## Appendix 1. Survey used in Phase 1

### Research Survey on LEP

**1. Which DHB are you working in?**
- [ ] Capital & Coast DHB
- [ ] Hutt Valley DHB

**2. Name (First name then Last name)**

**3. Position**
- [ ] Nurse
- [ ] Physiotherapist
- [ ] Registrar
- [ ] Senior Medical officer
- [ ] Other (please specify)

**4. Gender**
- [ ] Male
- [ ] Female

**5. How Many Years Since Qualification (enter as a number please e.g. 3)**

**6. Which Ethnic Group do you belong to? (tick as many boxes as apply)**
- [ ] Chinese
- [ ] Cook Island Maori
- [ ] Indian
- [ ] Maori
- [ ] New Zealand European
- [ ] Niuean
- [ ] Samoan
- [ ] Tongan
- [ ] Others (please specify)

**2.**
### Research Survey on LEP

7. What Language(s) did you grow up with?
- Cantonese
- Cook Island Maori
- English
- Gujarati
- Hindi
- Mandarin
- Maori
- Niuean
- Samoan
- Tongan
- Others (please specify)

8. What other language(s) do you speak fluently?
- Cantonese
- Cook Island Maori
- English
- Gujarati
- Hindi
- Mandarin
- Maori
- Niuean
- Samoan
- Tongan
- Others (please specify)

9. What Languages do you use during consultations?
- Cantonese
- Cook Island Maori
- English
- Gujarati
- Hindi
- Mandarin
- Maori
- Niuean
- Samoan
- Tongan
- Others (please specify)

10. How often do you see patients with Limited English Proficiency (LEP)? Please answer either daily, weekly or monthly.

For the purpose of this survey, a patient with limited English Proficiency is defined as a person for whom English is not their first language AND whose level of English limits the extent of communication in the consultation. This group includes 1) Speakers with very little English, such that consultation is not possible without an interpreter OR 2) Speakers with some English but insufficient English to conduct a comprehensive consultation.

<table>
<thead>
<tr>
<th>Number</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td></td>
</tr>
<tr>
<td>Weekly</td>
<td></td>
</tr>
<tr>
<td>Monthly</td>
<td></td>
</tr>
</tbody>
</table>

Page 2
11. When you see a patient with Limited English Proficiency (LEP) do you use an interpreter?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>About Half</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. Do you use a professional interpreter (paid by the DHB)?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>About Half</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13. Are you aware of the DHB Policy on Interpreters

- No
- Yes

14. Do you know how to access a professional interpreter if you need one?

- No
- Yes

15. Communication difficulties are common when consulting with Limited English Proficiency (LEP) patients.

Do you think these difficulties significantly affect your care of LEP patients?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>About Half</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Appendix 2. Questionnaire used in Phase 2

Does communication difficulty with Limited English Patients increase physician assessed likelihood of adverse outcome?

1. Was this the first time you had seen this patient? (1) yes (2) no
2. What was the complexity of the consultation?

<table>
<thead>
<tr>
<th>1. Simple</th>
<th>2.</th>
<th>3. Moderate</th>
<th>4.</th>
<th>5. Complex</th>
</tr>
</thead>
</table>

3. Were there communication difficulties? (a) Yes (b) No
4. If yes what were the nature of these difficulties?
5. If communication difficulties were present how did you identify this?
6. Was there extra clinical risk as a result of the communication difficulties?

   a) Uncertainty as to whether medical terms were understood.

<table>
<thead>
<tr>
<th>1. Minimal</th>
<th>2.</th>
<th>3. Moderate</th>
<th>4.</th>
<th>5. Considerable</th>
</tr>
</thead>
</table>

   b) Uncertainty that treatment regime was understood.

<table>
<thead>
<tr>
<th>1. Minimal</th>
<th>2.</th>
<th>3. Moderate</th>
<th>4.</th>
<th>5. Considerable</th>
</tr>
</thead>
</table>

   c) Uncertainty that informed consent was adequately obtained.

<table>
<thead>
<tr>
<th>1. Minimal</th>
<th>2.</th>
<th>3. Moderate</th>
<th>4.</th>
<th>5. Considerable</th>
</tr>
</thead>
</table>

   d) Part of the history was avoided due to communication difficulty (e.g. sexual history)

<table>
<thead>
<tr>
<th>1. Minimal</th>
<th>2.</th>
<th>3. Moderate</th>
<th>4.</th>
<th>5. Considerable</th>
</tr>
</thead>
</table>

   e) Other

7. How would you describe this patient’s English-speaking Ability?
   
   a) Native English Speaker or equivalent
   b) Fluent English Speaker (fluent) with some limitations
   c) Speaker with some English but insufficient to conduct comprehensive consultation (intermediate)
   d) Speaker with so little English that a basic consultation is not possible without interpreter (very little)

8. Did you use an Interpreter? (a) Yes (b) No

9. If “Yes”, was this Interpreter
   
   a) Professional Accredited (e.g Language Line, Wellington Community Interpreters)
   b) Paid not accredited (Some Hospital employed interpreters are not accredited)
c) Ad Hoc: family member, friend not paid.

10. Was the Interpreter present: (a) in the room or (b) via telephone?

11. If an interpreter was used how was this achieved?:
   a) Arranged ahead of the appointment
   b) Brought by the patient
   c) Telephone interpreter engaged at the time.

Thank you for your participation