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Assessing Your Beliefs about Your Health: Considerations for Clinicians

The ultimate value of life depends upon awareness and contemplation rather than upon mere survival.

-Aristotle

You do not apply your medical knowledge and skills in a vacuum. Decisions related to patient care are informed by values and beliefs – both yours and your patients'. One way to be prepared for those inevitable moments when your beliefs are in conflict with others' is to be as familiar as possible with what you believe (refer to "How Do You Know That? Epistemology and Health"). This assessment is designed to help you become more familiar with your beliefs related to different Integrative Health-related topics.

Below are 111 questions in 7 different categories. Take the next 20-30 minutes to review and answer them. The more time you spend thinking about your answers, the more rewarding this exercise is likely to be. Consider each statement, and then circle your response on the scale that follows it. If it seems unlikely that you would ever have to answer a given question based on the type of work you do, you can skip it. If you do feel unsure about your stance on something, or you simply do not know your answer, you can just circle "Neutral."

There are no right or wrong answers; this is primarily a mindful awareness exercise. There is also no expectation that you share your answers with others, unless you wish to do so. The main intent is to provide food for thought and to help you feel more prepared, should real-life circumstances put you in a situation where it is necessary to have clarity about what you believe.

Pay close attention to the feelings the different questions evoke – these may be just as instructive as the answers themselves.

Section I. Beliefs and perspectives that shape your overall practice

1. I believe there is a place for religion and/or spirituality in my work.

Strongly Agree Agree Neutral Disagree Strongly Disagree

2. My own spiritual and religious views inform how I practice.

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. My patients' spiritual and religious views shape how I practice.

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4. I believe in a higher power that influences patient outcomes.

Strongly Agree Agree Neutral Disagree Strongly Disagree

5. I believe that consciousness persists after death.

Strongly Agree Agree Neutral Disagree Strongly Disagree

6. The majority of the time, I assume patients will follow my recommendations.

Strongly Agree Agree Neutral Disagree Strongly Disagree

7. I expect people's health to improve because of my care.

Strongly Agree Agree Neutral Disagree Strongly Disagree

8. I believe the work I do is meaningful.

Strongly Agree Agree Neutral Disagree Strongly Disagree

9. The work I do energizes me.

Strongly Agree Agree Neutral Disagree Strongly Disagree

10. I display compassion and empathy in my work.

Strongly Agree Agree Neutral Disagree Strongly Disagree

Section II. Beliefs and perspectives that guide your medical decisionmaking

11. Whenever possible, I rely on evidence-based medicine to guide my practice.

Strongly Agree Agree Neutral Disagree Strongly Disagree

12. Past experience guides my patient care.

Strongly Agree Agree Neutral Disagree Strongly Disagree

13. It is essential to have a conclusive diagnosis prior to beginning treatment.

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14. Intuition informs my work.

Strongly Agree Agree Neutral Disagree Strongly Disagree

15. Individualizing care from one patient to the next is important.

Strongly Agree Agree Neutral Disagree Strongly Disagree

16. Patients are usually correct when they say what is wrong with them.

Strongly Agree Agree Neutral Disagree Strongly Disagree

17. I believe that the mind and body are closely connected.

Strongly Agree Agree Neutral Disagree Strongly Disagree

Section III. Beliefs about relationships with patients

18. Continuity is an important aspect of patient care.

Strongly Agree Agree Neutral Disagree Strongly Disagree

19. It is okay to think of patients as friends.

Strongly Agree Agree Neutral Disagree Strongly Disagree

20. It is inappropriate for patients to look for medical information online.

Strongly Agree Agree Neutral Disagree Strongly Disagree

21. I have stereotypes about patients based on race or ethnicity.

Strongly Agree Agree Neutral Disagree Strongly Disagree

22. I have stereotypes about patients based on their gender.

Strongly Agree Agree Neutral Disagree Strongly Disagree

23. I have preconceived notions about patients based on their age.

Strongly Agree Agree Neutral Disagree Strongly Disagree

24. I have preconceived notions about patients based on economic status.

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25. I have preconceived notions about patients based on level of education.

Strongly Agree Agree Neutral Disagree Strongly Disagree

26. I make assumptions about people based on appearance.

Strongly Disagree Strongly Agree Agree Neutral Disagree

27. I have stereotypes about people based on their age.

Strongly Agree Agree Neutral Disagree Strongly Disagree

28. I have biases against my patients if they express different political views from my own.

Strongly Agree Agree Neutral Disagree Strongly Disagree

29. I am open to collaborating with traditional healers if a patient requests that I do so.

Strongly Agree Agree Neutral Disagree Strongly Disagree

30. I am comfortable asking patients about their spirituality.

Strongly Agree Strongly Disagree Agree Neutral Disagree

31. I believe that all illnesses can ultimately be explained through biochemistry.

Strongly Agree Agree Neutral Disagree Strongly Disagree

32. I am comfortable asking a problematic patient to stop seeking care from me.

Strongly Agree Strongly Disagree Agree Neutral Disagree

33. It is important to know a patient's life story.

Strongly Disagree Strongly Agree Neutral Agree Disagree

34. I am comfortable asking someone who is not getting better in my care to seek a second

opinion.

Strongly Agree Neutral Disagree Strongly Disagree Agree

35. I am comfortable attending large social gatherings when one of my patients are present.

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36. I would feel comfortable inviting one of my patients to a large social gathering.

Strongly Agree Agree Neutral Disagree Strongly Disagree

37. It is okay to give patients your mobile phone number.

Strongly Agree Agree Neutral Disagree Strongly Disagree

38. I am willing to disclose my own nutrition practices with my patients.

Strongly Agree Agree Neutral Disagree Strongly Disagree

39. I am willing to discuss my own weight struggles or weight management practices with patients.

Strongly Agree Agree Neutral Disagree Strongly Disagree

40. I am willing to discuss my own exercise/physical activity practices with patients.

Strongly Agree Agree Neutral Disagree Strongly Disagree

41. I am willing to offer informal health advice for a patient's family member if they request it.

Strongly Agree Agree Neutral Disagree Strongly Disagree

42. It is okay to refuse to see a patient if they won't quit smoking.

Strongly Agree Agree Neutral Disagree Strongly Disagree

43. It is appropriate to attend a patient's funeral.

Strongly Agree Agree Neutral Disagree Strongly Disagree

44. I would be willing to pray with a patient if they asked me to do so.

Strongly Agree Agree Neutral Disagree Strongly Disagree

45. I am comfortable shedding tears in front of a patient.

Strongly Agree Agree Neutral Disagree Strongly Disagree

46. If you make an error, you should always disclose that error to the patient it affected.

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Section IV. Beliefs and perspectives that influence colleague interactions

47. I would report a colleague with a substance abuse problem that compromises patient care.

Strongly Agree Agree Neutral Disagree Strongly Disagree

48. I would report a colleague with a substance abuse problem that did not seem likely to compromise patient care.

Strongly Agree Agree Neutral Disagree Strongly Disagree

49. I would always report a colleague who sexually harasses a coworker.

Strongly Agree Agree Neutral Disagree Strongly Disagree

50. I prefer to practice as part of a team.

Strongly Agree Agree Neutral Disagree Strongly Disagree

51. Quality metrics improve care.

Strongly Agree Agree Neutral Disagree Strongly Disagree

52. Electronic medical records improve care.

Strongly Agree Agree Neutral Disagree Strongly Disagree

53. It is important for medical colleagues to have social gatherings.

Strongly Agree Agree Neutral Disagree Strongly Disagree

Section V. Beliefs and perspectives related to making a diagnosis

54. Fibromyalgia is a real (legitimate) diagnosis.

Strongly Agree Agree Neutral Disagree Strongly Disagree

55. I am willing to support someone with fibromyalgia in their efforts to apply for disability benefits.

Strongly Agree Agree Neutral Disagree Strongly Disagree

56. Chronic fatigue syndrome is a "real" disease.

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57. I am comfortable with the idea of supporting someone with chronic fatigue in their efforts to apply for disability benefits.

Strongly Agree Agree Neutral Disagree Strongly Disagree

58. Multiple chemical sensitivity is a legitimate diagnosis.

Strongly Agree Agree Neutral Disagree Strongly Disagree

59. Myalgic encephalomyelitis is a real disorder.

Strongly Agree Agree Neutral Disagree Strongly Disagree

60. Adrenal fatigue is a legitimate diagnosis.

Strongly Agree Agree Neutral Disagree Strongly Disagree

61. Disseminated Candida infection is a legitimate diagnosis.

Strongly Agree Agree Neutral Disagree Strongly Disagree

62. Chronic Lyme disease is a legitimate diagnosis.

Strongly Agree Agree Neutral Disagree Strongly Disagree

63. It is reasonable to order a lab if a patient requests it, even if I do not believe it will help with making a diagnosis.

Strongly Agree Agree Neutral Disagree Strongly Disagree

64. It is appropriate to enter "empacho" or another culturally-based diagnosis on someone's problem list.

Strongly Agree Agree Neutral Disagree Strongly Disagree

Section VI. Views on conventional therapies

65. I believe medications and surgery are superior to other therapies.

Strongly Agree Agree Neutral Disagree Strongly Disagree

66. It is best to minimize the use of medications whenever possible.

Strongly Agree Agree Neutral Disagree Strongly Disagree

67. Emphasize prevention with patients whenever possible.

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Strongly Agree Agree Neutral Disagree Strongly Disagree

68. It is okay to prescribe a placebo without telling a patient.

Strongly Agree Agree Neutral Disagree Strongly Disagree

69. I would prescribe a placebo and tell the patient I am doing so.

Strongly Agree Agree Neutral Disagree Strongly Disagree

70. It is important for clinicians to do home visits.

Strongly Agree Agree Neutral Disagree Strongly Disagree

71. I enjoy/would enjoy leading group visits.

Strongly Agree Agree Neutral Disagree Strongly Disagree

72. Health coaches should be a core part of a patient care team.

Strongly Agree Agree Neutral Disagree Strongly Disagree

73. It is usually wrong to prescribe opioids for non-cancer, chronic pain.

Strongly Agree Agree Neutral Disagree Strongly Disagree

74. A patient should not refuse a vaccination on philosophical grounds.

Strongly Agree Agree Neutral Disagree Strongly Disagree

Section VII. Views on complementary therapies

Note: This section is divided based on the five domains of complementary therapies used by the National Center for Complementary and Integrative Health (NCCIH). If you would like more information about any of the therapies mentioned or about complementary approaches in general, refer to the "Implementing Whole Health in Your Practice, Part III: Complementary and Integrative Health."

Biologically-based practices

75. I would support prescribing bio-identical hormone therapy if a patient asked for it.

Strongly Agree Agree Neutral Disagree Strongly Disagree

76. It is appropriate to prescribe/recommend vitamins and minerals.

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77. It is appropriate to prescribe dietary supplements other than vitamins and minerals.

Strongly Agree Agree Neutral Disagree Strongly Disagree

78. Herbal (botanical) remedies are safer than medications.

Strongly Agree Agree Neutral Disagree Strongly Disagree

79. It is best to prescribe dietary supplements over medications whenever possible.

Strongly Agree Agree Neutral Disagree Strongly Disagree

80. I am comfortable supporting the use of dietary supplements even if that use is not conclusively supported by evidence-based medicine.

Strongly Agree Agree Neutral Disagree Strongly Disagree

Mind-body medicine

81. It is appropriate to recommend hypnotherapy.

Strongly Agree Agree Neutral Disagree Strongly Disagree

82. It is appropriate to recommend biofeedback.

Strongly Agree Agree Neutral Disagree Strongly Disagree

83. Therapeutic journaling is worth recommending to some patients.

Strongly Agree Agree Neutral Disagree Strongly Disagree

84. It is appropriate to recommend cognitive behavioral therapy to a patient.

Strongly Agree Agree Neutra Disagree Strongly Disagree

85. It is appropriate to recommend meditation to a patient.

Strongly Agree Agree Neutral Disagree Strongly Disagree

86. I am comfortable practicing mind-body approaches myself.

Strongly Agree Agree Neutral Disagree Strongly Disagree

87. Mindful awareness is an important aspect of healing.

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88. I am comfortable teaching my patients one or more mind-body practices.

Strongly Agree Agree Neutral Disagree Strongly Disagree

Manipulative and body-based practices

89. Chiropractors can be helpful members of a patient's care team.

Strongly Agree Agree Neutral Disagree Strongly Disagree

90. I would be comfortable receiving care myself from a chiropractor.

Strongly Agree Agree Neutral Disagree Strongly Disagree

91. I am comfortable referring patients for osteopathic manual medicine.

Strongly Agree Agree Neutral Disagree Strongly Disagree

92. I am open to receiving osteopathic manual medicine myself.

Strongly Agree Agree Neutral Disagree Strongly Disagree

93. I would be willing to practice some form of manipulative therapy (osteopathy, chiropractic)

myself.

Strongly Agree Agree Neutral Disagree Strongly Disagree

94. Massage has therapeutic benefit.

Strongly Agree Agree Neutral Disagree Strongly Disagree

95. I am comfortable receiving massage therapy myself.

Strongly Agree Agree Neutral Disagree Strongly Disagree

96. I am comfortable referring patients for tai chi or qigong class.

Strongly Agree Agree Neutral Disagree Strongly Disagree

97. I am willing to recommend yoga to my patients.

Strongly Agree Agree Neutral Disagree Strongly Disagree

98. Yoga is/would be beneficial for my self-care.

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Energy medicine

99. Subtle energy, or qi, exists.

Strongly Agree Agree Neutral Disagree Strongly Disagree

100. I am okay with my patients using energy medicine therapies.

Strongly Agree Agree Neutral Disagree Strongly Disagree

101. I am comfortable with referring someone for energy medicine (Reiki, healing touch, etc.).

Strongly Agree Agree Neutral Disagree Strongly Disagree

102. I am comfortable with experiencing energy medicine myself.

Strongly Agree Agree Neutral Disagree Strongly Disagree

103. I would be willing to offer energy medicine as part of my own practice.

Strongly Agree Agree Neutral Disagree Strongly Disagree

Whole medicine systems

104. Acupuncturist should be included as part of a patient's care team. I would refer to an acupuncturist.

Strongly Agree Agree Neutral Disagree Strongly Disagree

105. I am comfortable with experiencing acupuncture myself.

Strongly Agree Agree Neutral Disagree Strongly Disagree

106. I would consider training in and practicing acupuncture myself.

Strongly Agree Agree Neutral Disagree Strongly Disagree

107. Homeopathy is a legitimate therapeutic approach.

Strongly Agree Agree Neutral Disagree Strongly Disagree

108. I am comfortable with trying homeopathic remedies myself.

Strongly Agree Agree Neutral Disagree Strongly Disagree

109. I would be willing to treat patients with homeopathy myself.

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110. Naturopathy is an effective therapy.

Strongly Agree Agree Neutral Disagree Strongly Disagree

111. I would be willing to see a naturopathic physician myself.

Strongly Agree Agree Neutral Disagree Strongly Disagree

Wrapping up

Now that you have completed this questionnaire, take a moment to reflect on the process.

- How did it feel to do this? Did any of the questions elicit strong emotions for you. If so, why?
- Were you surprised by any of your answers?
- The intent is to have you reflect on these questions before you are 'put on the spot' in a conversation with a patient or colleague. Is this useful? In the past, have you encountered any of these questions in your practice?
- Which questions stand out for you, now that you have been through them all? Why?
- Are there any topics you wish to learn more about, in order to have a more informed response to a question or questions?

Are there questions or topics that were not covered that you think should be?

Author

This handout was adapted for the University of Wisconsin Integrative Health Program from the original written for the Veterans Health Administration (VHA) by J. Adam Rindfleisch, MPhil, MD. (2018). Modified for UW Integrative Health website in 2020.

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