ehost/pdf?vid=3&hid=4&sid=2dcdce9b-815f-47d4-9f6f-41f6982a72ac%40sessionmgr10.

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HOPE

"HOPE" can be used to explore issues that are likely to influence treatment plans and the general well being of the patient. HOPE is a flexible, easily adapted tool to help health care providers engage in spiritual assessment and discussions of religion and spirituality with their clients. "HOPE" can help professionals become more self aware of their own spirituality. For some people, spirituality and physical health are intimately related. Therefore, HOPE helps health care providers determine preferences of their clients, leading to more appropriate counseling and treatment. HOPE sets a tone of trust and safety that is often needed for discussion of conscious and unconscious beliefs, values, concepts and practices that may lie at the core of a person's being.

H: Sources of hope, meaning, comfort, strength, peace, love, and connection

- We have been discussing your support systems. I was wondering, what is there in your life that gives you internal support? What are your sources of hope, strength, comfort and peace?
- What do you hold on to during difficult times?
- What sustains you and keeps you going?
- For some people, their religious or spiritual beliefs act as a source of comfort and strength in dealing with life's ups and downs; is this true for you?

  -If the answer is "**Yes**," go on to **O** and **P** questions.
  -If the answer is "**No**," consider asking: Was it ever? If the answer is "Yes," ask: What changed?

O: Role of organizational religion

- Do you consider yourself part of an organized religion?
- How important is this to you?
- What aspects of your religion are helpful and not so helpful to you at this difficult time?
- Are you part of a religious or spiritual community?
- How does it help you?

P: Personal spirituality/practices

- Do you have personal spiritual beliefs that are independent of organized religion? What are they?
- Do you believe in God?
- What kind of relationship do you have with God?
- What aspects of your spirituality or spiritual practices do you find most helpful to you personally? (e.g., prayer, meditation, reading scripture, attending religious services, listening to music, hiking, communing with nature)

E: Effects on medical care/ end-of-life issues

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- Has being sick (or your current situation) affected your ability to do the things that usually help you spiritually? (Or affected your relationship with God?)
- As a doctor, is there anything that I can do to help you access the resources that usually help you?
- Are you worried about any conflicts between your beliefs and your medical situation/care/decisions?
- Would it be helpful for you to speak to a clinical chaplain/community spiritual leader?
- Are there any specific practices or restrictions I should know about in providing your medical care? (e.g., dietary restrictions, use of blood products)

Originally referenced:

Anandarajah, G., & Hight, E. (2001). Spirituality and medical practice: Using HOPE questions as a practical tool for spiritual assessment. *American Family Physician*, 62(1), 81-89. Retrieved October 29, 2009 from http://www.aafp.org/afp/20010101/81.html.

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SPIRIT

"SPIRIT" is a mnemonic tool to help health care providers take a patient's spiritual history. Spirituality helps shape patients' experiences, including health and illness issues and concerns. Inquiring about one's spiritual beliefs may or may not be socially accepted by a patient. Yet, health care providers who can successfully engage their client in a discussion of spiritual information may be more successful in counseling, diagnosing and treating the patient effectively. The "SPIRIT" mnemonic helps professionals create a welcoming environment and offer themselves as a trusting support person. The SPIRIT interviewing tool can provide a framework for promoting general and specific discussions about spirituality, which are consistent with the patient's interest and willingness.

The following was cited from (Maugans, 1996) with a few minor adjustments.

Spiritual belief system: *Do you have a formal religious affiliation? Name or describe. Do you have a spiritual life that is important to you? How do you explain the meaning of your life at this time?*

Personal spirituality: *Describe the beliefs and practices of your religion that you personally accept. Describe those beliefs and practices that you do not accept or follow. In what ways is your spirituality/religion meaningful for you? What is the importance of your spirituality/ religion in daily life?*

Integration with a spiritual community: *Do you belong to any religious or spiritual groups or communities? How do you participate in this group/community? Do you have a role/position? Is this group meaningful and important to you? How is this group a source of support for you? Does or could this group provide help for you in dealing with health issues?*

Ritualized practices and restrictions: *What specific practices do you carry out as part of your religious and spiritual life (e.g. prayer, meditation, service, etc.)?Are there any lifestyle activities or practices that your religion encourages, discourages, or forbids? What importance do these practices and restrictions have for you? To what extent have you followed these guidelines? Are there any certain elements of medical care that you forbid due to your religious/spiritual beliefs?*

Implications for medical care: *What aspects of your religion/spirituality would you like to keep in mind as I care for you? Is there anything you would like to discuss concerning religious or spiritual implications of health care? What knowledge or understanding would strengthen our relationship as physician and patient? Are there barriers to our relationship based upon religious or spiritual issues?*

Terminal events planning: *As we plan for your medical care near the end of life, in what ways will your faith impact your decisions? Are there particular aspects of medical care that you wish to forgo or have withheld because of your religion/spirituality?*

Originally referenced:
Maugans, T.A. (1996). The SPIRITual History. *Family Medicine*, 5(1), 11-16. Retrieved October 29, 2009 from http://archfami.ama-assn.org/cgi/reprint/5/1/11.

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