
FICA Spiritual History Tool ©

The FICA Spiritual History Tool © was developed by Dr. Puchalski and a group of primary care physicians to open the discussion to spiritual issues. Illness is often accompanied by signs of spiritual distress that may include:

- Fear of losing control
- Anger at God
- Preoccupation with illness, suffering and death
- Denial of illness or possibility of dying
- Loss of hope
- Change in beliefs
- Questioning beliefs



The acronym FICA can help structure questions in taking a spiritual history.

F - Faith and Belief

"Do you consider yourself spiritual or religious?" or ***"Is spirituality something important to you?"*** or ***"Do you have spiritual beliefs that help you cope with stress/ difficult times?"***

If the patient responds "No," you might ask, ***"What gives your life meaning?"*** Sometimes patients respond with answers such as family, career, or nature. The question of meaning should also be asked even if people answer "yes" to spirituality.

I - Importance

"What importance does your spirituality have in our life? Has your spirituality influenced how you take care of yourself, your health? Does your spirituality influence you in your healthcare decision making?" (e.g. advance directives, treatment etc.)

C - Community

"Are you part of a spiritual community?" Communities such as churches, temples, and mosques, or a group of like-minded friends, family, or yoga, can serve as strong support systems for some patients. Can explore further: ***Is this of support to you and how? Is there a group of people you really love or who are important to you?"***

A - Address in Care

"How would you like to address these spiritual issues?" ***How can I best help you?"***

Prayer / Meditation ___; Pastoral visit ___; Prayer shawl / lap cover/ quilt ministry ___
Congregational Lay Visitor ___; Stephen Minister ___; Music ___

Turn over for FICA Recommendations for Spiritual Assessment

FICA Recommendations

As with any other part transitional care, the spiritual histories should be patient-centered. Thus, the tool is meant to create an environment of trust by indicating to the individual that the faith community nurse, health minister or community health advocate is open to listening about his or her spiritual issues, if the patient wants to talk about those issues.

We recommend the following when taking a patient's spiritual history:

1. Consider spirituality as an important component of every person's physical well-being and mental health.
2. Address spirituality at as part of the home visit and continue addressing it at follow-up visits if appropriate. In transitional care, spirituality is an ongoing issue.
3. Respect the individual's privacy regarding spiritual beliefs; don't impose your beliefs on others.
4. Make referrals to chaplains, spiritual directors, or community resources as appropriate.
5. Be aware that your own spiritual beliefs will help you personally and will overflow in your encounters with those for whom you care to make the encounter a more humanistic one.
6. Adhere to the *ethical guidelines* provided in the *Faith Community Nursing Foundations Course* when taking a spiritual history.