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|  | Family First Health CenterFaith, Hope, & HormonesSkinside OutFaylene Dancer, APRN-FNP308.386.4799 / 308.386.4343 FX333 Maple St., Sutherland, NE. 69145 |

# Spiritual/Emotional Questionnaire (Optional) Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please take a few minutes to fill out this questionnaire that focuses on the important areas of spirituality and emotion. Family First Health Center encourages you to answer as honestly as possible and ensures you your answers will be kept strictly confidential. Thank you for your participation.

## Feelings Towards Others

### Are you prone to worry:

About everything  About some things  A few times a week  Almost never

### Have you been unable to forgive someone who has hurt you?

Multiple people  A stranger  No

A family member/spouse  A friend

### Are you struggling with bitterness towards anyone?

Yes |  No

## Feelings Towards Self

### Do you struggle to like yourself? Do you struggle to love yourself?

Yes |  No  Yes |  No

### Do you hate yourself? Do you feel like you are never good enough?

Yes |  No  Yes |  No

### Can you look in the mirror and say I love you to yourself? Do you have things you look forward to in life?

Yes |  No  Yes |  No

### Do you feel like it would be better if you weren’t alive? Are you hopeful or optimistic about the future?

Yes |  No  Yes |  No

### Do you have nightmares/night terrors?

Yes |  No

Notes: