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| HOPE Approach to Spiritual Assessment |
| H | **Spiritual Resources** | * What are your sources of **hope** or comfort?
* What helps you during difficult times?
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| O | **Organized Religion** | * Are you a member of an **organized religion?**
* What religious practices are important to you?
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| P | **Personal Spirituality** | * Do you have **spiritual beliefs,** separate from organized religion?
* What **spiritual practices** are most helpful to you?
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| E | **Effects on Care** | * Is there any conflict between your
* **Effects on Care** beliefs and the **care** you will be receiving?
* Do you hold beliefs or follow practices that you believe may affect your **care?**
* Do you wish to consult with a religious or spiritual leader when you are ill or making decisions about your **healthcare?**
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| *Source:* Anadarajah, G., & Hight, E. (2000). *Spirituality and medical practice: Using the HOPE questions as a practical tool for spiritual assessment*. www.aafp.org/. |