



Recovery Roadmap

Cultural Assessment Guide

Date: _____

Name: _____

CULTURAL ASSESSMENT GUIDE PART I:

ASSESSMENT TOPICS¹

Language

SAMPLE QUESTIONS

1. In what language would you prefer to conduct this assessment?
2. What language is spoken in the home?
3. What language are you most comfortable speaking?
4. What language do you prefer to use with family, friends, and/or co-workers?



NOTES

¹The tool was adapted from New York City Department of Health and Mental Hygiene City-wide Cultural Assessment Tool which adapted topics and questions from the following sources: Assessment forms from Comunilife, Inc.-OASIS Clinic; and, Campinha-Bacote, Josepha. A Model of Practice to Address Cultural Competence in Rehabilitation Nursing. Association for Rehabilitation Nurses.

Migration

SAMPLE QUESTIONS

1. Where were you born? Where were your parents born?
2. Where were your children born?
3. When did you come to the United States?
4. Or, what part of United States is your family from?
5. Where do you call home?
6. What was life like for you when you first landed in the United States? And now?
7. Would like to share with me why and how you left your country of origin or your previous home?

Cultural background

SAMPLE QUESTIONS

1. How would you describe yourself ethnically or culturally?
2. How would you describe your cultural background?



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Family's role



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SAMPLE QUESTIONS

1. How do you define family?
2. Who are your family members?
3. Where are your family members?
4. Who raised you? Who mothered you?
5. Did (are) you parent(ing) your children? If no, who did/does?
6. Do you want your family (not) included in treatment?
7. Where do most your family members live?
8. Do you turn to any of your family members for help?
9. Whom do you turn to for help?
10. In what ways does your family rely on you?

Religious and/or spiritual beliefs and practices

SAMPLE QUESTIONS

1. Is religion or spiritually important in your life?
2. Are you comfortable talking about your beliefs with me?
3. Is it important to you that we address your religious/spiritual beliefs and rituals in this discussion?
4. Do you have any preferred forms of healing that are connected with your spiritual/religious beliefs (i.e. herbal remedies, traditional healing practices)?
5. Is there a religious leader/healer who you might find helpful in this situation?

Experiences of trauma



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SAMPLE QUESTIONS

1. Do you think your cultural background has had some effect on how people have treated you at work, in your relationships, or in other social settings?
2. Did you experience any forms of social, religious, or political intolerance at anytime that you may want me to know?
3. Have you experienced discrimination and/or prejudice due gender identity, sexuality, disability, race, religion, etc. that you may want me to know?
4. Have you experienced or witnesses any loss due to natural disasters or human-made disasters?
5. Have you experienced the loss of someone who was important to your recovery/social network?

Social networks

SAMPLE QUESTIONS

1. What would you view as an important source of support?
2. Besides your family or people you have already mentioned, whom do you rely on for support – either emotional or for information about health matters?
3. What kinds of activities do you enjoy?
4. Do you have any community connections that would help in the treatment process?
5. Do you know what types of social supports are available to you?
6. Do you belong to any groups or organizations?

Understanding of presenting problems



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SAMPLE QUESTIONS

1. How do you understand what is happening to you?
2. Does your family/support network understand what is happening to you?
3. Is there a name that you call what is happening to you?
4. What do we need to understand about your culture, beliefs, or traditions to help us work with you?
5. Is there anything that you are afraid of or fear?
6. Are there any beliefs or customs you would like to practice while you are with us?

Client's perceptions of cross-cultural barriers to treatment

SAMPLE QUESTIONS

1. Now that you are more aware of the type of service we offer here, do you believe that we may be able to provide you with the services you need?
2. Is there anything that we do not offer here that would be helpful in your stay with us?

General Service Delivery



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SAMPLE QUESTIONS

1. How are you managing your money these days? Are there any issues? Do you need any assistance?
2. Are there issues that I should be aware of or that I could help you with?
3. Where do you like to hang out? Where do spend most of your time?
4. What are your hobbies? What do you do in your free time?
5. Are you taking your medication as you are directed to? If not, why not? What about your current medications is not working for you?
6. Can you provide me with any recommendations on how I can better serve/meet your needs?
7. When did you last speak with your family/significant other?
8. How they are doing? How is your relationship with them?
9. Do you need help in reconnecting or building the relationship?
10. Do you have any plans for a social outing, vacation?
11. If you like to watch movies and TV, how much do you watch on a daily basis? In what language do you prefer to watch TV?
12. Is it important to you to eat or shop for certain foods on a daily or weekly basis?
13. What is your favorite kind of food? Is food or preparation of food an important part of your daily routine?

INTERVIEWER'S EVALUATION

- Yes ____ No ____

- [illegible]