



### 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:



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.