## **Demographics**

Age

We would like to better understand how surgical providers at Michigan Medicine utilize interpreter services in the care of limited English proficiency (LEP) patients—that is, patients who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English (this also includes Deaf patients who use American Sign Language). Please answer the following questions based on your experience pre-COVID. This survey should take no more than 2-3 minutes.

•	
0	<24 years old
0	25-34 years old
0	35-44 years old
0	45-54 years old
0	55-64 years old
0	65-74 years old
0	>75 years old
Ger	nder
0	Male
0	Female
$\bigcirc$	Prefer not to say

0	Other (please specify)				
Hov	w do you self-identify? Please select all that apply.				
	Hispanic, Latino, or of Spanish origin				
	American Indian or Alaska Native				
	Asian				
	Black or African American				
	Native Hawaiian or Pacific Islander				
	White				
	Prefer not to say				
	Other (please specify)				
DI					
Plea	ase designate current level of surgical training:				
0	PGY1				
0	PGY2				
0	PGY3				
0	PGY4				
_	PGY5				
_	PGY6				
_	PGY7				
_	PGY8				
_	PGY9				
_	PGY10				
O	Non-applicable				
Plea	ase specify faculty designation:				
0	Instructor				
0	Assistant professor				

0	Associate professor
0	Professor
0	Non-applicable

## Language Skills

What languages do you speak? For each language, including English, rate your proficiency in that language using the following definitions:

Native/Functionally Native: I converse easily and accurately in all types of situations. Native speakers, including the highly educated, may think that I am a native speaker, too.

**Advanced:** I speak very accurately, and I understand other speakers very accurately. Native speakers have no problem understanding me, but they probably perceive that I am not a native speaker.

**Good:** I speak well enough to participate in most conversations. Native speakers notice some errors in my speech or my understanding, but my errors rarely cause misunderstanding. I have some difficulty communicating necessary health care concepts.

Fair: I speak and understand well enough to have extended conversations about current events, work, family, or personal life. Native speakers notice many errors in my speech or my understanding. I have difficulty communicating about health care concepts.

**Basic:** I speak the language imperfectly and only to a limited degree and in limited situations. I have difficulty in or understanding extended conversations. I am unable to understand or communicate most health care concepts.

	Level	Level	Level	Level	Level
	Basic	Fair	Good	Advanced	Native/Functionally Native
English	0	0	0	0	0
Language #2	0	0	0	0	0
Language #3	0	0	0	O	0
Language #4	0	0	0	О	0
Language #5	0	0	0	Ο	0

## **Patient Care**

Check all that apply.
Rounds
☐ Floor care
☐ Inpatient consults
☐ Emergency department consults
Clinic
☐ Inpatient consent
Outpatient consent
h. Perioperatively (i.e. updating family members, PACU assessments)
☐ Discharge instructions
Other (please describe)
In your practice, how often do you USE a patient interpreter?  Characteristic Less than once a year  Characteristic More than once a year (please provide a number estimate)
In your practice, how often do you NEED a patient interpreter?
O Less than once a year
More than once a year (please provide a number estimate)
Please select the ton five factors that keen you from utilizing interpreter services (only ranks 1 to 5 w

Please select the top five factors that keep you from utilizing interpreter services (only ranks 1 to 5 will be counted):

I feel comfortable speaking the preferred language of my LEP patients.

I don't know how to arrange for an interpreter.