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:
David Berg
2412 27th Avenue South
Minneapolis, Minnesota 55406
Email:dberg1@fairview.org
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             Innuit            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)______________________________Puerto Rican
   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).)

<table>
<thead>
<tr>
<th>Judaism</th>
<th>Muslim</th>
<th>Confucianism</th>
<th>Ancestor Worship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native</td>
<td>Hindu</td>
<td>Taoism</td>
<td>Satanism</td>
</tr>
<tr>
<td>Wicca</td>
<td>Buddhism</td>
<td>Shintoism</td>
<td>Animism</td>
</tr>
<tr>
<td>None</td>
<td>Other</td>
<td></td>
<td>Christian: Protestant Catholic</td>
</tr>
</tbody>
</table>

(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

Copyright©1993 by David Frank Berg