

ASL MEDICAL INTERPRETER SURVEY

The purpose of this survey is to obtain information on the experiences of ASL interpreters and their perceptions of access to medical care for Deaf and Hard of Hearing patients. All responses will be treated as completely confidential. Survey findings will be reported in the aggregate. No individual ASL interpreters or institutions will be identifiable.

The survey will take approximately 15 minutes to complete. It is part of a statewide Medical Interpretation Capacity Assessment funded by the Endowment for Health. We will issue a final public report this fall including survey results, other findings and recommendations for action. Thank you for taking the time to complete this survey. **Please answer the questions as completely as you can.**

1. Where do you work as an ASL interpreter? (Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Greater Concord area | <input type="checkbox"/> North Country |
| <input type="checkbox"/> Greater Manchester area | <input type="checkbox"/> Seacoast area |
| <input type="checkbox"/> Greater Nashua area | <input type="checkbox"/> Upper Valley |
| <input type="checkbox"/> Lakes Region | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Monadnock Region/Keene | |

2. What is your gender? Male Female

3. What is your **current** employment status? (Please check **all** that apply)

- I work for an ASL interpreter service, e.g., Granite State Independent Living or Northeast Deaf & Hard of Hearing Services, Inc.
- I am a *freelance* ASL interpreter (I do my own scheduling and billing)
- I am employed as an *ASL interpreter* by a healthcare organization
 - Please identify your employment status for the organization:
 - I am an employee of the organization
 - I work under contract for the organization
- I am employed *in a different position* (for example, as a receptionist) but sign for my organization
- I am *not* doing medical ASL interpreting

4. *Estimate* how many total ASL interpreting sessions in medical settings you conduct **per month**: _____

5. Approximately how many hours **per week** on average do you spend doing ASL medical interpreting? _____ hours

6. We are interested in knowing the **three** places where you have interpreted the most **over the past year**. Please review the list below and use the number "1" to identify the place where you have interpreted the most over the past year, use "2" to identify where you interpreted the second most, and "3" to identify where you have interpreted the third most. For each of these three places, please also identify whether the provider asked for your qualifications to interpret.

	Please identify where you have spent the most time, using the numbers 1, 2 and 3	Did the provider ask for your qualifications to interpret?
Physician offices		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Community health centers		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Hospital emergency departments		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Other hospital outpatient areas		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Hospital inpatient units		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Dental clinics or offices		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Social services agencies		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Court/legal services agencies		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Businesses		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know

7. What is your current **hourly** salary? _____ per hour

- 7a. Do you receive benefits from your job (vacation, health insurance, etc)? Yes No
- 7b. Are you covered by liability insurance? Yes No Don't Know

8. How often are you reimbursed for mileage? Always Sometimes Never

9. We are interested in what other kinds of work interpreters do. Do you have another paid job? Yes No

9a. If yes, what sort of other work do you do? _____

10. Please identify how often you face the following challenges in your job as an ASL medical interpreter.

	Always	Often	Sometimes	Never
Lengthy travel time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients do not keep appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short notification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical terminology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pay scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctors and nurses do not know how to work with ASL interpreters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not enough appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. In your experience, how satisfied are Deaf and Hard of Hearing patients with the quality of medical care they are receiving?

- Very Satisfied
- Satisfied
- Unsatisfied
- Very Unsatisfied
- Don't Know/Not Applicable

Comments:

12. What are the barriers to care for Deaf and Hard of Hearing patients that you have observed? **PLEASE PRINT**

13. Describe the best practices for treating Deaf and Hard of Hearing patients that you have encountered. Did this/these programs come close to meeting your ideal? **PLEASE PRINT**

14. If there is anything else about the issue of medical language services for the Deaf and Hard of Hearing that we haven't addressed that you would like to tell us about, please do so below. **PLEASE PRINT** (Please feel free to use an additional sheet of paper if you need more space.)

Thank you *very much* for taking the time to complete this survey.

Please send your completed survey by June 18th to:

The Access Project, 30 Winter Street, Suite 930 Boston, MA 02108

OR

Fax to: (617) 654-9922

For further information, please contact Nancy Kohn, The Access Project, NKohn@accessproject.org, (617) 654-9911, x230 or Beau Stubblefield-Tave, The Stubblefield-Tave Group, ST.Group@earthlink.net, (617) 501-6951.