

## Cultural Competency Action Team Assessment Recommendations

### Cultural Competency Questionnaire

December 7, 2014

**INTRODUCTION FOR THE INDIVIDUAL BEING INTERVIEWED:** Sometimes peoples' background or identity influences their experience of illness and the type of care they receive. In order to better help you, I would like to understand your own background or identity. By background or identity, for example, the communities you belong to, the languages you speak, where you or your families are from, your racial or ethnic background, your gender or sexual orientation, and your faith or religion.

#### *National, Ethnic, Racial Background*

1. Where were you born?
2. Where were your parents and grandparents born?
3. How would you describe your family's national, ethnic, and/or racial background?
4. Do you experience any difficulties related to your background, such as discrimination, stereotyping, or being misunderstood?

#### *Language*

5. What languages do you speak fluently?
6. What languages are spoken at home? Which of these do you speak?
7. What language would you prefer to use in getting health care?

**GUIDE TO INTERVIEWER:** *If the individual was born in another country, ask questions 1-7. [For refugees, refer to the module on Immigrants and Refugees to obtain more detailed migration history.]*

#### *Migration*

8. When did you come to this country?
9. What are your concerns for your own and your family's future here?
10. What is your current status in this country (e.g., refugee claimant, citizen, student visa, work permit)?  
*Be aware this may be a sensitive or confidential issue for the individual, if they have precarious status.*
11. How has migration influenced your health or that of your family? Spirituality, Religion, and Moral Traditions
12. Do you identify with any particular religious, moral or spiritual tradition?
13. Would you feel safest with someone from your ethnic background or someone who understands your cultural background?
14. Do you have a preference for male or female therapist?
15. Are you interested in community connections (support groups, social networks, local agencies)?
16. Are there ways that any of the previous items relate to your current mental health concerns (Depression, loneliness, communication issues, family disconnections)?

**GUIDE TO INTERVIEWER:** *In the next question, the individual's own words should be used to replace "[NAME(S) OF SPIRITUAL, RELIGIOUS OR MORAL TRADITION(S)]".*

17. What role does [NAME(S) OF SPIRITUAL, RELIGIOUS OR MORAL TRADITION(S)] play in your everyday life?

## Sexual Orientation Identity and Gender Identity

**INTRODUCTION FOR THE INDIVIDUAL BEING INTERVIEWED:** Sexual behavior and gender may also be important to individuals and their comfort seeking healthcare. Sexual Orientation- the type of sexual, romantic, physical, and/or spiritual attraction one feels for others, often labeled based on the gender relationship between the person and the people to whom they are attracted. Gender Identity- the internal perception of an individual's gender, and how they label themselves. I would like to ask you some questions about your dating life, attractions, and identity. Are you comfortable answering questions about this? (Be aware this may be a sensitive or confidential issue for the individual).

18. Who are you attracted to?

- Men/Males     Women/females     Both     Neither     Declined

19. How do you define your sexual orientation or your sexual identity?

- Gay     Lesbian     Bisexual     Straight
- MSM (men who have sex with men, but do not personally identify as gay)
- WSW (women who have sex with women, but do not personally identify as gay/lesbian)
- Unsure/ Questioning (the process of exploring one's own sexual orientation, investigating influences that may come from their family, religious upbringing, and internal motivations)
- Other \_\_\_\_\_

20. Have you shared this with anybody?

- Family     Friends     Healthcare provider     Online supports     Others

21. How do you define your gender or your gender identity?

- Female     Male     Trans ("Female to Male" or "Male to Female")     Gender queer
- Intersex (a person with an atypical combination of anatomy that does not fit within the labels of female or male)
- declined
- Other \_\_\_\_\_

22. What is your preferred gender pronoun \_\_\_\_\_? (clinician to communicate this clearly to staff, so that this person is referred to by their preferred gender pronoun)

- She/her     He/him     They/Their     Other \_\_\_\_\_

23. Have you shared this with anybody?

- Family     Friends     Healthcare provider     Online supports     Others

24. Would you feel safest with someone who identifies as an LGBTQ affirming therapist?

25. Do you have a preference for male or female therapist?

26. Are you interested in community connections (support groups, social networks, local agencies)?
27. Are there ways that any of the above relates to your current mental health concerns (Depression, loneliness, communication issues, family disconnections)?

### Summary

28. You have told me about different aspects of your background and identity and how this has influenced your health and well-being. Are there physical or other challenges that we should be aware of that you think are important? Are there other aspects of your identity I should know about to better understand your health care needs?
29. What are the most important aspects of your background or identity in relation to [PROBLEM]?