

## **Brief Guide to Use of the Berg Cultural/Spiritual Assessment Tool**

The Berg Cultural/Spiritual Assessment Tool is a guide to a patient- focused, scripted dialogue between a provider and patient. It is different from other assessment tools in that it looks at both culture and spirituality simultaneously. These two threads are so delicately woven together in the tapestry of our sacred story and inner journey that we seldom separate them. Only in the Western industrialized world has a sacred-secular split developed. This assessment process allows a provider to place a patient within their cultural/spiritual context while recognizing their individual uniqueness at the same time. It assists providers in establishing a trusting therapeutic alliance with their patients, empowers the patient to become a more active participant in their healing journey and helps patients to give voice to their own sacred story. Go through the tool first completing it as a patient would. This allows the provider to become familiar with the process and also to begin to recognize their own cultural/spiritual story.

This tool works best when the provider approaches the patient and invites them into a one to one dialogue using the assessment tool as a scripted interview guide. Whenever possible invite the patients to write their own answers to the questions. Sit with them as they go through the process, responding to their questions, assisting them when necessary and reframing questions when appropriate. If patients are resistant to a particular question, simply move on to the next question. After they have completed the assessment go back over it with them briefly, summarizing the highlights of the personal story they have shared. Clarify where that is necessary. Have the patient complete question #7 on the summary sheet. This will place them on a cultural continuum and help the provider to better understand their responses to questions on the assessment tool. Summarize the information from the interview on the summary sheet and place the tool in the patient chart. This process will require an investment of time but the results make it worthwhile. The tool needs to be adapted for different populations and settings.

There is also a Youth Edition of this tool. For further information the author can be reached at:  
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### Berg Cultural/Spiritual Assessment Tool (Adult Edition)

Culture is the total way of life of any group of people. It is the way they learn to think, feel, believe and act. Everyone has a culture. Spirituality is whoever or whatever gives ultimate meaning and purpose in life. This assessment has value only as you are honest. We are interested in getting to know and help you and to be respectful of you. We are not interested in labeling or judging you.

**Fill in the best answer(s) in the space provided or circle the best response(s). Leave blank those questions which do not apply.**

- 1) Name \_\_\_\_\_
- 2) Date of Birth \_\_\_\_\_
- 3) Community where you were born \_\_\_\_\_
- 4) Important places you have lived \_\_\_\_\_
- 5) What is your cultural/ethnic identity? **(Circle all answers that apply and fill in the blanks when needed. This does not refer to your citizenship.)**

Native:

Tribe(s)	Ojibway	Menominee	Pueblo	Cree
	Dakota	Mohawk	Navajo	Cherokee
	Lakota	Ho-Chunk	Innu	Other _____

Band \_\_\_\_\_

Clan/Society \_\_\_\_\_

Are you an enrolled member? YES NO DO NOT KNOW

African-American \_\_\_\_\_ West Indian(country of origin) \_\_\_\_\_

African (country of origin) \_\_\_\_\_ Tribe \_\_\_\_\_

Arab (country of origin) \_\_\_\_\_ Palestinian Israeli

Asian

Indian	Hmong	Cambodian	Chinese
Korean	Lao	Vietnamese	Japanese
			Other _____

European American (country of origin) \_\_\_\_\_

Hispanic/Latino/Chicano (country of origin) \_\_\_\_\_ Puerto Rican

Bi-cultural \_\_\_\_\_ (e.g., Afro-European, Afro-Asian)

Tri-cultural \_\_\_\_\_

Do you identify with one of these particular groups? Which one? \_\_\_\_\_

Other \_\_\_\_\_

Do not know cultural identity \_\_\_\_\_
- 6) Who raised you? \_\_\_\_\_

- 7) Do you have family members or friends who visit you regularly? YES NO  
If yes, how often do you spend time with them? \_\_\_\_\_
- 8) What language did you learn first? \_\_\_\_\_
- 9) Is English the only language spoken in your home? YES NO  
If no, what other language(s) is spoken? \_\_\_\_\_
- 10) What language(s) do you speak most easily? \_\_\_\_\_
- 11) Were you adopted? YES NO  
If yes, please indicate your thoughts/feelings about your adoption? \_\_\_\_\_
- 
- 12) Within your community, is there a specific group or organization that is important in your life? If so, what is it? \_\_\_\_\_
- 13) Have you or your parents immigrated to the U.S. or Canada? YES NO  
a) If yes, did you spend any time in a refugee camp? YES NO  
b) If yes, did you experience abuse in a refugee camp? YES NO  
c) Did someone else in your family spend time in a refugee camp? YES NO
- 14) In your community where you live are most of the people who you do things with members of your cultural/ethnic group? YES NO
- 15) Have you ever been in a place where most of the people were of another cultural identity than yours? YES NO If so, what were your feelings? \_\_\_\_\_
- 16) Have you ever visited a traditional healer (medicine man/woman, shaman, curandero, etc.) for healing? YES NO
- 17) Are there spiritual rituals you participate in for healing purposes? YES NO If so, describe them \_\_\_\_\_
- 
- 18) Circle the word which best describes your own sexual identity.  
Straight                  Gay/Lesbian                  Bisexual                  Transgender
- 19) Name some of your special traditional cultural/ethnic customs(activities) that you regularly participate in (e.g., music, foods, dances, holidays, feasts, festivals). \_\_\_\_\_
- 
- 20) What are you proud of in your culture? In your culture what means the most to you? \_\_\_\_\_

21) What are the words or names you have heard used about your cultural identity that have hurt you? \_\_\_\_\_

22) Are there experiences you have had which have made you feel uncomfortable with your cultural identity? If yes, please describe \_\_\_\_\_

23) What religion/spirituality do you practice? (Circle the most accurate answer(s).)

Judaism	Muslim	Confucianism	Ancestor Worship
Native	Hindu	Taoism	Satanism
Wicca	Buddhism	Shintoism	Animism
None	Other _____	Christian: Protestant Catholic	(What church? _____)

24) What are the traditional religious/spiritual practices, customs, and holidays in which you participate? \_\_\_\_\_

25) If you are Christian, have you been baptized? YES NO DO NOT KNOW

26) If you are Native, have you participated in a traditional naming ceremony and received an Indian name? YES NO What is it? \_\_\_\_\_

27) If you are Jewish, a) have you been bar/bat mitzvahed or confirmed? YES NO  
b) do you live in a kosher home? YES NO

28) If you are Muslim, a) have you taken the shahadah? YES NO  
b) do you have a Muslim name? YES NO

29) Do your children have the same religious/spiritual beliefs? YES NO DO NOT KNOW  
If no, please explain \_\_\_\_\_

30) List at least two caring people who you trust. a) \_\_\_\_\_ b) \_\_\_\_\_

31) How do they show their care for you? \_\_\_\_\_

32) What is something you have done which gives you a sense of healthy pride? \_\_\_\_\_

33) Give an example of when you acted independently in a healthy way. \_\_\_\_\_

34) What's one thing you have done to help someone else without pay? \_\_\_\_\_

35) How did you feel after the above experience? \_\_\_\_\_

36) What gives you hope? \_\_\_\_\_

37) I pray (circle all the answers that apply):

- |                         |                        |               |
|-------------------------|------------------------|---------------|
| a) often                | b) when I'm in trouble | c) at bedtime |
| d) when I feel thankful | e) in the morning      | f) when I eat |
| g) five times a day     | h) never               | i) sometimes  |

38) During the past year I felt close to my Higher Power/God/Universe (circle all the answers that apply):

- |                               |                          |                |
|-------------------------------|--------------------------|----------------|
| a) in church/synagogue/mosque | b) in a sweat lodge      | c) never       |
| d) listening to music         | e) alone in quiet        | f) in nature   |
| g) with special friends       | h) during troubled times | i) with family |
| j) on the streets             | k) other _____           |                |

39) Who or what has the most influence in your life today? \_\_\_\_\_

40) What gives meaning and purpose to your life? \_\_\_\_\_

41) Is there a spiritual/religious group that nurtures and supports you?

YES NO If yes, what is the group? \_\_\_\_\_

42) Describe personal practices you follow to stay in good health. \_\_\_\_\_

43) Is there anything else that your health care provider should know? \_\_\_\_\_

44) If someone helped you complete this assessment, were you satisfied with their help? YES NO

### Cultural/Spiritual Assessment Summary

Name \_\_\_\_\_ Date \_\_\_\_\_

This Cultural/Spiritual Assessment was completed by \_\_\_\_\_  
Please update as indicated.

- 1) Cultural Identity
- 2) Spiritual Identity
- 3) Sexual Identity
- 4) Cultural/Spiritual Mentors
- 5) Client Cultural/Spiritual Strengths
- 6) Cultural/Spiritual Loss / Separation / Struggles
- 7) Client position on cultural continuum; check all of the following that apply.  
 follows only traditional culture  
 is isolated and/or alienated from dominant culture  
 rejects traditional culture as evidenced by adopting external features of dominant culture; for example, style of clothes, behavior patterns and habits, changes in values, etc.  
 lives in two worlds (is accepting of dominant culture while maintaining important attachments to traditional culture)  
 lives without particular cultural awareness  
 is primarily influenced by the dominant US culture
- 8) Recommendations for Treatment
- 9) Considerations for Post - Treatment©
- 10) Recommendations for Spiritual Care

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