Multi-cultural Consumer Assessment:
"Let's Talk About You & What Is Important Too You"

I. Language:

A. Did all your family members speak the same language? _____

B. What language(s) is spoken in your home?

_____

C. What language(s) are you comfortable speaking?

_____

II. Cultural Values & Traditions:

A. When you were sick, who took care of you?

_____

B. Did you visit doctors or other healers? _____

If yes, who?

_____

C. Do you take medication? _____

If yes, what medications are you taking?

_____

D. Where boys and girls treated differently in your family? _____

If yes, how?

_____

E. Who was involved in parenting you?

_____

F. To whom can you go for help with problems, or sharing good news?

_____

III. Religion & Spirituality Beliefs:

A. How did you and your family practice religion when you were growing up?

_____

B. What religion, or spirituality do you practice?

_____

C. How does religion, or spirituality make you feel?

_____

D. What kind of holidays/ceremonies do you have?

_____

E. Does practicing your religion help with your problems? _____

If yes, how?

_____

IV. Acculturation Issues:

A. How would you describe your cultural background?

_____

B. How well do you relate to your cultural background?

_____

C. How do you identify yourself culturally, or ethnically?

_____

D. How well do you feel you “fit-in” with your culture?

_____

E. What do you have to adjust to “fit-in”?

_____

V. Family Structure:

A. What was your family like?

_____

B. Who lived in your family house and how did they affect you?

_____

C. Who do you feel “connected” to in your family?

_____

D. Do they live here (connected family members/ family in general)?

E. What family relatives and friends are close too you?

F. Who do see as a “role-model”?; why?

VI. Community Connections:

A. Do you belong to a community center, or program?

If yes, who?

B. Are you friendly with your neighbors, and do you like your neighborhood?

C. What do you enjoy about your neighborhood? (Park and gardens ect.)

D. What kinds of activities do you like to do? (Read, exercise, social clubs)

E. Do you feel safe in your community?