OMB Number: xxxx-xxxx

Expiration Date:

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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 Applicable  What, if any, is the secondary spoken language? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. What language is the client/caregiver most comfortable reading?   Client: .  Don’t Know  Not Applicable  Caregiver: .   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 Applicable  What, 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.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |