OMB Number: xxxx-xxxx

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| **Section G: CLIENT FAMILY COMMUNICATION** |
| **37. For Caregivers of clients under age 18** | **37. For Clients 18 years or older** |
| The following questions pertain to clients under the age of 18 years and their caregivers. ***(Language categories provided below.)***1. What is the primary spoken language in the client’s home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. If English is not your primary language do you require a translator for medical services/medical information?

[ ]  Yes [ ]  No [ ]  Not ApplicableWhat, if any, is the secondary spoken language? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. What language is the client/caregiver most comfortable reading?

Client: . [ ]  Don’t Know [ ]  Not ApplicableCaregiver: . 1. What is highest level of education attained?

Caregiver: .[ ]  Don’t Know [ ]  Not Applicable**Continue to questions** **38 and 39** | The following questions pertain to the client 18 years of age or older. ***(Language categories provided below.)***1. What is the primary spoken language in the client’s home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. If English is not your primary language do you require a translator for medical services/medical information?

[ ]  Yes [ ]  No [ ]  Not ApplicableWhat, if any, is the secondary spoken language? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. What language are you most comfortable reading? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is the highest level of education you attained? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Continue to questions 38 and 39** |
| \****Language categories***: American Sign Language, Arabic, Chinese, Haitian Creole, Igbo, Korean, Somali, Spanish, Vietnamese, Yoruba or please provide any other language not listed. |
| 1. Is the client of Hispanic, Latino, or Spanish origin?

[ ]  No, not of Hispanic, Latino, or Spanish origin [ ]  Yes, Mexican, Mexican American Chicano [ ]  Yes, Puerto Rican [ ]  Yes, Cuban[ ]  Yes, another Hispanic, Latino, or Spanish origin- *Print, for example, Argentinean, Colombian, Dominican, Nicaragua, Salvadoran, Spaniard, and so on.*1. What is the client’s race? Mark (X) one or more boxes.

[ ]  White [ ]  Black or African American[ ]  American Indian or Alaska Native- *Print name of enrolled or principal tribe*.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Asian Indian [ ]  Japanese [ ]  Native Hawaiian [ ]  Chinese [ ]  Korean [ ] Guamanian or Chamorro [ ]  Filipino [ ]  Vietnamese [ ]  Samoan[ ]  Other Asian- Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Other Pacific Islander- Print race, for example, Fijian, Tongan, and so on.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Some other race. Print race.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |