



Spiritual Health Checklist

Date	
Patient's Name	
Disease/Injury (Note: check all that apply)	Brief Description of Disease/Injury
<input type="checkbox"/> Lust	
<input type="checkbox"/> Jealousy	
<input type="checkbox"/> Gossiping	
<input type="checkbox"/> Pride	
<input type="checkbox"/> Lying	
<input type="checkbox"/> Cheating	
<input type="checkbox"/> Viewing Pornography	
<input type="checkbox"/> Laziness	
<input type="checkbox"/> Disobeying Parents	
<input type="checkbox"/> Talking Back to Parents	
<input type="checkbox"/> Mistreating Siblings	