**Language Interpreter Services Survey**

This survey is intended to assess the use of language interpreter services at our institution. We want to gather information on current practices and improve the quality of care we give our patients.

Your participation in this survey is completely voluntary. If you decide to participate, your response will remain anonymous and will in no way impact the quality of your child’s healthcare nor have any consequences for employees. We ask that you please answer honestly.

Today’s date: \_\_\_\_\_\_\_\_\_

Do you need interpreter services to communicate with your child’s physician?

Yes

No

Did your child’s physician update you on your child’s healthcare at least one time today via telephone interpreter service or via an official in-person interpreter?

Note: If somebody who speaks (insert language) was used to interpret for you but is not an official interpreter, please select “No”

Yes

No

Does your child’s physician speak your language and updated you on child’s healthcare directly?

Yes

No