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| FOR OFFICE USE ONLY          |       |
| _____                        | Study |
| _____                        | ID    |
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| RPB000- Revised 7/94 2 Pages |       |

## Religious Practices and Beliefs (RPB 2I)

1. Which of the following categories best describes you today? (Check one)

- (1) \_\_\_\_\_ **Atheist**     I do not believe in God.
- (2) \_\_\_\_\_ **Agnostic**     I believe we can't really know about the existence of God.
- (3) \_\_\_\_\_ **Unsure**     I don't know what to believe about God.
- (4) \_\_\_\_\_ **Spiritual**     I believe in God, but I'm not religious.
- (5) \_\_\_\_\_ **Religious**     I believe in God and practice a religion.

If you practice a particular religion, what is your religious denomination?

My religious denomination is: \_\_\_\_\_

2. During the past year, how often have you done each of the following things? (Circle the number of your answer for each line.)

| DURING THE PAST YEAR . .        | Never | Rarely | Once a Month | Twice a Month | Once a Week | Twice a Week | Almost Daily | Once a Day or More |
|---------------------------------|-------|--------|--------------|---------------|-------------|--------------|--------------|--------------------|
| I thought about God             | 1     | 2      | 3            | 4             | 5           | 6            | 7            | 8                  |
| I prayed                        | 1     | 2      | 3            | 4             | 5           | 6            | 7            | 8                  |
| I meditated                     | 1     | 2      | 3            | 4             | 5           | 6            | 7            | 8                  |
| I attended religious services   | 1     | 2      | 3            | 4             | 5           | 6            | 7            | 8                  |
| I read or studied holy writings | 1     | 2      | 3            | 4             | 5           | 6            | 7            | 8                  |
| I had direct experiences of God | 1     | 2      | 3            | 4             | 5           | 6            | 7            | 8                  |

Please continue on the other side

| <b>3. Have you ever in your life done the following things?</b> | <b>Never</b> | <b>Yes, in the past but not now</b> | <b>Yes, and I continue to do so</b> |
|---|--------------|-------------------------------------|-------------------------------------|
| <b>Have you ever believed in God?</b>                           | <b>1</b>     | <b>2</b>                            | <b>3</b>                            |
| <b>Have you ever prayed?</b>                                    | <b>1</b>     | <b>2</b>                            | <b>3</b>                            |
| <b>Have you ever meditated?</b>                                 | <b>1</b>     | <b>2</b>                            | <b>3</b>                            |
| <b>Have you ever attended religious services regularly?</b>     | <b>1</b>     | <b>2</b>                            | <b>3</b>                            |
| <b>Have you ever read holy writings regularly?</b>              | <b>1</b>     | <b>2</b>                            | <b>3</b>                            |
| <b>Have you ever had direct experiences of God?</b>             | <b>1</b>     | <b>2</b>                            | <b>3</b>                            |