



Client Comment Card

Interpreter Name: _____ Date: _____

Vendor Name: _____ Clinic/Location: _____

Please select the following options that best describe your experience:

1. Was the interpreter present for the entire service?

☐

Yes

☐

No

2. Do you feel that the interpreter said everything you wanted to say?

☐

Yes

☐

No

☐

Unsure

3. How easy was the interpreter to understand?

1	2	3	4
<input type="checkbox"/> Very easy	<input type="checkbox"/> Easy	<input type="checkbox"/> Difficult	<input type="checkbox"/> Very difficult

4. How comfortable were you with the interpreter?

1	2	3	4
<input type="checkbox"/> Very comfortable	<input type="checkbox"/> Comfortable	<input type="checkbox"/> Somewhat comfortable	<input type="checkbox"/> Not comfortable at all

Other comments:

Submit this form electronically to DBH - OEI at [DBH-Language Services](#) global email.



Mail to: Department of Behavioral Health
Office of Equity and Inclusion
Mail Code: 0026

Instructions for DBH Staff: Please fill out the top two (2) rows of information. Ask Client to complete and return the form to DBH Staff. When completed place the pre-addressed form in interoffice mail.