

BestCare Treatment Services

**CULTURAL ACTIVITIES ASSESSMENT**

Your Legal Name: \_\_\_\_\_

Your Nickname(s): \_\_\_\_\_

Where were you raised? \_\_\_\_\_

Circle how you would describe the area: rural/country      barrio      ghetto      urban/city  
Village/pueblo      reservation      small town      other: \_\_\_\_\_

Who were you raised by? \_\_\_\_\_

List the types of holidays you like to celebrate: \_\_\_\_\_

\_\_\_\_\_

What languages were spoken in your home? \_\_\_\_\_

What are the languages spoken in your community? \_\_\_\_\_

What languages or dialects can you speak? \_\_\_\_\_

Were you raised attending church/ceremonies, if so, what kind? \_\_\_\_\_

\_\_\_\_\_

Do you currently participate in spiritual practices/activities, if so, what are they? \_\_\_\_\_

\_\_\_\_\_

What is the ethnicity of your parents? \_\_\_\_\_

How do you describe your ethnicity (or the group you identify with)? \_\_\_\_\_

\_\_\_\_\_

What is your group or culture's attitude toward drug and alcohol use? \_\_\_\_\_

\_\_\_\_\_

Issues for Treatment Planning:  YES       NO

Explain if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_