

**Cultural/Language Assessment**

(This contains extra cultural and linguistic information not included in ONI)

1. Year of arrival in Australia?

---

2. Citizenship status of consumer?

Australian citizen	<input type="checkbox"/>
Australian resident	<input type="checkbox"/>
Non-resident of Australia	<input type="checkbox"/>

3. What were the reasons for the consumer's move to Australia?

Eg migration for work/family reasons; refugee etc.

4. What is language ability of the consumer?

**Primary/Secondary Language** (Tick all appropriate boxes)

Fluent in primary language	<input type="checkbox"/>
Fluent in other languages (other than English)	<input type="checkbox"/>
Had fluency in primary language but now losing this ability	<input type="checkbox"/>

**English** (Tick appropriate box)

Speaks English Very Well (Fluent)	<input type="checkbox"/>
Spoke English Very Well but is now losing this ability	<input type="checkbox"/>
Speaks English Well (Conversational)	<input type="checkbox"/>
Does Not Speak English Well (Limited English ability only)	<input type="checkbox"/>
Does Not Speak English At All	<input type="checkbox"/>

**Literacy in Primary Language** (Tick appropriate box)

Literate in primary language	<input type="checkbox"/>
Had literacy in primary language but now losing this	<input type="checkbox"/>
No literacy in primary language	<input type="checkbox"/>

**Literacy in English** (Tick appropriate box)

Literate in English	<input type="checkbox"/>
Had literacy in English but now losing this	<input type="checkbox"/>
No literacy in English	<input type="checkbox"/>

5. How would you characterise the consumer's non-verbal communication style? eg hand gestures, emotive, reserved etc

---

6. Marital status

M  S  W  Sep  D  De F

7. Religion

---

Name

Date of Birth

URN

8. Employment/trade/professional history

In country of origin:
In Australia:

9. Specific dietary needs

eg kosher, halal, 'hot/cold' foods, other needs that may affect ability to access meal services etc.

10. Specific cultural needs

eg ethnic affiliation, gender needs, level of 'traditionalism' of consumer, family roles, who makes decisions about care etc.

11. Social Isolation (Adapted from UCLA Loneliness Scale Version 3, Russell, 1996)

**Introduction to client:** Below is a set of statements made by other people who have shared their experiences with us. Please indicate the extent to which each of the statements applies to your situation.

Statement	Yes	Perhaps	No
There is always someone I can talk to about my day to day problems			
I miss having a really close friend			
I experience a general sense of emptiness			
There are plenty of people I can lean on when I have problems			
I miss the pleasure of the company of others			
I find my circle of friends and acquaintances too limited			
There are many people I trust completely			
There are enough people I feel close to			
I miss having people around			
I often feel rejected			
I can call on my friends whenever I need them			

Details of Assessing Officer

Name \_\_\_\_\_ Designation/Agency \_\_\_\_\_

Sign \_\_\_\_\_ Date \_\_\_\_\_ Contact number \_\_\_\_\_

If information **needs updating**, indicate below and record updated information on a new Cultural/Language Assessment

This information has been updated Name: \_\_\_\_\_ Date: \_\_\_\_\_ Sign: \_\_\_\_\_