

# Report Appendices A-K(8): The Global Workforce Survey of Healthcare Interpreters

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## Contents

Appendix A. CCHI Global Workforce Survey of Healthcare Interpreters Full Survey Text	3
Appendix B. "Other" Comments to Q.1: Relationship to the Profession	54
Appendix C. Respondents' Country, State or Province/Region, and City	55
Appendix D(1). The last time an overseas interpreter interpreted for U.S. patients and organizations	109
Appendix D(2). "Other" Comments to Q.3.1.b: Why do you not interpret in healthcare settings at this ti	
Appendix D(3). "Other" Comments to Q.3.2.b. What changed that resulted in your not interpreting in healthcare settings now?	
Appendix E(1). "Other" Comments to Q.4: Employment Status	112
Appendix E(2). Other Work to Supplement Income from Healthcare Interpreting (Q.14.1.a)	113
Appendix E(3). Optional Comments About Working Status (Q.15.1.a)	115
Appendix F(1). How much and what kind of non-academic training in interpreting did you receive? (Q.18.1.b)	116
Appendix F(2). Please explain how you learned the non-native language in order to be able to interpret (Q.18.2)	
Appendix G(1). If the duration ranges in the previous question do not reflect your work pattern, please provide a comment here. (Q.26)	
Appendix G(2). "Other" Comments in Q.27.2: Average duration of interpreting in healthcare settings	133
Appendix G(3). "Other" Comments in Q.28.1.a: Number of in-person assignments per shift	137
Appendix G(4). "Other" Comments in Q.28.1.b: Number of calls per shift	139
Appendix H(1). Information Given in Advance (Q.29.1)	141
Appendix H(2). Information Desired to be Received in Advance (Q.29.2)	155
Appendix I(1). In what circumstances have you declined or would you decline an assignment/call? (Q.	
Appendix I(2). What is the reason you cannot decline an assignment/call? (Q.30.c)	
Appendix I(3). "Other" Comments to Q.33.1: Typical Break Duration	195
Appendix I(4). "Other" Comments to Q.33.2: Ability to Take a Break after an Emotionally Hard Session	201
Appendix J(1). "Other" Comments to Q.35: Organizational Support	204
Appendix J(2). "Other" Comments to Q.35.1: Organization's Interpreting Equipment Procedure	206
Appendix J(3). "Other" Comments to Q.35.2: Organization's Computer Usage Procedure	207
Appendix J(4). "Other" Comments to Q.35.3: Organization's Internet Connection Procedure	208
Appendix K(1). "Other" Comments to Q.36.a: Benefits Offered	209
Appendix K(2). "Other" Comments to Q.38: How are you primarily paid?	211
Appendix K(3). "Other" Comments to Q.38.1: Annual Salary Range	213
Appendix K(4). "Other" Comments to Q.38.2: Hourly Rate Range	214
Appendix K(5). "Other" Comments to Q.38.3: Rate Range per 2-hour Assignment	215
Appendix K(6). Specific Payment Options (Q.38.8)	216
Appendix K(7). "Other" Comments to Q.39: Pay Change during the Career	232
Appendix K(8). "Other" Comments to Q.40: Pay Frequency	235

#### Appendix A. CCHI Global Workforce Survey of Healthcare Interpreters Full Survey Text





This survey is for currently practicing interpreters who serve the U.S. healthcare and health systems as well as any field that interacts with medical providers regardless of whether they reside in the U.S. or in another country.

The purpose of this survey is to understand the demographic makeup and practice of healthcare interpreters who serve U.S. patients and providers. It is like a census of healthcare interpreters. The Certification Commission for Healthcare Interpreters (CCHI) undertakes this survey because there is no consistent and clear data about our profession on a global level. As you may know, in the U.S., the Bureau of Labor Statistics lumps all interpreters, regardless of their specialization, with translators, making it hard to utilize their information for decision-making regarding healthcare interpreters specifically.

We ask you to answer <u>all</u> the questions of the survey to the best of your knowledge and ability. There is strength in numbers. And we need to understand the numbers. To help all of us (certifying bodies, interpreting associations, staff interpreters, freelance interpreters, academic programs, interpreter training organizations, employers and contractors of interpreters, etc.) improve the working conditions of interpreters everywhere, we need to understand the day-to-day work reality of all interpreters. Data collected through this survey will allow CCHI and others to make decisions affecting the profession in an evidence-based manner

The survey has been developed by CCHI's *Advisory Council* representing various interested parties of the healthcare interpreting profession (see the information about the Council <u>here</u>).

The survey takes approximately 30 minutes to complete. Required questions are marked with an asterisk. You may review your and change your answers before submission (by clicking the "Previous" button at the bottom of the screen). You may save your responses and come back to the survey at a later time (you will be provided a unique link in this case, which you need to save and use for later access). All responses are completely anonymous; no personal information will be collected.

Please complete the survey by March 5, 2025.

Thank you for supporting the healthcare interpreter profession!

CCHI Commissioners and Survey Advisory Council

### **Section 1. General Questions**

1. What is your current primary relationship to the healthcare interpreter profession? (Choose one (1) option only. There will be a question about multiple roles later in the survey. If you are equally split between two roles, please select the one closer related to interpreting.)*
I am a healthcare interpreter.
O I am an interpreter in other related medical settings.
O I am an interpreter in other, non-healthcare settings.
O I am a bilingual clinical healthcare professional (e.g., physician, nurse, radiology technician, i.e., anyone involved in direct patient care).
O I am a bilingual non-clinical healthcare staff member (e.g., receptionist, accounting specialist, custodian, etc.).
O I manage and/or supervise healthcare interpreters at a healthcare organization.
O I am a representative of a company that contracts healthcare interpreters.
O I train healthcare interpreters.
O I am a translator.
Other
2. Where do you reside?*
O the United States or its territories
O outside the United States



<b>⊗</b>
3.a. Do you currently interpret for healthcare settings? (Regardless of the volume or frequency and of doing it remotely or in person)
Yes
○ No
Solution 100 togic 3.b. Did you interpret in healthcare settings in 2024? (Regardless of the volume or frequency)
• Yes
○ No
3 Logic
3.b. Did you interpret, as assigned by your language company, for a U.S. healthcare organization and/or U.S. patients in 2024? (Regardless of the volume or frequency)
Yes
○ No
S Logic 3.1. Did you interpret in healthcare settings in 2022-2023?
Yes
○ No
<b>⊗</b> Logic
3.1. Did you interpret, as assigned by your language company, for a U.S. healthcare organization and/or U.S. patients in 2022-2023?
Yes
○ No
Logic 3.1.a. Why did you not interpret in healthcare settings in 2024?
I always viewed healthcare interpreting as a temporary occupation (and I moved on to the next career).
My personal priorities have changed.
Healthcare interpreting did not provide enough income.
I did not get any opportunities to interpret in health care.
I got a promotion where my duties have changed.
○ I retired.
My employment or contract was terminated.
Other:

	Nhy do you not interpret in healthcare settings at this time?
I always viewed	d healthcare interpreting as a temporary occupation (and I moved on to the next career).
My personal pr	iorities have changed.
	erpreting did not provide enough income.
	y opportunities to interpret in health care.
_	on where my duties have changed.
☐ I retired.	
My employmer	nt or contract was terminated.
Other:	
3 Logic 3.1.c. V	Why do you not interpret in healthcare settings at this time?
I always viewed	d healthcare interpreting as a temporary occupation (and I moved on to the next career).
My personal pr	iorities have changed.
Healthcare inte	erpreting did not provide enough income.
I did not get an	y opportunities to interpret in health care.
I got a promoti	on where my duties have changed.
I retired.	
My employmer	nt or contract was terminated.
Other:	
I changed the i	What changed that resulted in your not interpreting in healthcare settings in 2024? Interpreting setting in which I work. Directing but I still work in language services or health care. Discoupation completely, and my current job is not related to language services or health care.
I changed the i I stopped interp I changed my o Other:	Interpreting setting in which I work.  Directing but I still work in language services or health care.  Directing completely, and my current job is not related to language services or health care.
I changed the i I stopped interp I changed my o Other:	Interpreting setting in which I work.  Directing but I still work in language services or health care.  Discoupation completely, and my current job is not related to language services or health care.  What changed that resulted in your not interpreting in healthcare settings now?
I changed the i I stopped interp I changed my o Other:  Logic 3.2.b. I changed the i	Interpreting setting in which I work.  Descripting but I still work in language services or health care.  Description completely, and my current job is not related to language services or health care.  What changed that resulted in your not interpreting in healthcare settings now?  Interpreting setting in which I work.
I changed the i I stopped interp I changed my c Other:  Logic 3.2.b. I changed the i I stopped interp	Interpreting setting in which I work.  Directing but I still work in language services or health care.  Discoupation completely, and my current job is not related to language services or health care.  What changed that resulted in your not interpreting in healthcare settings now?

Lobana	
- renung	ged the interpreting setting in which I work.
○ I stoppe	ed interpreting but I still work in language services or health care.
Chang	ged my occupation completely, and my current job is not related to language services or health care.
Other:	
® Logic	3.2.1. Which setting do you currently interpret in? (Choose all that apply.)
I switch	ned to interpreting in legal settings.
I switch	ned to interpreting in education settings.
I switch	ned to conference interpreting.
I switch	ned to interpreting in other settings than the above-mentioned.
® Logic	
3.2.2. Des	cribe which area of language services or health care you currently work in? (Choose all that apply.)
am wo	orking as a translator.
l am wo	orking in a supervisory/leadership role.
I am wo	orking as an interpreter educator/trainer.
I am wo	orking in a clinical healthcare role.
I am wo	orking in a non-clinical healthcare support role (staff).
Other:	
8 Logic	
5.0	your employment/contract termination relate to a change within the organization for which you
3.3.a. Did	your employment/contract termination relate to a change within the organization for which you
3.3.a. Did worked?	your employment/contract termination relate to a change within the organization for which you
3.3.a. Did worked?	
3.3.a. Did worked?  Yes No	
3.3.a. Did worked? Yes No	
3.3.a. Did worked?  Yes  No Idon't k	know
3.3.a. Did worked?  Yes  No I don't k	3.3.a.1. What kind of change did the organization experience?
3.3.a. Did worked?  Yes  No I don't k  Logic  The nur	3.3.a.1. What kind of change did the organization experience?  mber of interpreting positions in my organization was reduced.
3.3.a. Did worked?  Yes  No I don't k  Logic  The nur In-hous	3.3.a.1. What kind of change did the organization experience?  The provided interpreting positions in my organization was reduced.  The provided interpreting positions for my language combination was reduced.
3.3.a. Did worked?  Yes  No I don't k  Logic  The nur In-hous The lan	3.3.a.1. What kind of change did the organization experience?  The properties of interpreting positions in my organization was reduced.  The properties of interpreting positions for my language combination was reduced.  The properties of interpreting positions (in-person) were eliminated.
3.3.a. Did worked?  Yes  No I don't k  Logic  The nur In-hous The lan	3.3.a.1. What kind of change did the organization experience?  mber of interpreting positions in my organization was reduced.  mber of interpreting positions for my language combination was reduced.  see or local interpreting positions (in-person) were eliminated.  Iguage company I work for stopped interpreting in healthcare settings.  Iganization I work for closed.

Logic 3.	3.a.2. Why were in-house or local positions eliminated? (Check all that apply)
They were	replaced with remote interpreting.
They were	replaced with bilingual staff.
They were	replaced with automated interpreting technology ("Al").
I don't kno	w.
Other:	
3 Logic 3.	l.b. Have you ever interpreted in healthcare settings?
Yes	
) No	
logic 3.	1.b. Have you ever interpreted for a U.S. healthcare organization and/or U.S. patients?
Yes	
○ No	
S Logic 3.	2.b. When was the last time you interpreted in healthcare settings?
4-5 years	ago
6-7 years	ago
8-10 years	g ago
More than	10 years ago
3 Logic	
	was the last time you interpreted for a U.S. healthcare organization and/or U.S. patients?
3.2.b. When	was the last time you interpreted for a U.S. healthcare organization and/or U.S. patients?
3.2.b. When 4-5 years	ago
	ago ago

	What changed that resulted in your not interpreting in healthcare settings now?
l changed the ir	nterpreting setting in which I work.
stopped interp	oreting but I still work in language services or health care.
O I changed my o	ccupation completely, and my current job is not related to language services or health care.
Other:	
© Logic 3.2.1. W	Which setting do you currently interpret in? (Choose all that apply.)
I switched to int	terpreting in legal settings.
I switched to int	repreting in education settings.
I switched to co	inference interpreting.
I switched to int	terpreting in other settings than the above-mentioned.
8 Logic	
3.2.2. Describe w	rhich area of language services or health care you currently work in? (Choose all that apply.
l am working as	a translator.
I am working in	a supervisory/leadership role.
I am working as	an interpreter educator/trainer.
I am working in	a clinical healthcare role.
I am working in	a non-clinical healthcare support role (staff).
Other:	
Logic	mployment/contract termination relate to a change within the organization for which you
Logic 3.3.a. Did your er	mployment/contract termination relate to a change within the organization for which you
Logic 3.3.a. Did your er	mployment/contract termination relate to a change within the organization for which you
Logic 3.3.a. Did your er vorked?	mployment/contract termination relate to a change within the organization for which you
Logic 3.3.a. Did your er vorked? Yes No	mployment/contract termination relate to a change within the organization for which you
Logic 3.3.a. Did your er vorked? Yes No	mployment/contract termination relate to a change within the organization for which you
Logic  3.3.a. Did your er vorked?  Yes  No  I don't know	mployment/contract termination relate to a change within the organization for which you  . What kind of change did the organization experience?
Logic  3.3.a. Did your er vorked?  Yes  No I don't know  Logic 3.3.a.1.	
Logic 3.3.a. Did your erworked?  Yes  No I don't know  Logic 3.3.a.1.  The number of i	What kind of change did the organization experience?
Logic 3.3.a. Did your enworked? Yes No I don't know  Logic 3.3.a.1. The number of i	What kind of change did the organization experience?
Logic 3.3.a. Did your erworked?  Yes  No I don't know  Logic 3.3.a.1.  The number of i The number of i In-house or loce	What kind of change did the organization experience? interpreting positions in my organization was reduced. interpreting positions for my language combination was reduced.
Logic 3.3.a. Did your erworked?  Yes  No I don't know  Logic 3.3.a.1.  The number of i The number of i In-house or local The language of	What kind of change did the organization experience? interpreting positions in my organization was reduced. interpreting positions for my language combination was reduced. al interpreting positions (in-person) were eliminated.
Logic 3.3.a. Did your erworked? Yes No I don't know  Logic 3.3.a.1. The number of i The number of i In-house or loca The language c	What kind of change did the organization experience? interpreting positions in my organization was reduced. interpreting positions for my language combination was reduced. al interpreting positions (in-person) were eliminated. company I work for stopped interpreting in healthcare settings.

Clogic 3.	3.a.2. Why were in-house or local positions eliminated? (Check all that apply)				
They were	e replaced with remote interpreting.				
They were	e replaced with bilingual staff.				
They were replaced with automated interpreting technology ("Al").					
I don't kno	DW.				
Other:					
S Logic 3.	1.b. Have you ever interpreted in healthcare settings?				
_					
Yes No					
O NO					
& Logic 3.	1.b. Have you ever interpreted for a U.S. healthcare organization and/or U.S. patients?				
Yes					
○ No					
S Logic 3.	2.b. When was the last time you interpreted in healthcare settings?				
4-5 years	ago				
6-7 years	ago				
8-10 years	s ago				
More than	n 10 years ago				
8 Logic					
	was the last time you interpreted for a U.S. healthcare organization and/or U.S. patients?				
3.2.b. When  4-5 years	ago				
3.2.b. When	ago ago				

8 Logic
4. What is your employment status in relation to healthcare interpreting? (Choose the role that best captures how you are being paid to interpret in healthcare settings.)
Staff interpreter (employee) in a healthcare organization
Staff interpreter (employee) in a language service company
Freelancer (independent contractor)
Combination of a staff interpreter in a healthcare organization and freelancer
Bilingual clinical healthcare professional (dual-role interpreter)
Bilingual non-clinical healthcare staff (dual-role interpreter)
Other:
Logic
Please respond to the rest of the questions based on the role (staff or freelancer) that provides you most income from interpreting in healthcare or related medical settings. You may notice a gap in numbering of
questions, disregard that, because questions are presented to you based on your previous responses, and
you will not see questions that are irrelevant to you.
® Logic
5. How many years of professional experience as a healthcare interpreter do you have? (Please
indicate only years of professional (paid) interpreting in healthcare or medical settings.)
Less than 2 years
2 to 5 years
6 to 10 years
11 to 20 years 21 or more
21 of more
6. In how many non-English languages do you interpret in healthcare settings (more than 1-2 times a year)?
1 non-English language
2 non-English languages
3 non-English languages
More than 3 non-English languages

Acholi	
Albanian	
Logic 8. In what SECONI	DARY non-English language, do you interpret in healthcare settings?
Acholi	
Albanian	
Logic 9. How was your F	PRIMARY (non-English) interpreting language acquired?
Native speaker	
Non-native speaker	
Heritage speaker who has im instruction is conducted in th	migrated to the U.S. before completing high school from a country where school e non-English language.
Heritage speaker who has led to having learned it formally i	arned a non-English language informally by being exposed to it at home as opposed in a school setting.
Other:	
Logic	
0. What is the highest level completed?	l of formal education (from any country and any subject) you have
High school diploma or its ed	quivalent (GED, etc.)
U.S. Associate's degree (any	major)
Bachelor's degree (any majo	or)
Master's degree (any major)	
Doctoral degree (any major)	)
Did not complete high school	ol .

<b>⊗</b> Logic
11. What is your current interpreter certification status? Please read the explanation below. (Check all that apply)
Not certified in interpreting at this time
CHI™-Spanish
CHI™-Arabic
CHI™-Mandarin
CoreCHi™
CoreCHI-Performance™
RID certification (for sign language interpreters)
BEI certification (for sign language interpreters)
СМІ
Non-U.S. certification in medical interpreting
I hold a certificate of completion from a training program (not a certification).
I hold a certificate in medical interpreting issued by my company (not a certification).
ATA translator certification
U.S. Court interpreter certification (federal or state)
Other:
 big> Keep in mind that a certification credential and a certificate of completion are different. CERTIFICATION shows that the certifying
organization (which is not an employer or training institution) is guaranteeing that you are qualified. Certification always involves a formal
assessment by certifying organization. A CERTIFICATE of completion shows that a person has successfully completed some study. While a
certificate of completion is certainly a valuable document to prove your training, it is not the same as a certification. Think of it as the difference between a doctor who has graduated from medical school and one who has passed their Board exams.
difference between a doctor who has graduated from medical school and one who has passed their board exams.
Logic 11.1. Would you be interested in getting certified by CCHI?
Yes
○ No
○ I don't know
Logic 11.1.a. What is the main challenge to you getting certified by CCHI?
Certification exams are not available in my country.
The cost of certification is too high.
Eligibility requirements are too hard to meet.
Other:

anguage proficiency in the Language Other han English (LOTE)				
Language proficionary in English				
Language proficiency in English	0			0
40 hours of training in healthcare interpreting	0			0
General education at a high school minimum	0			0
If I could take the exams in my country.  If certified interpreters were paid higher than  If the certification cost were lower.  If there were no eligibility requirements.  Other:	non-certified.			
.2.b. What would you consider to be a recomparison, the current cost of the CCHI \$250-300			tion (in U.S. d	ollars)? (For
) \$401-499 ) Other:				
Logic  3.b. Would you consider getting certifie	d if certification	were free to y	ou (e.g., your	employer
ould pay for it)?				

#### Section 2. Information about your job role and working conditions

Section 2. Information about your job fole and working conditions
Logic  You may notice a gap in numbering of questions at some point, disregard that, because questions are
presented to you based on your previous responses, and you will not see questions that are irrelevant to you.
O Logic 12.a. On your typical workday or week, how frequently do you interpret IN PERSON?
1. Always (100%)
2. Frequently (67-99%)
3. About half the time (34-66%)
4. Occasionally (1-33%)
5. Never (0%)
12.b. On your typical workday or week, how frequently do you interpret Over the Phone (OPI)?
1. Always (100%)
2. Frequently (67-99%)
3. About half the time (34-66%)
4. Occasionally (1-33%)
5. Never (0%)
<b>❸</b> Logic
12.c. On your typical workday or week, how frequently do you interpret in the Video Remote Interpreting (VRI) modality?
1. Always (100%)
2. Frequently (67-99%)
3. About half the time (34-66%)
4. Occasionally (1-33%)
5. Never (0%)

From my hom	e (or other location chosen by me)
	pany's call center
	bital's call center
	And a can contain
O Logic 13. Ho	ow has your interpreting modality changed in the last 5 years?
No change	
Started doing	more Telephonic/Over the Phone Interpreting (OPI)
Started doing	more Video Remote Interpreting (VRI)
Started doing	more Remote interpreting (both OPI and VRI)
Started doing	more In-person interpreting
Other:	
(Estimate)	ntage of your earned income (individual) comes from healthcare interpreting?
(Estimate)	ntage of your earned income (individual) comes from healthcare interpreting?
(Estimate)  100%  75-99%  50-74%  25-49%  10-24%  5-9%  Less than 5%	ntage of your earned income (individual) comes from healthcare interpreting?
(Estimate)  100%  75-99%  50-74%  25-49%  10-24%  5-9%  Less than 5%	
(Estimate)  100%  75-99%  50-74%  25-49%  10-24%  5-9%  Less than 5%  Logic  14.1. What are t	he other sources of your earned income outside of healthcare interpreting? (Check
(Estimate)  100%  75-99%  50-74%  25-49%  10-24%  5-9%  Less than 5%  Logic  14.1. What are tall that apply.)	he other sources of your earned income outside of healthcare interpreting? (Check
(Estimate)  100%  75-99%  50-74%  25-49%  10-24%  5-9%  Less than 5%  Logic  14.1. What are tall that apply.)	he other sources of your earned income outside of healthcare interpreting? (Check
(Estimate)  100%  75-99%  50-74%  25-49%  10-24%  5-9%  Less than 5%  Logic  14.1. What are tall that apply.)  Interpreting in Translation	he other sources of your earned income outside of healthcare interpreting? (Check
(Estimate)  100%  75-99%  50-74%  25-49%  10-24%  5-9%  Less than 5%  Logic  14.1. What are tall that apply.)  Interpreting in Translation  Interpreter edi	he other sources of your earned income outside of healthcare interpreting? (Check
(Estimate)  100%  75-99%  50-74%  25-49%  10-24%  5-9%  Less than 5%  Logic  14.1. What are tall that apply.)  Interpreting in Translation  Interpreter ed  Language inst	he other sources of your earned income outside of healthcare interpreting? (Check other settings
(Estimate)  100%  75-99%  50-74%  25-49%  10-24%  5-9%  Less than 5%  Logic  14.1. What are tall that apply.)  Interpreting in Translation  Interpreter ed Language instanguage instanguag	he other sources of your earned income outside of healthcare interpreting? (Check other settings ucator/trainer tructor (teacher, coach)
(Estimate)  100%  75-99%  50-74%  25-49%  10-24%  5-9%  Less than 5%  Logic  14.1. What are tall that apply.)  Interpreting in Translation  Interpreter ed  Language inst  Non-interpreti	he other sources of your earned income outside of healthcare interpreting? (Check other settings  ucator/trainer tructor (teacher, coach) ing job in language services
(Estimate)  100%  75-99%  50-74%  25-49%  10-24%  5-9%  Less than 5%  Logic  14.1. What are tall that apply.)  Interpreting in Translation  Interpreter ed  Language inst  Non-interpret  Non-interpret	he other sources of your earned income outside of healthcare interpreting? (Check other settings  ucator/trainer tructor (teacher, coach) ing job in language services ing job in health care

© Logic 14.1.a. What other work do you do to supplement your interpreting income? (Optional)
8 Logic
15. How would you define your primary working status as an interpreter in healthcare settings specifically? (If you work for multiple employers/companies, please respond from the point of view of the main one.)
I work full-time. (= I interpret in healthcare settings 30-40 hours per week.)
I work part-time. (= I interpret in healthcare settings fewer than 30 hours per week.)
I work as-needed (i.e., on-demand, on-call, per diem). (= My hours vary, and I am paid not as a full-time employee even if I work over 30 hours per week.)
© Logic 15.1. Are you satisfied with this working status?
Yes
○ No
○ I'm not sure
O Logic 15.1.a. Please comment about this if you wish.
© Logic
16. Do you perform any roles related to language services or health care IN ADDITION TO healthcare interpreting? (For example, manage/supervise interpreters, translate, offer interpreter training, provide direct health care.)  Yes  No

8 Logic	
16.1. Which roles IN AI	ODITION to healthcare interpreting do you perform? (Check all that apply.)
I am an interpreter in	
I am a bilingual clinic direct patient care).	al healthcare professional (e.g., physician, nurse, radiology technician, i.e., anyone providing
am a bilingual healtl	hcare staff member (any non-clinical healthcare personnel, e.g., receptionist, accounting
☐ I manage and/or sup	pervise healthcare interpreters at a healthcare organization.
I am a representative	of a company that contracts healthcare interpreters.
I train healthcare inte	erpreters.
I am a translator.	
📗 I am a language instr	ructor (teacher, coach).
Other:	
non-academic, inclu	L training in healthcare interpreting specifically do you have (academic and ding internships, on-the-job training, and continuing education)? Do not
non-academic, inclu	ding internships, on-the-job training, and continuing education)? Do not without an instructor.
non-academic, inclu count any self-study  Less than 40 instruction	ding internships, on-the-job training, and continuing education)? Do not without an instructor.
non-academic, inclucount any self-study Less than 40 instruction A 40-60-hour interpre	ding internships, on-the-job training, and continuing education)? Do not without an instructor.
non-academic, inclucount any self-study Less than 40 instruction A 40-60-hour interpress Multiple individual was	iding internships, on-the-job training, and continuing education)? Do not without an instructor.  onal hours  eter training course through a private company
non-academic, inclucount any self-study  Less than 40 instructi  A 40-60-hour interpre  Multiple individual was  Multiple individual was	ding internships, on-the-job training, and continuing education)? Do not without an instructor.  onal hours eter training course through a private company orkshops, webinars, or courses totaling 40 instructional hours
non-academic, inclucount any self-study  Less than 40 instruction  A 40-60-hour interpro  Multiple individual was  Multiple individual was  One-semester college	ding internships, on-the-job training, and continuing education)? Do not without an instructor.  onal hours eter training course through a private company orkshops, webinars, or courses totaling 40 instructional hours orkshops, webinars, or courses totaling more than 40 instructional hours
non-academic, incluce count any self-study  Less than 40 instruction  A 40-60-hour interpress  Multiple individual was  Multiple individual was  One-semester colleged  Multi-semester colleged	ding internships, on-the-job training, and continuing education)? Do not without an instructor.  onal hours eter training course through a private company orkshops, webinars, or courses totaling 40 instructional hours orkshops, webinars, or courses totaling more than 40 instructional hours e/university certificate program
non-academic, incluce count any self-study  Less than 40 instruction  A 40-60-hour interpress  Multiple individual was  Multiple individual was  One-semester colleged  Multi-semester colleged	ding internships, on-the-job training, and continuing education)? Do not without an instructor.  onal hours eter training course through a private company orkshops, webinars, or courses totaling 40 instructional hours orkshops, webinars, or courses totaling more than 40 instructional hours e/university certificate program ge/university certificate program or associate's degree in healthcare interpreting healthcare interpreting
non-academic, incluce count any self-study  Less than 40 instruction A 40-60-hour interpression Multiple individual was Multiple individual was One-semester colleged Multi-semester colleged Bachelor's degree in he	ding internships, on-the-job training, and continuing education)? Do not without an instructor.  onal hours eter training course through a private company orkshops, webinars, or courses totaling 40 instructional hours orkshops, webinars, or courses totaling more than 40 instructional hours e/university certificate program ge/university certificate program or associate's degree in healthcare interpreting
non-academic, incluce count any self-study  Less than 40 instruction A 40-60-hour interpression Multiple individual was Multiple individual was One-semester colleged Multi-semester colleged Bachelor's degree in he	ding internships, on-the-job training, and continuing education)? Do not without an instructor.  onal hours eter training course through a private company orkshops, webinars, or courses totaling 40 instructional hours orkshops, webinars, or courses totaling more than 40 instructional hours el/university certificate program ge/university certificate program or associate's degree in healthcare interpreting healthcare interpreting
non-academic, incluce count any self-study  Less than 40 instruction A 40-60-hour interpression Multiple individual was Multiple individual was One-semester colleged Multi-semester colleged Bachelor's degree in Master's degree in help I have not received as	ding internships, on-the-job training, and continuing education)? Do not without an instructor.  onal hours eter training course through a private company orkshops, webinars, or courses totaling 40 instructional hours orkshops, webinars, or courses totaling more than 40 instructional hours el/university certificate program ge/university certificate program or associate's degree in healthcare interpreting healthcare interpreting
non-academic, incluce count any self-study  Less than 40 instruction A 40-60-hour interpression Multiple individual was Multiple individual was One-semester colleged Multi-semester colleged Bachelor's degree in Master's degree in help I have not received as	ding internships, on-the-job training, and continuing education)? Do not without an instructor.  onal hours eter training course through a private company orkshops, webinars, or courses totaling 40 instructional hours orkshops, webinars, or courses totaling more than 40 instructional hours el/university certificate program ge/university certificate program or associate's degree in healthcare interpreting healthcare interpreting
non-academic, incluce count any self-study  Less than 40 instruction A 40-60-hour interpression Multiple individual was Multiple individual was One-semester colleged Multi-semester colleged Bachelor's degree in Master's degree in help I have not received as	ding internships, on-the-job training, and continuing education)? Do not without an instructor.  onal hours eter training course through a private company orkshops, webinars, or courses totaling 40 instructional hours orkshops, webinars, or courses totaling more than 40 instructional hours el/university certificate program ge/university certificate program or associate's degree in healthcare interpreting healthcare interpreting
non-academic, incluce count any self-study  Less than 40 instruction A 40-60-hour interpression Multiple individual was Multiple individual was One-semester colleged Multi-semester colleged Bachelor's degree in Master's degree in help I have not received as	ding internships, on-the-job training, and continuing education)? Do not without an instructor.  onal hours eter training course through a private company orkshops, webinars, or courses totaling 40 instructional hours orkshops, webinars, or courses totaling more than 40 instructional hours el/university certificate program ge/university certificate program or associate's degree in healthcare interpreting healthcare interpreting
non-academic, inclucount any self-study  Less than 40 instruction A 40-60-hour interpress Multiple individual was Multiple individual was One-semester college Multi-semester college Bachelor's degree in he I have not received and Other:  Logic	ding internships, on-the-job training, and continuing education)? Do not without an instructor.  onal hours eter training course through a private company orkshops, webinars, or courses totaling 40 instructional hours orkshops, webinars, or courses totaling more than 40 instructional hours el/university certificate program ge/university certificate program or associate's degree in healthcare interpreting healthcare interpreting

18. What kind of additional professional education related to linguistics/language or health care have you received? (Check all that apply)
Academic education in linguistics and/or language (e.g., major in linguistics, journalism, creative writing, or major in English, Spanish, ASL)
Academic training related to provision of clinical health care (e.g., medicine, nursing, dentistry, speech therapy, pharmacy, mental health)
Academic education in interpreting (at least one semester at a college/university)
Non-academic training in interpreting (for any setting or specialty)
Academic education in translation (at least one semester at a college/university)
None of the above
Other:
© Logic
18.1.a. What level of academic education in linguistics, language, interpreting or translation have you attained?
Academic certificate program
Associate's degree
○ B.A. degree
○ M.A. degree
O Ph.D. degree
Other:
O Logic 18.1.a. What level of academic education related to health care have you attained?
Academic certificate program
Associate's degree
B.A. degree
M.A. degree
O Ph.D. degree
Other:
8 Logic
18.1.b. How much and what kind of non-academic training in interpreting did you receive? (E.g., 120 hours in court interpreting.)

19. How many hours do you int	erpret per we	ek in healthcar	e settings sp	ecifically?	
Less than 2 hours					
3 - 5 hours					
6-10 hours					
11-20 hours					
21 - 29 hours					
30-40 hours					
41 hours and over					
I would like to work more hours I would like to work fewer hours					
. How frequently do you interpr eep in mind that only one age ç					
. How frequently do you interpr eep in mind that only one age ç				d maximum 2	
. How frequently do you interpr eep in mind that only one age ç	group can be "  1. Always	always" or "fre	3. About half the time	4. Occasionally	2 age grou
. How frequently do you interpreep in mind that only one age ç an be "about half the time."	1. Always (100%)	2. Frequently (67-99%)	3. About half the time (34-66%)	4. Occasionally (1–33%)	5. Never
	1. Always (100%)	2. Frequently (67-99%)	3. About half the time (34-66%)	4. Occasionally (1-33%)	5. Never (0%)
l. How frequently do you interpreep in mind that only one age gan be "about half the time."  Children (0-18 years)  Adults (19-65 years)	1. Always (100%)	2. Frequently (67-99%)	3. About half the time (34-66%)	4. Occasionally (1-33%)	5. Never (0%)
Children (0-18 years) Adults (19-65 years) Older Adults (over 65)	1. Always (100%)	2. Frequently (67-99%)	3. About half the time (34-66%)	4. Occasionally (1-33%)	5. Never (0%)

Hospital (inpatient)  Outpatient clinic (including hospital- passed clinics, labs, neighborhood pealth centers, specialties and pecialized care)  Public Health	0	0	0	0	
pased clinics, labs, neighborhood nealth centers, specialties and pecialized care)					
Public Health					
Home Health					
Long Term Care					
Hospice and Palliative Care					
Mental Health and Behavioral Health acilities					
School-Based Health Clinics					
Correctional Facilities					
Insurance Plans					
Vorkers' Compensation (medical appointments)					
Vorkers' Compensation (medical- egal)					
Other					

23. For what healthcare setting(s) do you interpret? In answering, consider the time you spend interpreting in each of these settings on a weekly or daily basis. Please rank each option (i.e., each

	_	_
6.3	loc	
	LOG	10

24.2.a. As a remote interpreter, what settings do you interpret calls for during a usual WORKDAY? Please rank each option (i.e., each row needs to have a rank). Keep in mind that only one specialty can be "always" or "frequently," and maximum 2 settings can be "about half the time."

	1. Always (100%)	2. Frequently (67-99%)	3. About half the time (34-66%)	4. Occasionally (1-33%)	5. Never (0%)
Healthcare					
Pharmacy					
Banking and retail					
Business					
Court					
Legal and police, but not court					
Education					
Entertainment and sports					
Government (including diplomacy, military, etc.)					
Social Services					
Other					

#### (Logic

24.2.b. What settings do you interpret for during a usual WEEK? Please rank each option (i.e., each row needs to have a rank). Keep in mind that only one specialty can be "always" or "frequently," and maximum 2 settings can be "about half the time."

	1. Always (100%)	2. Frequently (67-99%)	3. About half the time (34-66%)	4. Occasionally (1-33%)	5. Never (0%)
Healthcare					
Pharmacy					
Banking and retail					
Business					
Court					
Legal and police, but not court					
Education					
Entertainment and sports					
Government (including diplomacy, military, etc.)					
Social Services					
Other					

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24.2.c. What settings do you interpret for during a usual WEEK? Please rank each option (i.e., each row needs to have a rank). Keep in mind that only one specialty can be "always" or "frequently," and maximum 2 settings can be "about half the time."

	1. Always (100%)	2. Frequently (67-99%)	3. About half the time (34-66%)	4. Occasionally (1-33%)	5. Never (0%)
Healthcare					
Pharmacy					
Banking and retail					
Business					
Court					
Legal and police, but not court					
Education					
Entertainment and sports					
Government (including diplomacy, military, etc.)					
Social Services					
Other					

40%		h
6.3	Logic	
	Logic	

24.2.d. What settings do you interpret for during a usual WEEK? Please rank each option (i.e., each row needs to have a rank). Keep in mind that only one specialty can be "always" or "frequently," and maximum 2 settings can be "about half the time."

	1. Always (100%)	2. Frequently (67-99%)	3. About half the time (34-66%)	4. Occasionally (1-33%)	5. Never (0%)
Healthcare					
Pharmacy					
Banking and retail					
Business					
Court					
Legal and police, but not court					
Education					
Entertainment and sports					
Government (including diplomacy, military, etc.)					
Social Services					
Other					

	_	_
100		
63	Loc	JIC .
		3.0

25.a. How long does your typical interpreting IN-PERSON assignment (encounter, session) last? Please rank each of the options below. Keep in mind that only one duration can be "always" or "frequently," and maximum 2 durations can be "about half the time."

	1. Always (100%)	2. Frequently (67-99%)	3. About half the time (34-66%)	4. Occasionally (1-33%)	5. Never (0%)
Less than 10 minutes					
10-30 minutes					
31-60 minutes					
61-90 minutes					
91-120 minutes					
More than 120 minutes (2 hours)					

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25.b. How long does your typical interpreting CALL last? Please rank each of the options below. Keep in mind that only one duration can be "always" or "frequently," and maximum 2 durations can be "about half the time."

	1. Always (100%)	2. Frequently (67-99%)	3. About half the time (34-66%)	4. Occasionally (1-33%)	5. Never (0%)
Less than 3 minutes					
3-5 minutes					
6-10 minutes					
10-15 minutes					
15-30 minutes					
31-60 minutes					
61-90 minutes					
91-120 minutes					
More than 120 minutes (2 hours)					

26. If the duration ranges in the previous question do not reflect your work pattern, please provide a comment here.

a. How long does your typical "interpreting shift" in healthcare settings last (i.e., how man uential hours do you interpret in healthcare settings)? Please rank each of the duration of which in terms of how frequently you work in such "shifts" throughout a week. Keep in mind the one duration can be "always" or "frequently," and maximum 2 durations can be "about time."    1. Always						
1. Always (100%)   2. Frequently (67-99%)   the time (34-66%)   5. New (0%)     1 hour						
uential hours do you interpret in healthcare settings)? Please rank each of the duration of win terms of how frequently you work in such "shifts" throughout a week. Keep in mind tire."    1. Always	Logic					
1. Always (100%)   2. Frequently (67-99%)   the time (34-66%)   5. New (0%)     1 hour	uential hours do you inte ow in terms of how freque one duration can be "al	rpret in healthcare ently you work in s	e settings)? Ple uch "shifts" thr	ease rank ead oughout a w	ch of the dura eek. Keep in r	tion opt
2 hours 3 hours 4 hours 5 hours 7 hours 7 hours 8 hours 9 hours 10 hours 11 hour 11 hour 12 hours 12 hours 13 hours 14 hours 15 hours 16 hours 17 hours 18 hours 19 hours 10 h				the time	Occasionally	5. Never
3 hours  4 hours  8 hours  12 hours  Other  Dother  Do	1 hour					
4 hours 8 hours 12 hours Other  b. On an average workday, how many hours do you spend interpreting in healthcare sett use rank each of the duration options below in terms of how frequently you work in healthcings throughout a week. Keep in mind that only one duration can be "always" or "frequent maximum 2 durations can be "about half the time."  1. Always (100%) 2. Frequently (67-99%) 3. About half the time (34-66%) 4. Occasionally (1-33%) 5. New (0%) 1 hour 2 hours 3 hours	2 hours					
8 hours  12 hours  Other  Other  Dother  Dothe	3 hours					
Other  Dother	4 hours					
b. On an average workday, how many hours do you spend interpreting in healthcare sett is a rank each of the duration options below in terms of how frequently you work in healthcare sett ings throughout a week. Keep in mind that only one duration can be "always" or "frequent maximum 2 durations can be "about half the time."  1. Always (100%) 2. Frequently (67-99%) (1-33%) 3. About half the time (34-66%) (1-33%) 5. New (0%) 1 hour 2 hours 3 hours 4 hours	8 hours					
b. On an average workday, how many hours do you spend interpreting in healthcare sett use rank each of the duration options below in terms of how frequently you work in healthcare sett use rank each of the duration options below in terms of how frequently you work in healthcare sett use rank each of the duration options below in terms of how frequently you work in healthcare sett use rank each of the duration can be "always" or "frequent maximum 2 durations can be "about half the time."  1. Always (100%) 2. Frequently (67-99%) 3. About half the time (34-66%) (1-33%) 5. Nev (0%) (1-33%) 4 hours	12 hours	0	0	0	0	
b. On an average workday, how many hours do you spend interpreting in healthcare sett is rank each of the duration options below in terms of how frequently you work in healthcare sett ings throughout a week. Keep in mind that only one duration can be "always" or "frequent maximum 2 durations can be "about half the time."    1. Always	Other	0	0	0	0	
(100%) (67–99%) the time (34–66%) (1–33%) (0%)  1 hour	ogic	ay, how many hou	re de veu enen	d interpreting	a in healthcar	
2 hours	ise rank each of the dura ings throughout a week.	tion options below Keep in mind that an be "about half	v in terms of ho only one durat the time."	w frequently tion can be "d	you work in halways" or "fr	equentl
3 hours	ise rank each of the dura ings throughout a week.	tion options below Keep in mind that an be "about half 1. Always	v in terms of ho conly one durat the time."	w frequently tion can be "d 3. About half the time	you work in halways" or "from 4. Occasionally	equently 5. Never
4 hours	ise rank each of the dura ings throughout a week. maximum 2 durations c	tion options below Keep in mind that an be "about half 1. Always (100%)	v in terms of ho conly one durat the time."  2. Frequently (67-99%)	3. About half the time (34-66%)	you work in halways" or "from 4. Occasionally (1-33%)	equently 5. Never
	ise rank each of the dura ings throughout a week. maximum 2 durations c	tion options below Keep in mind that an be "about half 1. Always (100%)	v in terms of ho conly one durat the time."  2. Frequently (67-99%)	3. About half the time (34-66%)	you work in halways" or "from 4. Occasionally (1-33%)	5. Never
8 hours	ise rank each of the dura ings throughout a week. maximum 2 durations c	tion options below Keep in mind that an be "about half 1. Always (100%)	v in terms of ho conly one durat the time."  2. Frequently (67-99%)	3. About half the time (34-66%)	4. Occasionally (1-33%)	5. Never
	Ise rank each of the dura ings throughout a week. maximum 2 durations c	tion options below Keep in mind that an be "about half 1. Always (100%)	v in terms of ho conly one durate the time."  2. Frequently (67-99%)	3. About half the time (34-66%)	4. Occasionally (1-33%)	5. Never
	se rank each of the dura ngs throughout a week. maximum 2 durations c  1 hour  2 hours  3 hours  4 hours	tion options below Keep in mind that an be "about half 1. Always (100%)	v in terms of ho conly one durate the time."  2. Frequently (67-99%)	3. About half the time (34-66%)	4. Occasionally (1-33%)	5. Neve

ise tell us how long your typ					
ogic					
	arating IN_DEDS	ON gooignmon	to (cossions	anacuntara)	nor worl
. Typically, how many interp nift do you have? (For exam	ple, if you typic	ally interpret in	healthcare	4 hours per d	
y in-person assignments d	lo you have du	ring that time?	Please rank	each range.	
	1. Always	2. Frequently	3. About half the time	4. Occasionally	5. Never
	(100%)	(67-99%)	(34-66%)	(1-33%)	(0%)
1-5 assignments	0	0		0	0
6-10 assignments	0	0		0	0
11-15 assignments	0	0		0	0
16-20 assignments	0	0		0	0
a. IF in the previous question			or" as 1, 2 or 3,	please tell u	s how me
ogic  a. IF in the previous question ERSON assignments you type	n you ranked th	ne option "Othe			
ogic a. IF in the previous questio ERSON assignments you tyl	n you ranked th pically have pe preting CALLS p	ne option "Othe r shift. er workday or	er" as 1, 2 or 3, shift do you h alls do you h	please tell un nave? (For exc ave during th	s how m
ogic  a. IF in the previous question ERSON assignments you type ogic  . Typically, how many interpolally interpret in healthcare	n you ranked th pically have pe preting CALLS p	ne option "Othe r shift. er workday or	er" as 1, 2 or 3,	please tell u	s how m
ogic  a. IF in the previous question ERSON assignments you type  ogic  . Typically, how many interpolating interpolations.	n you ranked the pically have per preting CALLS per 4 hours per do	ne option "Other shift.  er workday or by, how many contact the shift.	shift do you halls do you halls do you half the time	please tell unave? (For excave during the	s how mo
ogic  a. IF in the previous question ERSON assignments you type  ogic  . Typically, how many interpeally interpret in healthcare se rank each range.	oreting CALLS poet 4 hours per do	ne option "Other shift.  eer workday or 19, how many of 2. Frequently (67-99%)	shift do you halls do you halls do you half the time	please tell unave? (For excave during the Occasionally (1-33%)	s how mo
ogic  a. IF in the previous question ERSON assignments you type ogic  . Typically, how many interpolated in healthcare se rank each range.	oreting CALLS po 4 hours per do	ne option "Other shift.  Der workday or 19, how many of 2. Frequently (67-99%)	shift do you halls do you halls do you half the time	please tell unave? (For excave during the Occasionally (1-33%)	s how more ample, if not time?
ogic  a. IF in the previous question ERSON assignments you type  ogic  . Typically, how many interperally interpret in healthcare se rank each range.  1-5 calls  5-10 calls	oreting CALLS pose 4 hours per do	per workday or sy, how many co	shift do you halls do you halls do you half the time	please tell use ave? (For excave during the Occasionally (1-33%)	s how me

CALLS you typical	evious question you ranked the option "Other" as 1, 2 or 3, please tell us how many lly have per shift.
0	
assignments/cal	you given (or have access to) helpful information about your interpreting Is IN ADVANCE? (If you work for multiple employers/companies, please respond view of your main one.)
1. Always (100%)	
2. Frequently (67-	-99%)
3. About half the	time (34-66%)
4. Occasionally (1	1-33%)
5. Never (0%)	
8 Logic 29.1. Wh	nat kind of information are you usually given?
3	
20.2 \	
Logic 29.2. Wi	hat kind of information would you like to receive prior to an assignment/call?
3	
	he option to decline an assignment/call based on its nature or specialty (without
30. Do you have to acing consequer	nces for your job)? For example, if you have a personal conflict with the subject
30. Do you have t acing consequer matter or feel unp	nces for your job)? For example, if you have a personal conflict with the subject prepared for it or prefer not to interpret for a particular provider or patient. (If you
30. Do you have to facing consequer matter or feel unp work for multiple	
30. Do you have t acing consequer matter or feel unp	nces for your job)? For example, if you have a personal conflict with the subject prepared for it or prefer not to interpret for a particular provider or patient. (If you
30. Do you have to facing consequer matter or feel unp work for multiple	nces for your job)? For example, if you have a personal conflict with the subject prepared for it or prefer not to interpret for a particular provider or patient. (If you
30. Do you have to facing consequer matter or feel unp work for multiple	nces for your job)? For example, if you have a personal conflict with the subject prepared for it or prefer not to interpret for a particular provider or patient. (If you
30. Do you have to facing consequer matter or feel unp work for multiple	nces for your job)? For example, if you have a personal conflict with the subject prepared for it or prefer not to interpret for a particular provider or patient. (If you
30. Do you have to facing consequer matter or feel unp work for multiple Yes No	nces for your job)? For example, if you have a personal conflict with the subject prepared for it or prefer not to interpret for a particular provider or patient. (If you
30. Do you have to facing consequer matter or feel unp work for multiple  Yes  No  Logic 30.a. Ho	nces for your job)? For example, if you have a personal conflict with the subject prepared for it or prefer not to interpret for a particular provider or patient. (If you employers/companies, please respond from the point of view of your main one.)
30. Do you have the facing consequer matter or feel unpwork for multiple  Yes  No	nces for your job)? For example, if you have a personal conflict with the subject prepared for it or prefer not to interpret for a particular provider or patient. (If you employers/companies, please respond from the point of view of your main one.)

© Logic 30.b. In what circumstances have you declined or would you decline an assignment/call?
S Logic 30.c. What is the reason you cannot decline an assignment/call?
3 Logic
30.d. Would you like to have an option to decline an assignment/call (without facing consequences for your job)?
● Yes
☐ I'm not sure.
No, I don't need it.
* Logic
31.a. How do you manage IN-PERSON interpreting assignments while maintaining your current workload and avoiding a reduction in opportunities? (If you work for multiple companies, please
respond from the point of view of your main company.) (Check all that apply.)
I must take all assignments that are offered to me.
_
I can decline an assignment because of a personal reason or preference (e.g., because it is at an inconvenient time or location).
I can decline an assignment because of a personal reason or preference (e.g., because it is at an inconvenient
I can decline an assignment because of a personal reason or preference (e.g., because it is at an inconvenient time or location).
I can decline an assignment because of a personal reason or preference (e.g., because it is at an inconvenient time or location).
I can decline an assignment because of a personal reason or preference (e.g., because it is at an inconvenient time or location).  I can decline an assignment if it is on a subject I prefer not to interpret for.
I can decline an assignment because of a personal reason or preference (e.g., because it is at an inconvenient time or location).  I can decline an assignment if it is on a subject I prefer not to interpret for.  Logic  31.b. How do you manage the flow of interpreting CALLS (assuming that you want to keep the workload at the same level and not experience a reduction in calls)? (If you work for multiple
I can decline an assignment because of a personal reason or preference (e.g., because it is at an inconvenient time or location).  I can decline an assignment if it is on a subject I prefer not to interpret for.  Logic  31.b. How do you manage the flow of interpreting CALLS (assuming that you want to keep the workload at the same level and not experience a reduction in calls)? (If you work for multiple companies, please respond from the point of view of your main company.) (Check all that apply.)

32. On your typical workday or week, what PERCENTAGE of your interpreting assignments/encounters (calls, if you are a remote interpreter) are prescheduled (for you, not the patient)? Estimate. Please enter a WHOLE NUMBER between 0 and 100.
33. Are you allowed to (Can you) take breaks between interpreting assignments (between calls, if you are a remote interpreter) during your shift (i.e., working time as you defined it in previous questions)? By breaks we mean any down time, time not actively interpreting. (If you work for multiple employers/companies, please respond from the point of view of your main one.)  Yes  Yes, but breaks are unpaid.  Technically, yes, but I feel my job may negatively be impacted if I do.
33.1. How long a break do you usually have or take between interpreting assignments (calls, if you are a remote interpreter)? (If you work for multiple employers/companies, please respond from the point of view of your main one.)  Less than 1 minute  1-2 minutes  3-5 minutes  6-10 minutes  11-15 minutes  Other:
33.2. Are you allowed to (Can you) take a break or finish/leave your shift early after an emotionally hard session/call? (If you work for multiple employers/companies, please respond from the point of view of your main one.)  Yes  No  Other:

34 Does vour	
	employer/contracting organization (company) have a policy about taking breaks
	rpreting assignments/calls? (If you work for multiple companies, please respond fron lew of your main company.)
Yes	
No	
I don't know	
3	
	l of support does your employer/contracting organization (company) offer? (If you iple companies, please respond from the point of view of your main company.) (Chec )
Terminologic	cal glossaries and/or dictionaries (free or discounted to interpreters)
Technology	support (initial training, software updates, troubleshooting, etc.)
Equipment s	upport
Regular con	tinuing education opportunities (free or discounted to interpreters)
Opportunity	to discuss interpreting challenges and consult with colleagues/experts
	to debrief (disclose and discuss) about emotional impact of interpreting difficult encounters (patient , fear, emotional turmoil)
Mechanism	to report work-related dissatisfaction
Access to m	ental health services/counseling
Access to ph	nysical well-being services (e.g., gym, meditation practice, etc.)
No support i	s offered
Other:	
Other:	
Other:	
Other:	
	. What is the organization's procedure related to interpreting equipment?
* Logic 35.1	
<ul><li>Logic 35.1</li><li>I am respons</li></ul>	sible for purchasing a headset and video camera.
<ul><li>Logic 35.1</li><li>I am respons</li></ul>	
Logic 35.1 I am respons	sible for purchasing a headset and video camera.
Logic 35.1 I am respons	sible for purchasing a headset and video camera.
Logic 35.1 I am respons	sible for purchasing a headset and video camera.
Logic 35.1 I am respons The organize Other:	sible for purchasing a headset and video camera.
l cogic 35.1 I am respons The organiza Other:	sible for purchasing a headset and video camera.  ation provides to me a headset and video camera at no cost.
Logic 35.1 I am respons The organize Other:  Logic 35.2	sible for purchasing a headset and video camera.  ation provides to me a headset and video camera at no cost.  2. What is the organization's procedure related to computers?
logic 35.1 I am respons The organize Other:  Logic 35.2 I interpret fro	sible for purchasing a headset and video camera.  ation provides to me a headset and video camera at no cost.  2. What is the organization's procedure related to computers?  om my personal computer or laptop.
logic 35.1 I am respons The organize Other:  Logic 35.2 I interpret fro I interpret fro	sible for purchasing a headset and video camera.  ation provides to me a headset and video camera at no cost.  2. What is the organization's procedure related to computers?  om my personal computer or laptop.  om my personal phone or tablet.
logic 35.1 I am respons The organize Other:  Logic 35.2 I interpret fro I interpret fro The organize	sible for purchasing a headset and video camera.  ation provides to me a headset and video camera at no cost.  2. What is the organization's procedure related to computers?  om my personal computer or laptop.  om my personal phone or tablet.  om both my personal computer/laptop and phone/tablet.
Logic 35.1  I am respons The organize Other:  Logic 35.2  I interpret fro I interpret fro The organize The organize	sible for purchasing a headset and video camera.  ation provides to me a headset and video camera at no cost.  2. What is the organization's procedure related to computers?  om my personal computer or laptop.  om my personal phone or tablet.  om both my personal computer/laptop and phone/tablet.  ation provides to me a computer or laptop.

© Logic 35.3. What is the organization's procedure related to Internet connection?
I pay Internet connection fees myself.
The organization pays a fixed stipend (either a specific amount or percentage of cost) to cover partial cost of Internet connection.
The organization pays the full cost of Internet connection.
Other:
$\odot$
36. Does your employer/contracting organization (company) offer any benefits (e.g., paid time off, overtime pay, healthcare insurance)? (If you work for multiple companies, please respond from the point of view of your main company.)
Yes
○ No
36.a. What benefits does your employer/contracting organization offer? (Check all that apply.)
Paid holidays
Paid time off (sick leave or vacation)
Overtime pay (i.e., paying at a higher rate for working overtime)
Increased pay rate during holidays or special time shifts (peak hours, nights, etc.)
Tuition reimbursement (for continuing education)
Direct continuing education training (free to interpreters)
Certification fees reimbursement
Flexible workday/schedule
Healthcare insurance
Worker's comp/protection if injured or exposed to health risks on the job
Retirement plan
Other:
8 Logic
36.b. Is not having benefits offered for healthcare interpreting (e.g., paid time off, overtime pay,
healthcare insurance) a concern (hardship) for you?
Yes
No (benefits are not a priority or consideration for me at this time).

	1. Very important	2. Important	3 Not important enough
Paid holidays			
Paid time off (sick leave or vacation)			
Overtime pay (i.e., paying at a higher rate for working overtime)			
Increased pay rate during holidays or special time shifts (peak hours, nights, etc.)			
Tuition reimbursement (for continuing education)			
Direct continuing education training (free to interpreters)			
Certification fees reimbursement			
Flexible workday/schedule			
Ability to take breaks (reasonable, as needed) between assignments/call			0
Ability to decline assignments/call as needed			
Paid travel time to assignments (for freelancers who work in-person)			
Healthcare insurance			
Worker's comp/protection if injured or exposed to health risks on the job			
Retirement plan			
kedienient plan			
Other	0	0	0
Other  37. Does your employer/contracting organization			
Other  37. Does your employer/contracting organization (interpreter training/continuing education)?  Yes  No	n offer any profess	sional developn	nent opportuniti

8.1. What range most closely describes your annual salary for full-time equivalency (FTE) (in U.S. ollars) for healthcare interpreting?  less than \$30,000 \$30,000 - \$45,000 \$46,00-\$60,000 \$61,000 - \$75,000 \$76,000 - \$90,000 Other:
less than \$30,000 \$30,000 - \$45,000 \$46,00-\$60,000 \$61,000 - \$75,000 \$76,000 - \$90,000
\$30,000 - \$45,000 \$46,00-\$60,000 \$61,000 - \$75,000 \$76,000 - \$90,000
\$46,00-\$60,000 \$61,000 - \$75,000 \$76,000 - \$90,000
\$61,000 - \$75,000 \$76,000 - \$90,000
\$76,000 - \$90,000
Other:
Logic
8.2. What range most closely describes your hourly rate for your primary Language Other Than nglish (LOTE) (in U.S. dollars)? Please round your actual amount to the ranges provided (e.g., 7.30 \$5-7 range, 10.50 = \$11-15 range).
less than \$5 per hour
\$5-7 per hour
\$8-10 per hour
\$11-15 per hour
\$16-20 per hour
\$21-25 per hour
\$26-30 per hour
\$31-35 per hour
\$36-40 per hour
\$41-50 per hour
Other:
Logic
8.3. What range most closely describes your per 2-hour assignment rate (in U.S. dollars)? Please bund your actual amount to the ranges provided (e.g., 10.50 = \$11-20 range).
less than \$10 per assignment
\$11-20 per assignment
\$21-30 per assignment
\$31-40 per assignment
\$41-50 per assignment
\$51-75 per assignment
\$76-100 per assignment
Other:

O Logic 38.4. What range most closely describes your per	-minute rate (in U.S	dollars)?
Less than \$0.05 per minute		
\$0.05-0.10 per minute		
\$0.11-0.15 per minute		
\$0.16-0.20 per minute		
\$0.21-0.25 per minute		
\$0.26-\$0.30 per minute		
\$0.31-\$0.50 per minute		
\$0.51-\$1.00 per minute		
Other:		
© Logic 38.5. How is the stipend you receive for interpreting	ng paid?	
Per hour		
Per interpreting assignment		
○ Monthly		
Quarterly		
○ Annually		
⊗ Logic		
38.5.a. Please specify the stipend amount in U.S. dollars. Ro	und to whole dollars	no cents (e.g. \$11
\$123, etc.).	and to whole dollars	, no conto (c.g., φ11,
Logic		
38.6. Please indicate if any of the options below apply to yo	u as a REMOTE interp	oreter. Select Yes/No
for each option.		
	Yes	No
I am paid a stand-by fee.		
		0
I am paid for the time between calls during my shift.		0
I am paid for the time between calls during my shift.  I am paid only for time during actual calls (when I am logged in).		0 0
		0 0 0
I am paid only for time during actual calls (when I am logged in).		0 0 0 0
I am paid only for time during actual calls (when I am logged in).  I am paid a cancellation fee.		0 0 0 0 0 0

7.a. Please indicate if any of the options below apply to you	ı as an IN-PERSON	interpreter. Sele
No for each option.		
	Yes	No
I am paid a stand-by fee.		
I am paid a travel time fee.		
I am paid a cancellation fee.		
My pay differs depending on the time of the day.		
My pay differs depending on the day of the week.		
pay differs depending on the day being a national holiday or t.		
Logic		
7.b. Please indicate if any of the options below apply to you /No for each option.	J as an IN-PERSON	interpreter. Sele
	163	0
I am paid a stand-by fee.		
I am paid a stand-by fee.		
I am paid a travel time fee.		
I am paid a travel time fee. I am paid a cancellation fee.		
I am paid a travel time fee.  I am paid a cancellation fee.  My pay differs depending on the time of the day.		
I am paid a travel time fee. I am paid a cancellation fee.		
I am paid a travel time fee.  I am paid a cancellation fee.  My pay differs depending on the time of the day.  My pay differs depending on the day of the week.  pay differs depending on the day being a national holiday or	0 0 0	interpreter. Sele
I am paid a travel time fee.  I am paid a cancellation fee.  My pay differs depending on the time of the day.  My pay differs depending on the day of the week.  pay differs depending on the day being a national holiday or the day being a national holiday or the day.  Logic  7.c. Please indicate if any of the options below apply to you No for each option.	0 0 0	interpreter. Sele
I am paid a travel time fee.  I am paid a cancellation fee.  My pay differs depending on the time of the day.  My pay differs depending on the day of the week.  pay differs depending on the day being a national holiday or differs depending on the day being a national holiday or differs depending on the day being a national holiday or differs depending on the day being a national holiday or differs depending on the day being a national holiday or differs depending on the day being a national holiday or differs depending on the day being a national holiday or differs depending on the day being a national holiday or differs depending on the day being a national holiday or differs depending on the day of the week.	u as an IN-PERSON	•
I am paid a travel time fee.  I am paid a cancellation fee.  My pay differs depending on the time of the day.  My pay differs depending on the day of the week.  pay differs depending on the day being a national holiday or standard depending on the day being a national holiday or standard depending on the options below apply to you /No for each option.  I am paid a stand-by fee.  I am paid a travel time fee.	u as an IN-PERSON	No
I am paid a travel time fee.  I am paid a cancellation fee.  My pay differs depending on the time of the day.  My pay differs depending on the day of the week.  pay differs depending on the day being a national holiday or differs depending on the day being a national holiday or differs depending on the day being a national holiday or differs depending on the day being a national holiday or differs depending on the day being a national holiday or differs depending on the day being a national holiday or differs depending on the day being a national holiday or differs depending on the day being a national holiday or differs depending on the day being a national holiday or differs depending on the day of the week.	u as an IN-PERSON	No
I am paid a travel time fee.  I am paid a cancellation fee.  My pay differs depending on the time of the day.  My pay differs depending on the day of the week.  pay differs depending on the day being a national holiday or the day being a national	u as an IN-PERSON	No

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400	4			N.
		oa	IC.	
		~ 9		,

38.7.d. Please indicate if any of the options below apply to you as an IN-PERSON interpreter. Select Yes/No for each option.

	Yes	No
I am paid a stand-by fee.		
I am paid a travel time fee.		
I am paid a cancellation fee.		
My pay differs depending on the time of the day.		
My pay differs depending on the day of the week.		
My pay differs depending on the day being a national holiday or not.		

_			
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0	LC	чч	c,
		_	

38.7.e. Please indicate if any of the options below apply to you as an IN-PERSON interpreter. Select Yes/No for each option.

	Yes	No
I am paid a stand-by fee.		
I am paid a travel time fee.		
I am paid a cancellation fee.		
My pay differs depending on the time of the day.		
My pay differs depending on the day of the week.		
My pay differs depending on the day being a national holiday or not.		

63		~	~1	_
101	·	U,	٩L	u,

38.7.f. Please indicate if any of the options below apply to you as an IN-PERSON interpreter. Select Yes/No for each option.

	Yes	No
I am paid a stand-by fee.		
I am paid a travel time fee.		
I am paid a cancellation fee.		
My pay differs depending on the time of the day.		
My pay differs depending on the day of the week.		
My pay differs depending on the day being a national holiday or not.		

38.8. If in the previous question you responded "Yes" to	any of the options, please explain how your
pay differs in certain circumstances compared to you How does the higher pay compare to the U.S. standard regular rate (e.g., if a regular rate is \$20 per hour, then	standard rate. When is it higher or lower? of "overtime pay" being 50% higher than a
39. How did your pay change since the time you sta	ted interpreting in healthcare settings?
My pay increased reasonably enough to meet my expectation	ons.
My pay increased insignificantly.	
My pay remained the same.	
My pay decreased.	
My pay varied.	
Other:	
•	
40. How often are you paid? (If you work for multiple co	ompanies, please respond from the point of
view of your main company.)	
Weekly	
Biweekly (every other week)	
Twice a month	
Once a month	
After finishing each assignment	
Other:	
8	
41. Do you experience any delays in payment? (If you verteem the point of view of your main company.)	vork for multiple companies, please respond
No	
Very rarely	
· , ,	
Sometimes	
Often	

interpreting? (li main company organization (n knowledge and degree in interp	ganization you work or contract for require interpreters to be certified in healthcare if you work for multiple companies, please respond from the point of view of your sold with the point of your sold with the point of your sold with the point of the point of the properties of the
Yes, all interpre	eters must be certified at the time of hire.
_	eters be certified within a certain time of hire.
○ No	
O I don't know	
Other:	
Other.	
certified? (By or	ganization you work or contract for offer a higher pay to interpreters who are ganization we mean either a health system or a language company/agency.) (If
you work for mu  Yes	ultiple companies, please respond from the point of view of your main company.)
○ No	
O I don't know	
® Logic	
_	e approximate pay difference between certified and non-certified interpreters?
1-5%	
6-10%	
O 11-15%	
16-20%	
21-25%	
26-30%	
I don't know	
Other:	
9	
	ganization you work or contract for reimburse the cost of certification? (If you work npanies, please respond from the point of view of your main company.)
_	oplication, exams, and renewal fees
Yes, fees for ap	oplication and exams only
	st attempt only
	exams are passed
	·
Yes, fees if the	nes oniv
Yes, fees if the Yes, renewal fe	es only
Yes, fees if the Yes, renewal fe	es only
Yes, fees if the	es only

language profic view of your mo	ganization you work or contract for require all interpreter job applicants to take a ciency test? (If you work for multiple companies, please respond from the point of ain company.) (A language proficiency test assesses a person's ability to d speak a language; this test does not assess interpreting skills or knowledge about
Yes, for English	
	age Other Than English (LOTE)
Yes, for both Er	
○ No	
O I don't know	
<ul><li>Logic 45.1. V</li><li>The organization</li></ul>	Who administers the language proficiency test(s)?
	mpany that the hiring organization contracts with (i.e., a third-party test)
O I don't know	The state of the s
0	
40 De	
	ganization you work or contract for require all interpreter job applicants to complete Ithcare interpreting (NOT an orientation to the job)?
a course in hea	
a course in hea	Ithcare interpreting (NOT an orientation to the job)?
Yes, interpreter	Ithcare interpreting (NOT an orientation to the job)?
Course in hea     Yes, interpreter     No	Ithcare interpreting (NOT an orientation to the job)?
a course in hea  Yes, interpreter  No  I don't know	Ithcare interpreting (NOT an orientation to the job)?
a course in hea  Yes, interpreter  No  I don't know	Ithcare interpreting (NOT an orientation to the job)?  rs need to complete or show proof of completing a healthcare interpreting course.  Who provides the required healthcare interpreter training?
a course in hea  Yes, interpreter  No  I don't know  Logic 46.1. V	Ithcare interpreting (NOT an orientation to the job)?  rs need to complete or show proof of completing a healthcare interpreting course.  Who provides the required healthcare interpreter training?
a course in hea  Yes, interpreter  No  I don't know  Logic 46.1. V	Ithcare interpreting (NOT an orientation to the job)?  rs need to complete or show proof of completing a healthcare interpreting course.  Who provides the required healthcare interpreter training?  on itself
a course in hea  Yes, interpreter  No  I don't know  Logic 46.1. V  The organizatio  An outside con	Ithcare interpreting (NOT an orientation to the job)?  rs need to complete or show proof of completing a healthcare interpreting course.  Who provides the required healthcare interpreter training?  on itself
a course in hea  Yes, interpreter  No  I don't know  Logic 46.1. V  The organizatio  An outside con  I don't know	Ithcare interpreting (NOT an orientation to the job)?  rs need to complete or show proof of completing a healthcare interpreting course.  Who provides the required healthcare interpreter training?  on itself
a course in hea  Yes, interpreter  No  I don't know  Logic 46.1. V  The organizatio  An outside con  I don't know	Ithcare interpreting (NOT an orientation to the job)?  rs need to complete or show proof of completing a healthcare interpreting course.  Who provides the required healthcare interpreter training?  on itself  mpany that the hiring organization contracts with (i.e., a third-party test)  How long is the required training in healthcare interpreting specifically?
a course in hea  Yes, interpreter  No  I don't know  Logic 46.1. V  The organizatio  An outside con  I don't know	Ithcare interpreting (NOT an orientation to the job)?  rs need to complete or show proof of completing a healthcare interpreting course.  Who provides the required healthcare interpreter training?  on itself  mpany that the hiring organization contracts with (i.e., a third-party test)  How long is the required training in healthcare interpreting specifically?
a course in hea  Yes, interpreter  No  I don't know  Logic 46.1. V  The organization  An outside cont I don't know  Logic 46.2. I  less than 4 hou	Ithcare interpreting (NOT an orientation to the job)?  rs need to complete or show proof of completing a healthcare interpreting course.  Who provides the required healthcare interpreter training?  on itself  mpany that the hiring organization contracts with (i.e., a third-party test)  How long is the required training in healthcare interpreting specifically?
a course in hea  Yes, interpreter  No  I don't know  Logic 46.1. V  The organizatio  An outside con  I don't know  Logic 46.2. I  less than 4 hou  4 hours	Ithcare interpreting (NOT an orientation to the job)?  rs need to complete or show proof of completing a healthcare interpreting course.  Who provides the required healthcare interpreter training?  on itself  mpany that the hiring organization contracts with (i.e., a third-party test)  How long is the required training in healthcare interpreting specifically?
a course in hea  Yes, interpreter  No  I don't know  Logic 46.1. V  The organizatio  An outside con  I don't know  Logic 46.2. I  less than 4 hou  4 hours  4-8 hours	Ithcare interpreting (NOT an orientation to the job)?  rs need to complete or show proof of completing a healthcare interpreting course.  Who provides the required healthcare interpreter training?  on itself  mpany that the hiring organization contracts with (i.e., a third-party test)  How long is the required training in healthcare interpreting specifically?
a course in hea  Yes, interpreter  No  I don't know  Logic 46.1. V  The organizatio  An outside con  I don't know  Logic 46.2. I  less than 4 hou  4 hours  4-8 hours  9-16 hours	Ithcare interpreting (NOT an orientation to the job)?  rs need to complete or show proof of completing a healthcare interpreting course.  Who provides the required healthcare interpreter training?  on itself  mpany that the hiring organization contracts with (i.e., a third-party test)  How long is the required training in healthcare interpreting specifically?
a course in hea Yes, interpreter No I don't know  Logic 46.1. V The organizatio An outside con I don't know  Logic 46.2. I less than 4 hou 4 hours 4-8 hours 9-16 hours 17-39 hours	Ithcare interpreting (NOT an orientation to the job)?  rs need to complete or show proof of completing a healthcare interpreting course.  Who provides the required healthcare interpreter training?  on itself  mpany that the hiring organization contracts with (i.e., a third-party test)  How long is the required training in healthcare interpreting specifically?
a course in hea Yes, interpreter No I don't know  Logic 46.1. V  The organizatio An outside con I don't know  Logic 46.2. I  less than 4 hou 4 hours 4-8 hours 9-16 hours 17-39 hours 40 hours	Ithcare interpreting (NOT an orientation to the job)?  rs need to complete or show proof of completing a healthcare interpreting course.  Who provides the required healthcare interpreter training?  on itself  mpany that the hiring organization contracts with (i.e., a third-party test)  How long is the required training in healthcare interpreting specifically?
a course in hea  Yes, interpreter  No  I don't know  Logic 46.1. V  The organization  An outside con  I don't know  Logic 46.2. I  less than 4 hou  4 hours  4-8 hours  9-16 hours  17-39 hours  40 hours  41-60 hours	Ithcare interpreting (NOT an orientation to the job)?  rs need to complete or show proof of completing a healthcare interpreting course.  Who provides the required healthcare interpreter training?  on itself  mpany that the hiring organization contracts with (i.e., a third-party test)  How long is the required training in healthcare interpreting specifically?

multiple companies, please respond from the point of view of your main compar	? (If you work for
Yes	-7-7
○ No	
I don't know	
Logic	
47.1. Does your contract require you to establish an LLC or otherwise incorporate owner?	as a business
Yes	
○ No	
I don't know/remember	
8 Logic	
47.2. Does your contract contain an exclusivity or "non-compete" agreement rel general interpreting (limiting your employment to this organization/company)? multiple organizations/companies, please respond from the point of view of you Yes	(If you work for
O No	
I don't know/remember	
Logic	
47.3. Provide any comments about your contract if you wish. Please do not ment organization/company or individual by name. Any response containing such infe excluded from the stored survey results.	
>>	
3 48. Mark what U.Scompliance documents you needed to sign or show proof of o starting to interpret in healthcare settings? (If you work for multiple organization please respond from the point of view of your main one.) (Select all that apply)	
48. Mark what U.Scompliance documents you needed to sign or show proof of o starting to interpret in healthcare settings? (If you work for multiple organization	s/companies,
48. Mark what U.Scompliance documents you needed to sign or show proof of a starting to interpret in healthcare settings? (If you work for multiple organization please respond from the point of view of your main one.) (Select all that apply)	s/companies,
48. Mark what U.Scompliance documents you needed to sign or show proof of estarting to interpret in healthcare settings? (If you work for multiple organization please respond from the point of view of your main one.) (Select all that apply)  A Health Insurance Portability and Accountability Act (HIPAA) Business Associate agreement	s/companies,
48. Mark what U.Scompliance documents you needed to sign or show proof of a starting to interpret in healthcare settings? (If you work for multiple organization please respond from the point of view of your main one.) (Select all that apply)  A Health Insurance Portability and Accountability Act (HIPAA) Business Associate agreement A business license	s/companies,
48. Mark what U.Scompliance documents you needed to sign or show proof of estarting to interpret in healthcare settings? (If you work for multiple organization please respond from the point of view of your main one.) (Select all that apply)  A Health Insurance Portability and Accountability Act (HIPAA) Business Associate agreement A business license  A U.S. government-issued Employer Identification Number (EIN)	s/companies,

Yes	
No	
Logic 49.1. For	what purpose do you use AI tools or applications?
For research/knov	wledge (outside actual interpreting, e.g., terminology, idioms, grammatical collocation)
	nile I am interpreting (e.g., live transcription/close captioning while I am interpreting)
For both of the ab	
Other:	
Logic 49.2. Ha	ve you ever been asked to monitor AI while it is interpreting instead of a human?
Yes	
No	
Other:	
0. Is translation o	of written documents from English (not sight translation) part of your job
0. Is translation of lescription or job	of written documents from English (not sight translation) part of your job duties AS A HEALTHCARE INTERPRETER?
60. Is translation of lescription or job  Yes	
0. Is translation of lescription or job	
60. Is translation of lescription or job  Yes	
60. Is translation of lescription or job  Yes  No	
O. Is translation of lescription or job  Yes  No	
io. Is translation of lescription or job  Yes  No Other:	duties AS A HEALTHCARE INTERPRETER?
io. Is translation of lescription or job  Yes  No Other:	duties AS A HEALTHCARE INTERPRETER?
O. Is translation of lescription or job  Yes  No  Other:  Logic 50.1. How	duties AS A HEALTHCARE INTERPRETER?  w often do you do written translation?
O. Is translation of lescription or job  Yes  No  Other:  Logic 50.1. How  At least once a do  At least once a we	duties AS A HEALTHCARE INTERPRETER?  w often do you do written translation?  ay eek
Logic 50.1. How At least once a me At least once a me	w often do you do written translation?  ay eek onth
O. Is translation of lescription or job  Yes  No  Other:  Logic 50.1. How  At least once a do  At least once a we	w often do you do written translation?  ay eek onth
Logic 50.1. How At least once a me At least once a me	w often do you do written translation?  ay eek onth
Logic 50.1. How At least once a many A few times a year	w often do you do written translation?  ay eek onth
Logic 50.1. How At least once a many A few times a year	w often do you do written translation?  ay eek onth

50.3. What kind of dapply.)	documents do you translate as part of your interpreter job? (Select all that
Provider-patient co	ommunication via chat or email
After Visit Summari	es (AVS)
Discharge instruction	ons
Medication instruct	ions
Patient medical rec	cords
Terms and Condition	ons of Care
Consent forms	
Patient educational	l materials
Patient Rights & Res	sponsibilities
Other institutional fo	orms
S Logic  50.4. Do you use an	y machine-translation or translation memory tools (software) in your work as a
translator?	
Yes	
○ No	
0	
	any other non-interpreting job tasks as part of your employment/contract? patients to the lab or another specialty, enter information in job tracking )
Yes	
○ No	
🛭 Logic 51.1. What	other non-interpreting job tasks do you perform?
©	
52. Are you offered	any kind of evaluation or feedback about your interpreting and overall bu work for multiple employers/companies, please respond from the point of
52. Are you offered performance? (If yo	any kind of evaluation or feedback about your interpreting and overall bu work for multiple employers/companies, please respond from the point of
52. Are you offered performance? (If you view of your main o	any kind of evaluation or feedback about your interpreting and overall bu work for multiple employers/companies, please respond from the point of
52. Are you offered of performance? (If you view of your main o	any kind of evaluation or feedback about your interpreting and overall bu work for multiple employers/companies, please respond from the point of

® Logic
52.1. How frequently do you receive evaluation or feedback about your interpreting and overall performance? (If you work for multiple employers/companies, please respond from the point of view of your main one.)
Annually
Quarterly
○ Monthly
Occasionally
Logic 52.2. What kind of evaluation or feedback do you receive? (Check all that apply.)
Annual overall evaluation of my performance
Regular evaluation of my customer service performance
Regular evaluation of my compliance with the organization's requirements
Regular evaluation of my compliance with the healthcare interpreter's code of conduct (standards of practice)
Regular (at least once a year) review of a specific interpreting session with specific feedback by an interpreter who works in the same language combination.
Regular (at least once a year) review of a specific interpreting session with specific feedback by a more experienced interpreter who does NOT work in the same language combination.
None of the above
Other:
©
52.3. Does your organization have a procedure for monitoring your compliance with the professional healthcare interpreter's standards of practice (NOT organizational protocols)? Do you get regular feedback about following these standards?  Yes
○ No
O I don't know
© 52.4. How useful is the feedback you receive in supporting your ongoing professional growth?
1. Very useful
2. Sufficiently useful
3. Somewhat useful
4. Not quite useful
5. Not useful at all
O 5. NOT assign at all

## Section 3. Information about your employer/contracting company

© 53. How many organizations do you work or contract for as a healthcare interpreter?
■ 1
O 2
$\bigcirc$ 3
More than 3
54. What kind of organization are you employed by or contract with? If you selected more than 1 organization in the previous question, when answering the rest of the questions, please pick the ONE that you consider your PRIMARY employment (where you interpret most frequently for).
Language Company
Hospital or Health System
Outpatient Clinic or Physician's Office (including specialties, labs, neighborhood health centers)  Public Health Department
Physician's Office for Workers' Compensation     Workers' Compensation Insurance Company directly or through their vendor
Attorney's Office for Workers' Compensation
Health Insurance Plan
Home Health
O Long Term Care
Other:
Strib.
8 Logic
54.a. What area does the organization you work or contract for serve? We'd like to know where the organization operates, not where you may be assigned as an interpreter. (By organization we mean either a health system or a language company/agency.)
Local (city or county)
One state in the U.S.
More than one state in the U.S.
Across all the U.S. (national)
O International
Other:

8 Logic
54.b. From which countries are you receiving calls to interpret in healthcare settings? (Check all that apply)
The USA (various states)
Australia
Canada
The European Union
The United Kingdom
Other:
⊗ Logic
54.1.1. Select the size of the company you work or contract for by estimating its total weekly volume of IN-PERSON assignments (not just with you)?
Small (fewer than 100 interpreting appointments per week)
Medium (100-499 interpreting appointments per week)
Large (500-1,000 interpreting appointments per week)
Super large (over 1,000 interpreting appointments per week)
I don't know and cannot estimate
Solution Logic  54.1.2. Select the size of the company you work or contract for by estimating its total weekly volume of CALLS (not just with you)?
54.1.2. Select the size of the company you work or contract for by estimating its total weekly volume
54.1.2. Select the size of the company you work or contract for by estimating its total weekly volume of CALLS (not just with you)?
54.1.2. Select the size of the company you work or contract for by estimating its total weekly volume of CALLS (not just with you)?  Small (fewer than 100 interpreting appointments per week)
54.1.2. Select the size of the company you work or contract for by estimating its total weekly volume of CALLS (not just with you)?  Small (fewer than 100 interpreting appointments per week)  Medium (100-499 interpreting appointments per week)
54.1.2. Select the size of the company you work or contract for by estimating its total weekly volume of CALLS (not just with you)?  Small (fewer than 100 interpreting appointments per week)  Medium (100-499 interpreting appointments per week)  Large (500-1,000 interpreting appointments per week)
54.1.2. Select the size of the company you work or contract for by estimating its total weekly volume of CALLS (not just with you)?  Small (fewer than 100 interpreting appointments per week)  Medium (100-499 interpreting appointments per week)  Large (500-1,000 interpreting appointments per week)  Super large (over 1,000 interpreting appointments per week)
54.1.2. Select the size of the company you work or contract for by estimating its total weekly volume of CALLS (not just with you)?  Small (fewer than 100 interpreting appointments per week)  Medium (100-499 interpreting appointments per week)  Large (500-1,000 interpreting appointments per week)  Super large (over 1,000 interpreting appointments per week)
54.1.2. Select the size of the company you work or contract for by estimating its total weekly volume of CALLS (not just with you)?  Small (fewer than 100 interpreting appointments per week)  Medium (100-499 interpreting appointments per week)  Large (500-1,000 interpreting appointments per week)  Super large (over 1,000 interpreting appointments per week)  I don't know and cannot estimate
54.1.2. Select the size of the company you work or contract for by estimating its total weekly volume of CALLS (not just with you)?  Small (fewer than 100 interpreting appointments per week)  Medium (100-499 interpreting appointments per week)  Large (500-1,000 interpreting appointments per week)  Super large (over 1,000 interpreting appointments per week)  I don't know and cannot estimate
54.1.2. Select the size of the company you work or contract for by estimating its total weekly volume of CALLS (not just with you)?  Small (fewer than 100 interpreting appointments per week)  Medium (100-499 interpreting appointments per week)  Large (500-1,000 interpreting appointments per week)  Super large (over 1,000 interpreting appointments per week)  I don't know and cannot estimate
54.1.2. Select the size of the company you work or contract for by estimating its total weekly volume of CALLS (not just with you)?  Small (fewer than 100 interpreting appointments per week)  Medium (100-499 interpreting appointments per week)  Large (500-1,000 interpreting appointments per week)  Super large (over 1,000 interpreting appointments per week)  I don't know and cannot estimate
54.1.2. Select the size of the company you work or contract for by estimating its total weekly volume of CALLS (not just with you)?  Small (fewer than 100 interpreting appointments per week)  Medium (100-499 interpreting appointments per week)  Large (500-1,000 interpreting appointments per week)  Super large (over 1,000 interpreting appointments per week)  I don't know and cannot estimate
54.1.2. Select the size of the company you work or contract for by estimating its total weekly volume of CALLS (not just with you)?  Small (fewer than 100 interpreting appointments per week)  Medium (100-499 interpreting appointments per week)  Large (500-1,000 interpreting appointments per week)  Super large (over 1,000 interpreting appointments per week)  I don't know and cannot estimate  Logic 54.1.3. How many interpreters work or contract for the company? Estimate.  Fewer than 25  25-50  51-100  101-499

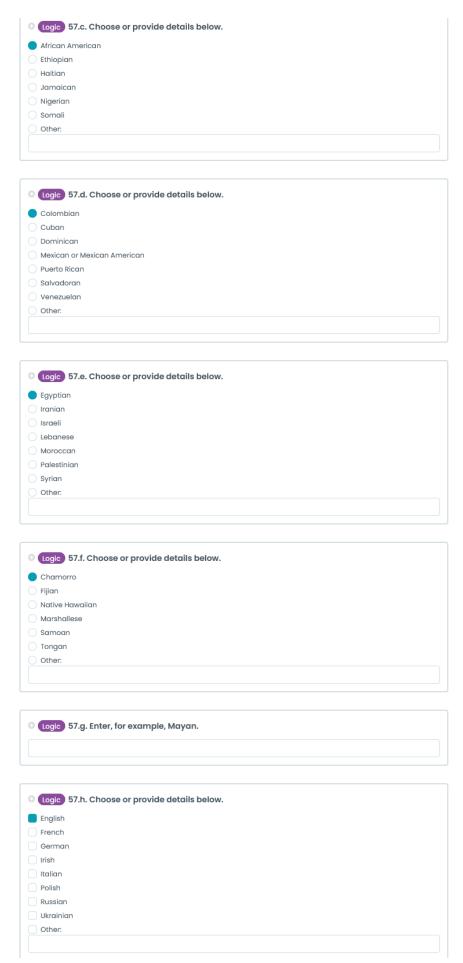
O Logic			
54.1.4. What language combinations does this company offer (to your knowledge and based on public information available on their website)?			
Only Spanish			
Only ASL			
Only one specific language which is not ASL or Spanish			
2-5 spoken languages			
6-20 spoken languages			
More than 20 spoken languages			
Full-service company			
○ I don't know			
⊗ Logic			
54.2.1 Select the size of the organization you work or contract for by estimating its total weekly interpreting volume (not just with you).			
Small (fewer than 1,000 interpreting appointments/calls per week)			
Medium (1,000-5,000 interpreting appointments/calls per week)			
Large (more than 5,000 or more interpreting appointments/calls per week)			
I don't know and cannot estimate			
O Logic 54.2.2. In how many locations do you interpret at this organization?			
One location			
Several locations across the city			
Several locations across the state			
Multiple locations across the U.S.			
Multiple locations internationally			
○ I don't know			
O Logic 54.2.3. How does the organization you work or contract for manage interpreting requests?			
There is a coordinator of language services (interpreting) but no department of in-house interpreters. All interpreting is done through outside contractors.			
There is an in-house language services (interpreting) department which supplements in-house interpreting with contracted services.			
Other:			

® Logic	
54.2.3.a. What kind of language co	mpanies does the organization contract with? (check all that
apply)	
Direct contract with individual interpret	eters
Local language company(s)	
State-level language company(s)	
National-level language company(s)	
International language company	
☐ I don't know	
	preters work in the department?
Less than 5	
6-10 interpreters	
11-20 interpreters	
21-50 interpreters	
51-100 interpreters	
101 and more	
Other:	
~ _	
(a) Logic	
54.2.3.c. What language combinati	ions are covered by staff (in-house interpreters) in the
department?	
Only Spanish	
Only ASL	
Only ASL and Spanish	
Only ONE spoken language which is N	IOT Spanish
Several languages	
<u> </u>	
O Logic 54.2.3.c.1. Please list the la	anguage(s) of interpreters who work in your department.

	department.
Acholi	
Logic 54.2.4. What type of organization do you work or contract for?	
Non-profit	
For-profit For-profit	
I don't know	
Logic 54.2.5. What kind of organization do you work or contract for?	
General Hospital/Health System	
Specialty Hospital	
Children's Hospital	
University Hospital/Health System	
I don't know	
Other:	
Logic	
4.3.1. Select the size of the organization you work or contract for by estimating nterpreting volume (not just with you).	its total weekly
Small (fewer than 100 interpreting appointments per week)	
Strain (1949) that too interpreting appointments per week)	
Medium (100-999 interpreting appointments per week)	

### Section 4. Demographic Information

© 55. Wh	at is your gender?
Woma	n
Man	
○ Non-bi	nary (or another gender not listed above)
	Not to Answer
0.50	
9 56. Wr	at is your age?
18 to 30	years
31 to 40	years
41 to 50	) years
51 to 60	) years
61 year	s and over
0	
	is your race or ethnicity? Select all that apply AND enter additional details in the spaces ote, you may select more than one group.
AMERIC	AN INDIAN OR ALASKA NATIVE
ASIAN	
BLACK	OR AFRICAN AMERICAN
HISPAN	IC OR LATINO
MIDDLE	EASTERN OR NORTH AFRICAN
NATIVE	HAWAIIAN OR PACIFIC ISLANDER
Non-U.	S. INDIGENOUS
WHITE	
Prefer	not to answer
S Logic	57.a. Enter, for example, Aztec, Blackfeet Tribe, Navajo Nation, Tlingit, etc.
® Logic	57.b. Choose or provide details below.
Chines	9
Filipino	
Asian I	ndian
O Japane	ese
Korean	
O Vietna	mese
Other:	



# **Section 5. Additional Comments**

58. Do you see yourself working as a healthcare interpreter 5 years from now?
O Yes
O No
O I don't know
59. Do you see yourself working as a healthcare interpreter 10 years from now?
O Yes
O No
O I don't know
60. In your role as a healthcare interpreter, how often do you experience any of these feelings after a session (assignment, call)?
Anxiety
<ul> <li>Emotional exhaustion (feeling drained or overwhelmed after witnessing patients' suffering)</li> </ul>
Sleep difficulties
Difficulty concentrating or staying focused
Physical symptoms (headaches, fatigue, or tension)
<ul> <li>Repetitive thoughts about the interpreted emotionally difficult content</li> </ul>
Loss of empathy or feeling detached from clients or colleagues
<ul> <li>Avoidance of assignments or topics related to the witnessed patients' suffering</li> </ul>
O I've never experienced anything like that.
O I've experienced some of these feelings a couple of times.
O I experience such feelings from time to time.
O I experience such feelings somewhat often.

	uestions are open-ended and contain a text is. Comments are optional.	box for you to enter
61. What give interpreter?	es you most satisfaction in your job as	a healthcare
62. What is the interpreter?	he most frustrating aspect of your job a	as a healthcare
	he purpose of the healthcare interprete code of ethics are you aware of/do you	
•	ou expect the healthcare interpreting points to change over the next 2 years	
65. What add	litional professional development and/o	or continuing
	ould you like to be available for your cu	
		<u>lli</u>
	additional comments about your currer litions or healthcare interpreting profes	
		fti.
	Save and Resume Later	
Previous	Page 8 of 8	Submit Survey

#### Appendix B. "Other" Comments to Q.1: Relationship to the Profession

Question 1. What is your current primary relationship to the healthcare interpreter profession? (Choose one (1) option only. There will be a question about multiple roles later in the survey. If you are equally split between two roles, please select the one closer related to interpreting.)

- 1. Designated Language Access Coordinator for the NYS Department of Health
- 2. Healthcare, mental health, school, addiction, and workforce
- 3. I am a bilingual non-clinical healthcare staff member (receptionist) who also steps in as an interpreter when needed.
- 4. I am a community health worker and a medical interpreter
- 5. I am a healthcare and community interpreter, and I also work as a bilingual non-clinical healthcare professional (Public Health)
- 6. I am a healthcare interpreter and a director of interpreter services
- 7. I am a healthcare interpreter and train healthcare interpreters
- 8. I am a healthcare interpreter AND translator
- 9. I am a student in an interpreter education program
- 10. I am an interpreter in medical, legal, immigration settings
- 11. I am CCHI's CHI-S and manage and/or supervise healthcare interpreters at a healthcare organization.
- 12. I coordinate language services for an academic health center
- 13. I recently finish a healthcare interpreter course and now working and continue to study to prepare for the exam to be certified
- 14. I used to help translate at the hospital that I used to work,mostly EMT and Paramedic. Currently I work as a interpreter for the probation department.
- 15. I work partime as an interpreter in health care, education and communityonal
- 16. I'm a conference interpreter aspiring to work as a healthcare interpreter, but with no confidence to enter the market.
- 17. legal and healthcare interpreter
- 18. Medical, social, insurance, immigration, Education, etc
- 19. I work for certification of healthcare interpreters
- 20. Recently retired certified medical interpreter
- 21. remote telephonic

## Appendix C. Respondents' Country, State or Province/Region, and City

Country	Province or state, region, district	City
Argentina	Buenos aires	Villa ballester
Argentina	Rio Negro	General Roca
Argentina	buenos aires	buenos aires
Argentina	Mendoza	Mendoza
Argentina	San Juan	San Juan
Argentina	Buenos Aires	La Plata
Argentina	Santa Fe province	Rosario
Argentina	Buenos Aires	Mar del Plata
Argentina	Entre Ríos	Victoria
Argentina		Buenos Aires
Argentina		
Argentina	na	Buenos Aires
Argentina	Mendoza	Mendoza
Argentina	Córdoba province	Córdoba Capital
Argentina	Buenos Aires	Bella Vista
Argentina	CABA	Buenos Aires
Argentina	Buenos Aires	Berazategui
Argentina	Rivadavia	San Juan
Argentina	San Juan	San Juan
Argentina	Buenos Aires	Munro
Argentina	Río Negro	
Argentina	Buenos Aires	Buenos Aires
Argentina	Buenos Aires province	La Plata
Argentina	Buenos Aires	La Plata
Argentina	Buenos Aires	Buenos Aires
Argentina	NA	Neuquén
Argentina	Tucuman	
Argentina	Buenos Aires	Almirante Brown
Argentina	Amba Sur	Buenos Aires
Argentina	NA	
Argentina	Province of Buenos Aires	Castelar
Argentina	Misiones	Montecarlo
Argentina	Buenos Aires	Great Buenos Aires
Argentina	Buenos Aires	Florida Oeste

Australia	SA	Adelaide
Austria	Wien	Vienna
Bangladesh	Cox's Bazar	Chittagong
Bangladesh	Cox's Bazar	Teknaf
Bangladesh	Chittagong	Chittagong
Bangladesh	NA	Dhaka
Bangladesh	Cox's Bazar District, Bangladesh	Chittagong
Bangladesh	Chattogram	Chittagong
Bangladesh	Dhaka	Dhaka
Belgium	NA	Brussels
Belize	Cayo	NA
Bolivia	NA	Cochabamba
Bosnia And Herzegovina	not applicable	Sarajevo
Brazil	São Paulo	São Paulo
Brazil	Federal District	Braília
Brazil	Paraná	Jardim Alegre
Brazil	Rio de Janeiro	Rio de Janeiro
Brazil	Rio Grande do Norte	Natal
Brazil	Rio de Janeiro	Teresópolis
Brazil	São Paulo	Cotia
Brazil	Paraíba	João Pessoa
Brazil	Minas Gerais	Belo Horizonte
Brazil	São Paulo	Arujá
Brazil	Rio de Janeiro	Rio de Janeiro
Brazil	Parana	Maringa
Brazil	Rio de Janeiro	Rio de Janeiro
Brazil	São Paulo	são paulo
Brazil	Paraná	Curitiba
Brazil	SP	Sao Paulo
Brazil	RJ	Rio de Janeiro
Brazil	São Paulo	Campinas
Brazil		
Cambodia	NA	Phnom Penh
Canada	Ontario	Windsor
Canada		
Canada	The state of the s	1

Canada	вс	Vancouver
Canada	ONTARIO	Vittoria, Norfolk County ON
Canada	ONTARIO	Fort Frances
Canada	ON	Toronto
Canada	Quebec	Sherbrooke
Canada	Ontario	Toronto
Canada	Quebec	Montreal
Chile	NA	santiago
Colombia	Valle del Cauca	Cali
Colombia	Bolívar	Cartagena
Colombia	Bolívar	Cartagena
Colombia	NA	Bogotá
Colombia		Bogota
Colombia	Antioquia	Medellin
Colombia	Quindio	Armenia
Colombia	Risaralda	Pereira
Colombia	NA	Bogota
Colombia	Bogotá DC	Bogotá
Colombia	Antioquia	medellin
Colombia	Bogota capital city	Bogota
Colombia	Risaralda	
Costa Rica	Turrialba	Cartago
Costa Rica	San Jose	San Jose
Costa Rica	Heredia	Heredia
Costa Rica	Desamparados	Alajuela
Costa Rica	San José	San José
Costa Rica	San Jose	Tarbaca
Dominican Republic	Las Americas	Santo domingo
Dominican Republic	NA	Santo Domningo North
Ecuador	Guayas	Guayaquil
Ecuador	Guayas	Guayaquil
Ecuador	Pichincha	Quito
Ecuador	Guayas	Guayaquil
Ecuador	Coast	Guayaquil
Ecuador	Manabí	Portoviejo
Ecuador	Pichincha	Quito

Ecuador	NA	Quito
Ecuador	Pichincha	Quito
Ecuador	Pichincha	Quito
Ecuador	Guayas	Guayaquil
Egypt	Upper egypt	Minya
Egypt	Cairo	Cairo
Egypt	NA	Giza
Egypt	NA	Cairo
Egypt	NA	Cairo
Egypt	Giza	Giza
El Salvador	NA	San Salvador
El Salvador	Mejicanos	San Salvador
El Salvador	La Libertad	San Juan Opico
Ethiopia	NA	Addis Ababa
France	Zip Code 04300	Zip Code 04300
France	Na	Nantes
Georgia	Tbilisi	Tbilisi
Ghana	Ashanti Region	Kumasi
Greece	Crete	Heraklion
Guatemala	Guatemala City	Guatemala City
Guatemala	Jutiapa	Jutiapa
Guatemala	N/A	Guatemala City
Guatemala	Na	Guatemala
Guatemala	Guatemala	Guatemala
Guatemala	NA	Guatemala City
Guatemala	N/A	GUATEMALA
Haiti	NA	Delmas
Haiti	N/A	Port au Prince
Honduras	Central District	Tegucigalpa
Honduras	NA	Tegucigalpa
Honduras	Francisco Morazan	Tegucigalpa
India	West Bengal	Kolkata
India	Maharashtra	Mumbai
India	Maharashtra, Vasai Taluka, Palghar	Vasai, Mumbai
India	Maharashtra	Mumbai
India	West Bengal,India	Burdwan

Iran, Islamic Republic of		
Iraq	NA	Baghdad
Israel	NA	Petah Tikva
Italy	Piedmont	Turin
Japan	NA	Tokyo
Kazakhstan	NA	Astana
Kenya	Langata	Nairobi
Kenya	NA	Nairobi
Kenya	Nairobi	Nairobi
Kenya	Nairobi	Nairobi
Kenya	Nairobi	Nairobi
Malaysia	Selangor	Klang
Mexico	chihuahua	juarez
Mexico	Michoacán	Morelia
Mexico	Quintana Roo	Puerto Morelos
Mexico	Baja California	Ensenada
Mexico	Ciudad de México	Ciudad de México
Mexico	Nuevo León	Monterrey
Mexico	Nuevo Leon	Monterrey
Mexico	Queretaro	Queretaro
Mexico	Sinaloa	Culiacan
Mexico		
Mexico	NA	Mexico City
Mexico	NA	Mexico City
Mexico	Baja California	Ensenada
Mexico	sonora	Hermosillo
Mexico		
Mozambique	Maputo	Maputo City
New Zealand	Auckland	Auckland
Nicaragua	NA	Managua
Nicaragua	Na	Managua
Oman	Oman Muscat	Muscat
Pakistan	Khyber Pakhtunkhwa	Charsadda
Pakistan	ICT	Islamabad
Pakistan	Khyber Pakhtunkhwa	Alpuri
Pakistan	khyber Pakhtunkhwa	peshawar

Pakistan	KPK	Mardan
Pakistan	KPK	Abbottabad
Panama	Panama Oeste	La Chorrera
Panama	Cocle	Aguadulce
Panama	West Panamá	Arraiján
Paraguay	Central	Asunción
Paraguay	Capital	Asuncion
Peru	Lima	Lima
Peru	Magdalena del mar	Lima
Peru	Lima metropolitana	Lima
Peru	Lima	Lima
Peru	LIMA	LIMA
Peru	LIMA	lima
Peru		
Peru	Lima	Lima
Peru	Lima	Lima
Peru	Lima	Lima
Peru		
Peru	Lima	Lima
Peru	Chorrillos	Lima
Peru	Chorrillo	Lima
Peru	Miraflores	Lima
Peru	Lima	Lima
Peru	NA	Lima
Peru	San Sebastian	Cusco
Poland		
Portugal	Porto	Porto
Portugal	Lisbon	Lisbon
Puerto Rico		Carolina
Qatar	NA	Doha NA
Rwanda	City of Kigali	Kigali

Saudi Arabia	Eastern province	Alkhobar
Senegal	NA	Dakar
Spain	Benimaclet	Valencia
Spain	Catalunya	barcelona
Thailand	Bang Na	Bangkok
Turkey	Bakirkoy	Istanbul
Turkey	NA	Istanbul
Turkey	NA	Gaziantep
Uganda	Central	Kampala
Ukraine	NA	NA
United Kingdom	Greater Manchester	Manchester
United Kingdom	Northamptonshire	Corby
United Kingdom	NA	Sheffield
Venezuela	NA	Caracas
Venezuela	NA	Valencia
Venezuela	Zulia	Cabimas
Vietnam	Hanoi	Vietnam
Vietnam	Ho Chi Minh	Ho Chi Minh
the United States or its territories	Alabama	Tuscaloosa
the United States or its territories	Alabama	Huntsville
the United States or its territories	Alabama	Huntsville
the United States or its territories	Alabama	Opelika
the United States or its territories	Alabama	Birmingham
the United States or its territories	Alabama	Birmingham
the United States or its territories	Alabama	Birmingham
the United States or its territories	Alabama	Birmingham
the United States or its territories	Alabama	Birmingham
the United States or its territories	Alabama	Birmingham
the United States or its territories	Alabama	Alabaster
the United States or its territories	Arizona	Tucson
the United States or its territories	Arizona	Flagstaff

the United States or its territories	Arizona	Phoenix
the United States or its territories	Arizona	Gilbert
the United States or its territories	Arizona	Gilbert
the United States or its territories	Arizona	san tan valley
the United States or its territories	Arizona	san tan valley
the United States or its territories	Arizona	Goodyear
the United States or its territories		
the United States or its	Arizona	Mesa
territories	Arizona	Mesa
the United States or its territories	Arizona	Phoenix
the United States or its territories	Arizona	
the United States or its territories	Arizona	Phoenix
the United States or its territories	Arizona	Tucson
the United States or its territories	Arizona	I work in Peoria and Phoenix and commute
the United States or its territories	Arizona	Phoenix
the United States or its territories	Arizona	Buckeye
the United States or its territories	Arizona	Tucson
the United States or its territories	Arizona	Phoenix
the United States or its territories	Arizona	Phoenix
the United States or its territories	Arizona	Phoenix
the United States or its territories	Arkansas	Sherwood
the United States or its territories	Arkansas	none, farm
the United States or its territories	California	Benicia
the United States or its territories	California	Palmdale
the United States or its territories	California	Monterey Park
the United States or its territories	California	Orange.
the United States or its territories	California	Sacramento
the United States or its territories the United States or its	California	Orange.

the United States or its territories	California	monterey
the United States or its territories	California	Santa clarita
the United States or its territories	California	Rowland Heights
the United States or its territories	California	Antioch
the United States or its territories	California	Sacramento
the United States or its territories	California	Oakland
the United States or its territories	California	Oakland
the United States or its territories	California	LOS ANGELES
the United States or its territories	California	San Francisco
the United States or its territories	California	Fresno
the United States or its territories	California	Gardena
the United States or its territories	California	Sunnyvale
the United States or its territories	California	
the United States or its territories	California	Los Angeles
the United States or its territories	California	San Jose
the United States or its territories	California	Lake Forest
the United States or its territories	California	Palmdale
the United States or its territories	California	Ventura
the United States or its territories	California	Oakland
the United States or its territories	California	Sacramento
the United States or its territories	California	Paramount
the United States or its territories	California	Morgan Hill
the United States or its territories	California	Los Angeles
the United States or its territories	California	Sonoma
the United States or its territories	California	San Leandro
the United States or its territories	California	Diamond Bar
territories the United States or its		

California	Dublin
California	Cupertino
California	SAN DIEGO
California	Fountain Valley
California	San Jose
California	Madera
California	San Diego
California	San Francisco
California	Palo Alto
California	Redwood City
California	San Leandro
California	Fort Bragg, California
California	Ventura
California	Bakersfield
California	lancaster
California	Fresno
California	Los Angeles
California	Los Angeles
California	Sunnyvale
California	San Diego
California	Fremont
California	Santa Clara
California	San Jacinto
California	San Bernardino
California	San Francisco
California	Berkeley
	California

California	San Jose
California	Menifee
California	Concord
California	Mission Viejo
California	Reseda
California	San Francisco
California	San Luis Obispo
California	San Diego
California	Irvine
California	Riverside
California	Cypress
California	Corona
California	
California	Santa clarita
California	Redwood City
California	Walnut Creek
California	Los Angeles
California	Mill Valley
California	Hollister
California	Oakley
California	san francisco
California	
California	San Francisco
California	Oakland
California	Danville
California	Palo Alto
	California

CO

California	Oakland
California	Sacramento
California	Sacramento
	Gardena
California	Sacramento
California	visalia
California	Sherman Oaks
California	Daly City
California	Fresno
California	San Jose
California	
California	Martinez
California	Los Angeles
California	Corona
California	Modesto
California	san lose
California	Tulare
California	Los Amgeles
California	Oakland, California
California	Redding
California	El Segundo
California	Brea
California	San Diego
California	Pasadena
California	Santa Monica
California	Menlo Park
	California

the United States or its territories	California	San Diego
the United States or its territories	California	Roseville
the United States or its territories	California	Laguna Niguel
the United States or its territories	California	Los Angeles
the United States or its territories	California	San Diego
the United States or its territories	California	San Francisco
the United States or its territories	California	Thousand e
the United States or its territories	California	San Diego
the United States or its territories	California	San Francisco
the United States or its territories	California	Santa Barbara
the United States or its territories	California	Fresno
the United States or its territories	California	Santa Clara
the United States or its territories	California	Oakland
the United States or its territories	California	Rescue
the United States or its territories	California	Los Angeles
the United States or its territories	California	Watsonville
the United States or its territories	California	San Jose
the United States or its territories	California	San Diego
the United States or its territories	California	San Francisco
the United States or its territories	California	La Puente
the United States or its territories	California	Fillmore
the United States or its territories	California	Whittier
the United States or its territories	California	San Francisco
the United States or its territories	California	Los Angeles
the United States or its territories	California	Los Angeles
the United States or its territories	California	San Francisco

California	Fresno
California	Buena Park
California	Arcadia
California	Fresno
California	Lemon Grover
California	Sacramento
California	Richmond
California	San Lorenzo
California	Dixon
California	Riverside
California	San Diego
California	San Francisco
California	Playa del Rey, CA 90293
California	Fresno
California	Oakland
California	San Diego, Ca.
California	El Centro
California	Fountain Valley
California	Long Beach
California	Chula Vista
California	Porterville
California	South Lake Tahoe
California	Sacramento
California	Goleta
California	Sacramento
	California

the United States or its territories	California	Pomona
the United States or its territories	California	Hemet
the United States or its territories	California	Santa Maria
the United States or its territories	California	Los Angeles
the United States or its territories	California	Palo Alto
the United States or its territories	California	Stockton
the United States or its territories	California	San Jose
the United States or its territories	California	SAN JOSE
the United States or its territories	California	Los Angeles
the United States or its territories	California	ALHAMBRA
the United States or its territories	California	San Jose
the United States or its territories	California	Cypress
the United States or its territories	California	Orange County Cypress
the United States or its territories	California	Palo Alto
the United States or its territories	California	Oakland
the United States or its territories	California	Orange
the United States or its territories	California	Whittier Ca
the United States or its territories	Colorado	Denver
the United States or its territories	Colorado	Aurora
the United States or its territories	Colorado	Colorado Springs
the United States or its territories	Colorado	Denver
the United States or its territories	Colorado	Denver
the United States or its territories	Colorado	
the United States or its territories	Colorado	Denver
the United States or its territories	Colorado	Denver
the United States or its territories	Colorado	Denver

Colorado	Steamboat Springs, CO
Colorado	Frisco
Colorado	Greeley
Colorado	Longmont
Colorado	Colorado Springs
Colorado	Colorado springs
Colorado	Fort Collins
Colorado	Aurora
Colorado	Denver
Colorado	Parker
Colorado	Denver
Colorado	Aurora
Colorado	grand junction
Colorado	Glenwood Springs
Colorado	Denver
Colorado	Aurora
Colorado	Colorado Springs
Colorado	Highlands Ranch
Colorado	Denver
Colorado	Fort Collins
Colorado	Colorado Springs
Colorado	Denver
Colorado	Cannon City
Colorado	Commerce City
Colorado	
	Colorado

Colorado	Thornton
Colorado	Louisville
Colorado	Ft Collins
	Thornton
	Englewood
Colorado	Aurora
Colorado	Denver
Colorado	Loveland
Connecticut	Middletown
Connecticut	Greenwich
Connecticut	
Connecticut	East Haven
Connecticut	
District of Columbia	Washington DC
District of Columbia	Washington DC
District of Columbia	Washington
District of Columbia	District of Columbia
Florida	Holiday
Florida	Jacksonville
Florida	Pembroke Pines
Florida	Wesley Chapel
Florida	Bonita Springs
Florida	Татра
Florida	Татра
Florida	Mary Esther
Florida	Татра
	Colorado Colorado Colorado Colorado Colorado Colorado Colorado Connecticut Connecticut Connecticut Connecticut Connecticut District of Columbia District of Columbia District of Columbia Florida

Florida	Orlando
Florida	CAPE CORAL
Florida	Jacksonville
Florida	Marathon
Florida	Jacksonville
Florida	Jacksonville
Florida	Tampa
Florida	Kissimmee
Florida	Tampa
Florida	Tampa
Florida	Tampa
Florida	
Florida	West Palm Beach
Florida	Holiday
Florida	Miami
Florida	Wesley Chapel
Florida	Boynton Beach
Florida	Boynton Beach
Florida	Davenport
Florida	Jacksonville
Florida	Orange Park
Florida	Saint Augustine
Florida	Tampa
Florida	Orlando
Florida	Orlando
Florida	Tampa
	Florida

Florida	Cocoa Beach
Florida	St. Augustine
Florida	Saint Augustine
Florida	Holiday
Florida	Orlando
Florida	Miami
Florida	COCOA
Florida	
Florida	
Florida	Hudson
Florida	Sebastian
Florida	GAINESVILLE
Florida	Seffner
Florida	Port Orange
Florida	Orlando
Georgia	Marietta
Georgia	Marietta
Georgia	Douglas
Georgia	Johns Creek
Georgia	Monroe
Georgia	Pooler
Georgia	
Georgia	Buford
Georgia	Auburn
Georgia	Lawrenceville
Georgia	Athens
	Florida Georgia

Georgia	Buford
Georgia	Atlanta
	Marietta
	Rome
	Lilburn
Georgia	Macon
Georgia	Gainesville
-	Atlanta
Georgia	Atlanta
Georgia	Peachtree Corners
Georgia	Rome
Georgia	Acworth
Georgia	Atlanta
Georgia	Atlanta
Georgia	Lawrenceville
Georgia	Buford
Georgia	Lawrenceville
Georgia	Columbus
Georgia	Marietta
Georgia	Buford
Georgia	Monroe
Georgia	Flowery Branch
Hawaii	Honolulu
Idaho	Boise
Idaho	Star
Idaho	burley
	Georgia

0	Caldwell
0	Kuna
is	Chicago
is	Chicago
	plano
is	Jacksonville
is	Jacksonville
is	Lindenhurst
is	Park Ridge
is	Chicago
is	Berwyn
is	Rockford
is	Carol stream
is	Belleville
is	Jacksonville
is	Berwyn
is	Oswego
is	Berwyn
is	Chicago
is	Chicago
is	Chicago
is	Springfield
is	Shorewood
is is	Shorewood Chicago

Illinois	Chicago
Illinois	Aurora
Illinois	Chicago
Illinois	Zion
Illinois	Springfield
Illinois	Chicago
Illinois	Rolling Meadows
Illinois	Jonesboro
Illinois	Chicago
Illinois	Chicago
Illinois	Chicago
Illinois	Oak brook Terrace
Illinois	Springfield
Illinois	North Aurora
Illinois	Addison
Illinois	Decatur
Illinois	Arenzville
Illinois	Chicago
Illinois	Plainfield
Illinois	Champaign
Illinois	Chicago
Illinois	Chicago
Illinois	Lansing
Illinois	IL. (Work 2 states MO too)
Illinois	Palatine
Illinois	Chicago
	Illinois

the United States or its territories	Illinois	Chicago
the United States or its territories	Illinois	Villa Park
the United States or its territories	Indiana	Indianapolis
the United States or its territories	Indiana	Indianapolis
the United States or its territories	Indiana	Avon
the United States or its territories	Indiana	La porte
the United States or its territories	Indiana	Indianapolis
the United States or its territories	Indiana	South Bend
the United States or its territories	Indiana	Fort Wayne
the United States or its territories	Indiana	Carmel
the United States or its territories	Indiana	Indianapolis
the United States or its territories	Indiana	South Bend
the United States or its territories	lowa	Le Mars
the United States or its territories	lowa	Denison
the United States or its territories	lowa	
the United States or its territories	lowa	Boyden
the United States or its territories	lowa	Silver City
the United States or its territories	lowa	Johnston, IA - considered the Des Moines metro area
the United States or its territories	lowa	Denison
the United States or its territories	Kansas	Leawood
the United States or its territories	Kansas	kansas city
the United States or its territories	Kansas	Kansas City
the United States or its territories	Kansas	Kansas City, KS
the United States or its territories	Kansas	Manhattan
the United States or its territories	Kansas	Wichita
the United States or its territories	Kansas	Overland Park
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T	
Kentucky	Lexington
Kentucky	crestwood
	Lexington
-	Independence
	Bardstown
Kentucky	Louiville
Kentucky	Louisville
Kentucky	Lexington
Kentucky	Louisville
Kentucky	Lexington
Kentucky	Crestwood
Kentucky	Crestwood
Kentucky	Lexington
Kentucky	Lawrenceburg
Kentucky	
Kentucky	Versailles
Kentucky	Louisville
Kentucky	Rineyville
Kentucky	Lexington
Louisiana	New Orleans
Louisiana	
Louisiana	Kenner
	Kentucky

the United States or its territories	Louisiana	Metairie
the United States or its territories	Maine	Bangor
the United States or its territories	Maine	Portland
the United States or its territories	Maine	Gorham
the United States or its territories	Maine	Biddeford
the United States or its territories	Maine	Saco
the United States or its territories	Maine	Portland
the United States or its territories	Maryland	Bowie
the United States or its territories	Maryland	Linthicum
the United States or its territories	Maryland	Upper Marlboro
the United States or its territories	Maryland	National Harbor
the United States or its territories	Maryland	Silver Spring
the United States or its territories	Maryland	Timonium
the United States or its territories	Maryland	Lutherville, Baltimore County
the United States or its territories	Maryland	La Plata
the United States or its territories	Maryland	Bowie
the United States or its territories	Maryland	Germantown
the United States or its territories	Maryland	Ellicott City
the United States or its territories	Maryland	Linthicum
the United States or its territories	Maryland	Baltimore
the United States or its territories	Maryland	Laurel
the United States or its territories	Maryland	La Plata
the United States or its territories	Massachusetts	Worcester
the United States or its territories	Massachusetts	Springfield
the United States or its territories	Massachusetts	Somerville
the United States or its territories	Massachusetts	Boston

the United States or its territories	Massachusetts	Westport
the United States or its territories	Massachusetts	Malden
the United States or its territories	Massachusetts	Norwood
the United States or its territories	Massachusetts	Worcester
the United States or its territories	Massachusetts	Southbridge
the United States or its territories	Massachusetts	Chicopee
the United States or its territories	Massachusetts	Leominster
the United States or its territories	Massachusetts	Methuen
the United States or its territories	Massachusetts	
the United States or its territories	Massachusetts	Boston
the United States or its territories	Massachusetts	Boston
the United States or its territories	Massachusetts	Methuen
the United States or its territories	Massachusetts	Springfield
the United States or its territories	Massachusetts	Woburn
the United States or its territories	Massachusetts	BOSTON
the United States or its territories	Massachusetts	BOSTON
the United States or its territories	Massachusetts	Shrewsbury, ma 01545
the United States or its territories	Massachusetts	newton
the United States or its territories	Massachusetts	Worcester
the United States or its territories	Massachusetts	Arlington
the United States or its territories	Massachusetts	Fall River
the United States or its territories	Massachusetts	Boylston
the United States or its territories	Massachusetts	Clinton
the United States or its territories	Massachusetts	Quincy
the United States or its territories	Massachusetts	worcester
the United States or its territories	Massachusetts	Cambridge

the United States or its territories	Massachusetts	Boston
the United States or its territories	Massachusetts	Worcester
the United States or its territories	Massachusetts	Boston
the United States or its territories	Massachusetts	Boston
the United States or its territories	Massachusetts	Boston
the United States or its territories	Massachusetts	Rutland
the United States or its territories	Massachusetts	Dedham
the United States or its territories	Massachusetts	Boston
the United States or its territories	Massachusetts	Natick
the United States or its territories	Massachusetts	Woburn
the United States or its territories	Massachusetts	Newton
the United States or its territories	Massachusetts	South Grafton
the United States or its territories	Massachusetts	North Andover
the United States or its territories	Massachusetts	Taunton
the United States or its territories	Massachusetts	Somerville
the United States or its territories	Massachusetts	Dracut
the United States or its territories	Massachusetts	brookline
the United States or its territories	Massachusetts	Newton
the United States or its territories	Massachusetts	Lawrence
the United States or its territories	Massachusetts	Boston
the United States or its territories	Massachusetts	Chicopee
the United States or its territories	Massachusetts	Everett
the United States or its territories	Massachusetts	Brighton
the United States or its territories	Massachusetts	Chelmsford
the United States or its territories	Massachusetts	East Boston
the United States or its territories	Massachusetts	worcester
territories	Massachusetts	worcester

the United States or its territories	Massachusetts	Boston
the United States or its territories	Massachusetts	Methuen
the United States or its territories	Massachusetts	Methuen
the United States or its territories	Massachusetts	Methuen
the United States or its territories	Massachusetts	Leominster
the United States or its territories	Massachusetts	WORCESTER
the United States or its territories	Massachusetts	Brookline
the United States or its territories	Massachusetts	Tewksbury
the United States or its territories	Massachusetts	Quincy
the United States or its territories	Massachusetts	North Andover
the United States or its territories	Massachusetts	Newton
the United States or its territories	Massachusetts	Boston
the United States or its territories	Massachusetts	Lawrence
the United States or its territories	Massachusetts	Lynn
the United States or its territories	Michigan	Ann Arbor
the United States or its territories	Michigan	Clinton Township
the United States or its territories	Michigan	Ypsilanti
the United States or its territories	Michigan	Ann Arbor
the United States or its territories	Michigan	Detroit
the United States or its territories	Michigan	Ann Arbor
the United States or its territories	Michigan	
the United States or its territories	Michigan	Grand Rapids
the United States or its territories	Michigan	Ann Arbor
the United States or its territories	Michigan	Battle Creek
the United States or its territories	Michigan	Troy
the United States or its territories	Michigan	Hudsonville
territories	Michigan	Hudsonville

the United States or its territories	Minnesota	Minneapolis
the United States or its territories	Minnesota	Rochester
the United States or its territories	Minnesota	Rochester
the United States or its territories	Minnesota	Minneapolis
the United States or its territories	Minnesota	Mazeppa
the United States or its territories	Minnesota	Saint Paul
the United States or its territories	Minnesota	Lakeville
the United States or its territories	Minnesota	Minneapolis
the United States or its territories	Minnesota	Woodbury
the United States or its territories	Minnesota	Minneapolis, MN
the United States or its territories	Minnesota	minneapolis
the United States or its territories	Minnesota	Minneapolis
the United States or its territories	Minnesota	St Louis Park
the United States or its territories	Minnesota	Minneapolis
the United States or its territories	Minnesota	
the United States or its territories	Minnesota	Apple Valley
the United States or its territories	Minnesota	Minneapolis
the United States or its territories	Minnesota	Minneapolis
the United States or its territories	Minnesota	St Cloud
the United States or its territories	Minnesota	Roseville
the United States or its territories	Minnesota	Lauderdale
the United States or its territories	Minnesota	Saint Paul
the United States or its territories	Minnesota	St Anthony
the United States or its territories	Minnesota	Minneapolis
the United States or its territories	Minnesota	Minneapolis
the United States or its territories	Minnesota	Woodbury

Mississippi	Richland
Missouri	Saint Louis
Missouri	Saint Charles
	St Louis
Missouri	Springfield
Missouri	Kansas City
Missouri	Morrisville
Missouri	St. Louis
Missouri	ST Louis
Missouri	Fairview Hts, Illinios
Missouri	Kansas city
Missouri	Raytown
Missouri	Clay
Missouri	Kansas city
Nebraska	Friend
Nebraska	Omaha
Nebraska	Lincoln
Nevada	Virginia City NV
Nevada	Nevada
Nevada	Reno
Nevada	Las Vegas
New Hampshire	Manchester
New Hampshire	
	Missouri Nebraska Nebraska Nebraska Nebraska Nevada

the United States or its territories	New Hampshire	
the United States or its territories	New Hampshire	Concord
the United States or its territories	,	Nashua
	New Hampshire	Nasnua
the United States or its territories	New Hampshire	Manchester
the United States or its territories	New Jersey	Philadelphia, Maryland, South New Jersey
the United States or its territories	New Jersey	Port Reading
the United States or its territories	New Jersey	Cherry Hill
the United States or its	-	
territories	New Jersey	Somerville
the United States or its territories	New Jersey	HAMILTON, NEW JERSEY
the United States or its territories	New Jersey	Passaic
the United States or its territories	New Jersey	Madison
the United States or its territories	New Jersey	Lyons
the United States or its territories	New Jersey	Edgewater
the United States or its	i ton delecy	
territories	New Jersey	
the United States or its territories	New Jersey	Parsippany
the United States or its territories	New Jersey	Hackensack
the United States or its territories	New Jersey	Jersey City
the United States or its territories	New Mexico	Albuquerque
the United States or its territories	New Mexico	Chaparral
the United States or its	New Mexico	Спарапа
territories	New Mexico	Albuquerque
the United States or its territories	New Mexico	Albuquerque
the United States or its territories	New Mexico	Tohatchi
the United States or its territories	New Mexico	Albuquerque
the United States or its territories	New Mexico	Albuquerque
the United States or its territories	New Mexico	Albuquerque
the United States or its territories	New York	West Henrietta
territories	IAGM IOIK	vvest i lettilletta

New York	New York
New York	Wurtsboro
New York	New York City
New York	Albany
New York	New York City
New York	NYC
New York	Buffalo
New York	New York
New York	New York City
New York	Victor
New York	Queens
New York	New York
New York	New York City
New York	Brooklyn
New York	New York
New York	New york
New York	Buffalo
New York	Rochester
New York	Rochester
New York	New York city
New York	Pine Bush
New York	Pine Bush
New York	QUEENS
New York	New York City
New York	Hauppauge
New York	Queens
	New York

the United States or its territories	New York	Brentwood
the United States or its territories	New York	NYC
	New Tork	IVIO
the United States or its territories	New York	New York City
the United States or its territories	New York	Rochester
the United States or its territories	New York	New York
the United States or its territories	New York	Kew Gardens
the United States or its territories	New York	New York City
	14CW TOTK	INCW FOIR Oily
the United States or its territories	New York	New York City
the United States or its territories	New York	New York
the United States or its territories	New York	Astoria
the United States or its territories	New York	New York
the United States or its territories	New York	New York
the United States or its	THE TEN	Trew rent
territories	North Carolina	Burlington
the United States or its territories	North Carolina	Raleigh
the United States or its territories	North Carolina	durham
the United States or its territories	North Carolina	Burlington
the United States or its	N. (1 O. 1)	D. I
territories	North Carolina	Belmont
the United States or its territories	North Carolina	Mooresville
the United States or its territories	North Carolina	
the United States or its territories	North Carolina	Raleigh
the United States or its territories	North Carolina	Winston Salem
the United States or its territories	North Carolina	
the United States or its		
territories	North Carolina	Charlotte
the United States or its territories	North Carolina	Greensboro
the United States or its territories	North Carolina	Chapel Hill
the United States or its territories	North Carolina	Charlotte

the United States or its territories	North Carolina	Youngsville
the United States or its territories	North Carolina	Hendersonville
the United States or its	TVOTUT CUTOMINA	Tiendersonville
territories	North Carolina	Charlotte
the United States or its territories	North Carolina	Charlotte
the United States or its territories	North Carolina	Charlotte
the United States or its territories	North Carolina	Charlotte
the United States or its territories	North Carolina	Forest City
the United States or its territories	North Carolina	Concord
the United States or its	-	Carrboro (suburb of Chapel
territories the United States or its	North Carolina	Hill)
territories	North Carolina	Greenville
the United States or its territories	North Carolina	Charlotte
the United States or its territories	North Carolina	Greenville
the United States or its territories	North Carolina	Raleigh
the United States or its territories	North Carolina	Chapel Hill
the United States or its territories	North Carolina	Charlotte
the United States or its territories	North Carolina	Charlotte
the United States or its territories	North Carolina	Fayetteville
the United States or its territories	North Carolina	Durham
the United States or its territories	North Carolina	Mooresville
the United States or its territories	North Carolina	Leland
the United States or its territories	North Carolina	Greenville
the United States or its territories	North Carolina	Mount Airy
the United States or its territories	North Carolina	Greensboro
the United States or its territories	North Carolina	Albertson, NC
the United States or its territories	North Carolina	Winston Salem
the United States or its territories	North Carolina	Greensboro
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the United States or its territories  North Carolina  the United States or its territories  North Carolina  the United States or its territories  North Carolina  Chapel Hill  the United States or its territories  North Carolina  Durham  the United States or its territories  North Carolina  Chapel Hill  The United States or its territories  North Carolina  Chapel Hill  Chapel Hill  The United States or its territories  North Carolina  Clayton  The United States or its territories  North Carolina  Durham  The United States or its territories  North Carolina  Durham  The United States or its territories  North Carolina  Durham  The United States or its The United States or i	
territories North Carolina huntersville, nc  the United States or its territories North Carolina Chapel Hill  the United States or its territories North Carolina Durham  the United States or its territories North Carolina Chapel Hill  the United States or its territories North Carolina Clayton  the United States or its territories North Carolina Winston Salem  the United States or its territories North Carolina Cary  the United States or its territories North Carolina Durham  the United States or its territories North Carolina Durham  the United States or its territories North Carolina Durham  the United States or its territories North Carolina Broadway	
the United States or its territories  North Carolina  Chapel Hill  The United States or its territories  North Carolina  The United States or its territories  North Carolina  North Carolina  Chapel Hill  Chapel Hill  The United States or its territories  North Carolina  Clayton  The United States or its territories  North Carolina  North Carolina  Durham  The United States or its territories  North Carolina  Durham  The United States or its territories  North Carolina  Durham  The United States or its territories  North Carolina  Broadway	
the United States or its territories  North Carolina  Durham  Durham  The United States or its territories  North Carolina  Chapel Hill  The United States or its territories  North Carolina  Clayton  The United States or its territories  North Carolina  Winston Salem  The United States or its territories  North Carolina  The United States or its territories  North Carolina  The United States or its territories  North Carolina  Durham  The United States or its territories  North Carolina  Durham  The United States or its territories  North Carolina  Broadway	
territories	
territories North Carolina Chapel Hill the United States or its territories North Carolina Clayton the United States or its territories North Carolina Winston Salem the United States or its territories North Carolina Cary the United States or its territories North Carolina Durham the United States or its territories North Carolina Broadway	
territories North Carolina Clayton  the United States or its territories North Carolina Winston Salem  the United States or its territories North Carolina Cary  the United States or its territories North Carolina Durham  the United States or its territories North Carolina Broadway	
territories North Carolina Winston Salem  the United States or its territories North Carolina Cary  the United States or its territories North Carolina Durham  the United States or its territories North Carolina Broadway	
the United States or its territories	
territories North Carolina Cary the United States or its territories North Carolina Durham the United States or its territories North Carolina Broadway	
territories North Carolina Durham the United States or its territories North Carolina Broadway	
territories North Carolina Broadway	
the United States or its territories North Carolina Chapel Hill	
the United States or its territories North Carolina Siler City	
the United States or its territories North Carolina Raleigh	
the United States or its territories North Carolina Chapel Hill	
the United States or its territories North Carolina Burlington	
the United States or its territories North Carolina Winston-Salem	
the United States or its territories North Carolina	
the United States or its territories North Carolina Carrboro	
the United States or its territories North Carolina Charlotte	
the United States or its territories North Carolina Wilson	
the United States or its territories North Dakota Fargo	
the United States or its territories Ohio Bexley	
the United States or its territories Ohio Cleveland	
the United States or its territories Ohio Columbus	
the United States or its territories Ohio Akron	
the United States or its territories Ohio Cincinnati	

ne United States or its erritories ne United States or its erritories	Ohio	Canton
erritories		
	Ohio	Rocky River
ne United States or its erritories	Ohio	Cincinnati
ne United States or its erritories	Ohio	Cincinnati
ne United States or its erritories	Ohio	Cincinnati
ne United States or its erritories	Ohio	Cincinnati
ne United States or its erritories	Ohio	Cincinnati
ne United States or its erritories	Ohio	Cincinnati
ne United States or its erritories	Ohio	Cincinnati
ne United States or its erritories	Ohio	CINCINNATI
ne United States or its erritories	Ohio	Cincinnati
ne United States or its erritories	Ohio	Bryan
ne United States or its erritories	Ohio	Cincinnati
ne United States or its erritories	Ohio	Cincinnati
ne United States or its erritories	Ohio	Cincinnati
ne United States or its erritories	Ohio	Columbus
ne United States or its erritories	Ohio	
ne United States or its erritories	Ohio	Columbus
ne United States or its erritories	Ohio	Kent
ne United States or its erritories	Ohio	Columbus
ne United States or its erritories	Ohio	West Chester
ne United States or its erritories	Ohio	Columbus
ne United States or its erritories	Ohio	Hudson
ne United States or its erritories	Ohio	Columbus
ne United States or its erritories	Ohio	West Chester
ne United States or its erritories	Ohio	Columbus
ne United States or its erritories	Ohio Ohio Ohio Ohio Ohio Ohio Ohio Ohio	Cincinnati Cincinnati Cincinnati Columbus  Columbus  Kent Columbus  West Chester  Columbus  Hudson  Columbus  West Chester

the United States or its territories	Ohio	Kent
the United States or its territories	Ohio	Cincinnati
the United States or its territories	Ohio	Mogadore
the United States or its territories	Ohio	Columbus
the United States or its territories	Ohio	
the United States or its territories	Ohio	Columbus
the United States or its territories	Oklahoma	Oklahoma City
the United States or its territories	Oklahoma	Oklahoma City
the United States or its territories	Oklahoma	Edmond
the United States or its territories	Oklahoma	Oklahoma City
the United States or its territories	Oklahoma	spencerville
the United States or its territories	Oregon	portland
the United States or its territories	Oregon	Medford
the United States or its territories	Oregon	Portland
the United States or its territories	Oregon	Salem
the United States or its territories	Oregon	Portland
the United States or its territories	Oregon	Medford
the United States or its territories	Oregon	bend
the United States or its territories	Oregon	PDX
the United States or its territories	Oregon	The Dalles
the United States or its territories	Oregon	Redmond
the United States or its territories	Oregon	Portland
the United States or its territories	Oregon	Bend
the United States or its territories	Oregon	Beaverton
the United States or its territories	Oregon	Portland
the United States or its territories	Oregon	Beaverton

Oregon	Portland
Oregon	Happy Valley
-	Corvallis
	Salem
Oregon	Gresham
Oregon	Redmond
Oregon	Eugene
Oregon	Portland
Oregon	Portland
Oregon	Portland
Oregon	White City
Oregon	Portland
Oregon	Lake Oswego
Oregon	Portland
Oregon	Salem
Oregon	Portland
Oregon	Portland
Oregon	Central Point
Oregon	Portland
Oregon	Portland
Oregon	The Dalles
Oregon	Medford
Oregon	Medford
Oregon	Happy Valley
Oregon	Portland
	Oregon

the United States or its territories	Oregon	Medford
the United States or its territories	Oregon	Salem
the United States or its territories	Oregon	Beaverton
the United States or its territories	Oregon	Klamath Falls
the United States or its territories	Oregon	Dallas
the United States or its territories	Pennsylvania	Reading
the United States or its territories	Pennsylvania	Wallingford
the United States or its territories	Pennsylvania	Enola
the United States or its territories	Pennsylvania	
the United States or its territories	Pennsylvania	Reading
the United States or its territories	Pennsylvania	Wind Gap
the United States or its territories	Pennsylvania	Philadelphia
the United States or its territories	Pennsylvania	Pittsburgh
the United States or its territories	Pennsylvania	PHILADELPHIA
the United States or its territories	Pennsylvania	Philadelphia
the United States or its territories	Pennsylvania	Lansdale
the United States or its territories	Pennsylvania	Phoenixville
the United States or its territories	Pennsylvania	
the United States or its territories	Pennsylvania	Mount Joy
the United States or its territories	Pennsylvania	Pittsburgh
the United States or its territories	Pennsylvania	Philadelphia
the United States or its territories	Pennsylvania	Pittsburgh
the United States or its territories	Pennsylvania	Philadelphia
the United States or its territories	Pennsylvania	Lititz
the United States or its territories	Pennsylvania	Hummelstown
the United States or its territories	Pennsylvania	allentown

the United States or its territories	Pennsylvania	Philadelphia
the United States or its territories	Pennsylvania	Philadelphia
the United States or its territories	Puerto Rico	San Juan
the United States or its territories	Puerto Rico	San Juan
the United States or its territories	Puerto Rico	Bayamon
the United States or its territories	Puerto Rico	Carolina
the United States or its territories	Puerto Rico	Caguas
the United States or its territories	Puerto Rico	san juan
the United States or its territories	Rhode Island	East Providence
the United States or its territories	Rhode Island	North Providence
the United States or its territories	Rhode Island	providence
the United States or its territories	Rhode Island	Providence
the United States or its territories	Rhode Island	Warwick
the United States or its territories	Rhode Island	Providence
the United States or its territories	Rhode Island	North Kingstown
the United States or its territories	South Carolina	Indian Land
the United States or its territories	South Carolina	Greenville
the United States or its territories	South Carolina	Greer
the United States or its territories	South Carolina	Greenville
the United States or its territories	South Carolina	Charleston
the United States or its territories	South Carolina	
the United States or its territories	South Carolina	Summerville
the United States or its territories	South Carolina	Mt. Pleasant
the United States or its territories	South Carolina	Simpsonville
the United States or its territories	South Carolina	Duncan
the United States or its territories	South Carolina	Spartanburg

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the United States or its territories	South Carolina	Greenville
the United States or its territories	South Carolina	Hampton, SC
the United States or its territories	South Carolina	Greenville
the United States or its territories	South Carolina	Fort Mill
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the United States or its	South Carolina	Fort Mill
territories the United States or its	South Carolina	Greenville
territories the United States or its	South Carolina	Anderson
territories	South Carolina	Greenville
the United States or its territories	South Carolina	Goose Creek
the United States or its territories	South Carolina	West Columbia
the United States or its territories	South Carolina	Spartanburg sc
the United States or its territories	South Carolina	Huger
the United States or its territories	South Carolina	Spartanburg
the United States or its territories	South Dakota	Sioux Falls
the United States or its territories	South Dakota	Sioux Falls
the United States or its territories	South Dakota	Sioux Falls
the United States or its territories	Tennessee	Knoxville
the United States or its territories	Tennessee	Nashville
the United States or its territories	Tennessee	
the United States or its territories	Tennessee	Memphis
the United States or its territories	Tennessee	Newport
the United States or its territories	Tennessee	Antioch
the United States or its territories	Tennessee	Chattanooga
the United States or its territories	Tennessee	Murfreesboro
the United States or its territories	Tennessee	Knoxville
the United States or its territories	Tennessee	Nashville

Tennessee	Nashville
Tennessee	Piney Flats
Tennessee	Nashville
Tennessee	Nashville
Tennessee	Brentwood
Tennessee	Jonesborough
Tennessee	Nashville
Tennessee	Knoxville
Tennessee	Nashville
Texas	Houston
Texas	Fort Worth
Texas	San Antonio
Texas	Dallas
Texas	Houston
Texas	Houston
Texas	Texas
Texas	Dallas
Texas	Eagle pass
Texas	Dallas
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Texas	san antonio
Texas	Houston
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Texas	
Texas	College Station
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Техаз	Dallas
Texas	Houston
Texas	Houston
Texas	Dallas
Texas	Dallas
Texas	Fort Worth
Texas	College Station
Texas	Houston
Texas	Austin
Texas	Rockwall
Texas	Austin
Texas	Houston
Texas	El Paso
Texas	Fort worth
Texas	Houston
Texas	Houston
Texas	Austin
Texas	Carrollton
Texas	Euless
Texas	Dallas
	Houston
	Crandall
ICYQS	Cialiuali
Texas	Dallas
Texas	Dallas
	Texas

the United States or its territories	Texas	Houston
the United States or its territories	Texas	San Antonio
the United States or its	Texas	San Antonio
territories	Texas	Dallas
the United States or its		
territories	Texas	Beaumont
the United States or its territories	Texas	Midlothian
the United States or its		
territories	Texas	San Antonio
the United States or its territories	Texas	
the United States or its	Texas	
territories	Texas	Dallas
the United States or its		
territories	Texas	Flower Mound
the United States or its		
territories	Texas	Forney
the United States or its territories	Texas	Grand Prairie
the United States or its	Texas	Grand France
territories	Texas	Arlington
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territories	Texas	Arlington
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the United States or its territories	Texas	Houston
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territories	Texas	Fort Worth
the United States or its territories	Texas	Killeen
the United States or its	Texas	Killeeri
territories	Texas	Fort Worth
the United States or its		
territories	Texas	Denton
the United States or its	T	
territories	Texas	Granbury
the United States or its territories	Texas	Houston
the United States or its	1 57.00	
territories	Texas	Rockwall
the United States or its		
territories	Texas	Frisco
the United States or its	Toyas	Midland
territories the United States or its	Texas	Midland
territories	Texas	Euless
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the United States or its territories	Texas	Round Rock
the United States or its		
territories	Texas	Dallas
the United States or its territories	Texas	Richardson
the United States or its territories	Texas	Spring
the United States or its territories	Texas	San Antonio
the United States or its territories	Texas	League City
the United States or its		,
territories	Texas	Dallas
the United States or its territories	Texas	Houston
the United States or its territories	Texas	Austin
the United States or its	Taura	Harris
territories	Texas	Houston
the United States or its territories	Texas	Austin
the United States or its territories	Texas	Dallas
the United States or its	_	
territories	Texas	Flower Mound
the United States or its territories	Texas	Dallas
the United States or its territories	Texas	Highland Village
the United States or its territories	Texas	Houston
the United States or its		
territories	Texas	San Antonio
the United States or its	Texas	Fort Worth
territories	Texas	FOIL WOILII
the United States or its territories	Texas	Denton
the United States or its territories	Texas	Baytown
the United States or its territories	Texas	Saginaw
the United States or its territories	Texas	Fort Worth
the United States or its		
territories	Texas	El Paso
the United States or its territories	Texas	Midland
the United States or its territories	Texas	Richardson
the United States or its		
territories	Utah	

Utah	Eagle Mountain
Utah	Washington
Utah	Midvale
Utah	SALT LAKE
Utah	Salt Lake City
Utah	Salt Lake City
Utah	Salt Lake City
Utah	Tooele
Utah	salt lake city
Utah	Provo
Utah	provo
Utah	Provo
Utah	Orem
Utah	South Jordan
Utah	West Valley City
Utah	salt lake city
Utah	Orem
Utah	Salt Lake City
Utah	West Valley
Utah	Provo
Utah	Sandy
Utah	West Jordan
Utah	Herriman
Vermont	
Virginia	Dumfries
Virginia	Virginia Beach
	Utah Utah Utah Utah Utah Utah Utah Utah

Washington	seattle
Washington	Spokane
	Charles Town
West Virginia	Charlestown
Wisconsin	
Wisconsin	
Wisconsin	Waukesha
Wisconsin	Sullivan
Wisconsin	
Wisconsin	madison
Wisconsin	Deforest
Wisconsin	Milwaukee
Wisconsin	Madison
Wisconsin	Milwaukee
Wisconsin	Greenfield, WI
Wisconsin	Racine
Wisconsin	Milwaukee
Wisconsin	Onalaska
Wisconsin	Milwaukee
	Washington  West Virginia  West Virginia  Wisconsin  Wisconsin

С

the United States or its territories	Wisconsin	Evansville
the United States or its territories	Wisconsin	Milwaukee
the United States or its territories	Wisconsin	Evansville

# Appendix D(1). The last time an overseas interpreter interpreted for U.S. patients and organizations

Response	Frequency >1	Response	Frequency >1
2:24 AM		Feb 6 2025	
2019		February 12 2025	
2024	2	February 25th 2025	
2025	3	February 27th 2025	
20-Jan-24		February 5th	
10-Dec-24		Freelance	
13-Jan-25		Friday January 17th, 2025	
1/20/2025	3	I am currently doing this as a full-time job.	
1/21/2025	2	I am currently interpreting for U.S. patients and organizations. Every day.	
22-Jan-25		I am currently providing interpretation services.	
1/23/2025	2	I am currently working as an interpreter	
25-Jan	2	I currently interpret for U.S. patients and organizations and have been doing so for more than 4 years.	
1/27/2025		I do it every day, remotely.	
2/3/2025		I started in 2019	
18/2/25		I'm current	
2/19/2025		Im currently working	2
2/21/2025	4	I'm currently working providing interpretation as OPI and VRI	
2/23/2025		In January 31st	6
25-Feb-25	3	Jan 22 /2025	
12/2/2025		Last night	
1 hour ago		Last week	
1 week ago		Month of March	
17 January 2025		Never	
20/24/2025		Present	
22/01/2025 (today)		this February	
25 February, 2025		This morning	90
3 months ago		this week	
A few hours ago.		This week	
A few minutes ago.		Today	
continuously real time bas now and then when logged platform of subcontracted	d in to the online		
companies, thank you		Two days ago	19
Current		Two months ago	188
Currently as a freelance		Two weeks ago	
Currently doing it	2	Yesterday	
Currently interpreting.		Total responses	_
Everyday. Currently.			

# Appendix D(2). "Other" Comments to Q.3.1.b: Why do you not interpret in healthcare settings at this time?

- 1. I was constantly sick due to the constant proximity to patients with illnesses.
- 2. I work in a school and I will be looking for health care job soon
- 3. I worked in the same department of EMT's and Paramedics so I helped them with people that did not speak English
- 4. Mentally very tiring and unstable income
- 5. my current job focuses in education with medical hybrid

## Appendix D(3). "Other" Comments to Q.3.2.b. What changed that resulted in your not interpreting in healthcare settings now?

- 1. I am persuing a graduate study
- 2. I have not been able to get another job so far.
- 3. I lost the job at the hospital, now I'm looking for a new job.
- 4. I moved to another city
- 5. I stay at home taking care of my grandkids.
- 6. Results frm my Re-Certification tests (PASS), took too long.
- 7. The hospital had layoffs and I am too expensive for most agencies
- 8. Though I retired from a job where I used to have Spanish only speaking patients and did my own interpretation, once I retired I've been working towards getting certified as a Spanish interpreter so that in my retirement I will have job possibilities for being a medical interpreter.

#### Appendix E(1). "Other" Comments to Q.4: Employment Status

- 1 job bilingual, 1 job freelance interpreter for different settings
- Anestesia Technician
- Case manager and certified interpreter
- Caseworker
- Combination of staff interpreter in a language service company and freelancer
- Combination of a staff interpreter in a language service company and freelancer
- Director of Language Access Department
- Educational interpretation and translation
- Family medical and legal translator
- · Freelance and Staff interpreting
- Freelance Healthcare interpreter and Health care Interpreter Instructor
- Freelance translator, volunteer interpreter
- Freelancer and staff interpreter.
- Healthcare Interpreter / Manager of Language Access
- Hospital
- I am a volunteer interpreter and I am also manage and teach remotely the University of Memphis, Healthcare Interpreter Program.
- I recruit interpreters for a language service provider company
- I was a staff interpreter in a healthcare.
- I work for a language service company through a 3rd party that hires in my country
- I work for a non-profit medical organization that provides free healthcare to Kansas City's homeless, uninsured and underserved populations. We will occasionally have LEP patients that need interpreting. I also freelance on the side.
- Interpreter Quality Manager
- Interpreter when needed. I am an RN
- Language Services coordinator at an academic health center
- Language Services Supervisor at Children's Hospital of Philadelphia and I also interpret
- LSC owner and working interpreter
- Manager and interpreter in a healthcare organization
- Manager of healthcare interpreters who also interprets
- · Manager of Interpreter Services and Interpreter
- Mental Health-Immigration & Refugee resetlement
- Not working anywhere
- · Oversee the provision of language access services for the NYS Department of Health
- Per Diem
- Solopreneur
- Staff at a language service company, and work filling medical appointments as an interpreter for that company. They did not hire me as a staff interpreter, but rather a trainer and project manager, and I do interpretation when I can.
- staff interpreter and director of interpreter services
- Staff Interpreter, Medical Interpreter and Freelancer
- Staff supervisor, dual role interpreter, interpreter trainer.
- Starr interpreter in a school district interpreting a majority of IEP meetings
- Still not employed as I am continuing to explore other than adding other job skills
- Talent Acquisition Specialist
- Translation Program Coordinator at a Childrens' Hospital under the department of Interpreter Services
- Volunteer
- Volunteer
- Volunteer
- Volunteer healthcare interpreter in a free specialty clinic and also an occasional paid interpreter in the nursing dept at a technical school
- volunteer medical interpreter
- Volunteer medical interpreter in a primary care clinic.

#### Appendix E(2). Other Work to Supplement Income from Healthcare Interpreting (Q.14.1.a)

- Administrative assistant
- Adult School Teacher
- Advocacy manager at an organization working with victims of domestic violence, sexual assault, and human trafficking.
- all of the above.
- Anesthesiologist
- Au pair, translating, classes
- Banking
- Business counseling; Creative Writing
- Business owner
- care giver
- Cleaning
- Commission sales for Legal Services
- Contract interpreting in addition to FT medical interpreter
- Contract with California State Council on Developmental Disabilities, completing surveys
- Contracting Admin for a nonprofit
- Crafting salsas and empanadas
- Data analysis
- Direct sales
- DOG SITTER
- English teaching and tourism.
- Entertainment
- Esthetician & Nai-Tech
- Financial Administrator for a non-profit; administrative assistant for a non-profit
- Freelance interpreting in-person and by video-remote for a local school district.|Written translations between English and Spanish.
- Gigging musician and music teacher
- History teacher
- I am a graphic designer/artist and publish books.||I have worked as an interpreter trainer in a College setting.
- I am a professional photographer and graphic designer
- I am a retired educator.
- I am a retired research scientist so I receive pension and social security.
- I am an executive coach and a life coach. I am also a recording engineer and sometimes I do voice-overs
- I am an Office Administrator in a company.
- I am general Physician in my country India, I practice Indian system of medicine
- I am retired military
- I am semi- retired from 28 yrs as a Spanish language instructor for secondary level students both Spanish heritage and non- heritage.
- I do commercials and voice overs once in a while, mainly during election year where there is an opportunity to work on political ads and commercials on TV, internet or radio
- I have my own business
- I have other profession
- I work as a banquet captain
- I work in a Public Library as a library assistant/interpreter/translator
- I'm an Art Director in the filmmaking industry. I also do freelance translation for local publishers.
- I'm retired and received retirment income
- Immigration employment services
- Immigration Preparer
- In- home supportive services
- Insurance Agent
- international tour directing
- Interpreter for immigration hearings, server at a restaurant, nanny, tutor
- Interpreting for schools|Tea ceremony|Investment
- Interpreting income is a supplement to my regular, full time job. My full time job is in technology.
- Library assistant
- Live Music Performance

- Localization
- Managing/Book keeping for an ME ( Medical Expert ).
- Marketing Advisor
- Marketing Director for a non profit organization.
- Mathematics tutor
- Medical Assistant
- No change
- None
- none
- None, I'm just a full time bilingual Interpreter
- None.
- OFFICE ADMINISTRATOR
- Online instructor at Community College (Interpreting & ESL)
- own a cottage bakery
- Own business
- Part time uber driver
- · Partial government benefits
- Pet sitting
- Physician Assistant
- Program management
- Provide Training for interpreters|Provide Language Consultation to companies and professionals |Offer couching classes |Public Speaking gigs |Offer simultaneous interpretation services |I offer Translation services |I offer consultations for companies in language access
- Real Estate
- Real state
- Rental income
- Retail
- Retail merchandising.
- Retired from corporate position and receive a pension
- · Retirement pension and social security
- · Retirement pension and social security
- Self employed
- Small business owner, sales.
- Small car rental company (2 cars only)
- · Social services outreach specialist
- solely interpreting
- System Analyst and musician.
- teach
- teacher of intercultural studies
- Teaching
- Teaching Spanish||Conference/Simultaneous Interpreting||Translations
- Teaching tutoring and lecturing
- Translation
- Translation|Job or other sources not related to language services or health care
- Travel Agent
- Travel Agent
- Various
- video production work
- Voice over talent
- Voice Over talent
- Whatever pays! Teach English, take surveys, catering, Ticket taker at Oakland Coliseum
- Work at school
- Work at the local health department as a certified CHW/Home visitor.
- Work fulltime at an Illinois Immigrant Welcoming Center in Central II

#### **Appendix E(3). Optional Comments About Working Status (Q.15.1.a)**

- Being certified never gotten any pay increased via staff or working for Agencies. Agencies do not care or any other employer. Not \$0.1 penny extra! Then CCHI lost my recertification fee +! They want me to take the test again ????
- I am a P/T receptionist at a (majority) Spanish-speaking patient community clinic. I'm occasionally pulled to
  interpret for the providers when it's busy or the staff interpreters are out. I was employed before receiving
  my CHI certification, so I look forward to getting my business license to work with an agency or freelance
  for part of the day.
- I am not able to find the hours I like because our hospital using remote instead of using in person interpreter.
- I ask my employer for last few years to let me work full time and they deny.
- I enjoy interpreting but bills needs to be paid. I could work full time if my pay was way better than it is presently. Or maybe if a bigger company employs me. So I'm indifferent about my satisfaction level.
- I have to find other sources of income.
- I think the work would be more fulfilling is the pay was higher.
- I wish I could work more hours and in person again
- I wish I would work as a full time!
- I wish that there was a differential in my pay as multilingual healthcare professional.
- I work 60%, which is great. However, I came in every day Monday through Friday, and would prefer a different schedule. Also, there is little flexibility for time off.
- I work in clinical settings I m a medical settings, I have finished my 60 hours of medical interpreter, waiting
  in.|Taking my CCHI exam.
- I work part-time since this is the only slot available in my company. I'd like to work more to earn more but, at the same time, I like how the part-time job gives me time to actually have a life outside work. Therefore, the answer to the question is that sometimes I'm satisfied, other times I'm not.
- I would have liked to work more hours
- I would like more hours
- I would like more working opportunities. Considering I am from Kenya, and many over seas companies do not consider Africans in such remote opportunities.
- I would like to be a an employee not a contractor in order to get benefits and a better payment.
- I would like to be a full time employee
- I would like to become an independent interpreter and make a living from interpreting and translating.
- I would like to have a better salary
- I would like to have a more full-time position as a healthcare interpreter.
- I would like to work FT, but the work VRI os grueling. I have approximately 20+ patients per day, back to back. The pay is better than so companies, but the stress is not worth the pay and many providers' lack of respect for interpreters. It's all very real.
- I would like to work more hours
- I would like to work more hours as an interpreter.
- It is a very demanding job, people are hard to deal with, i not only work as a medical interpreter i also have to take non-medical calls (financial, business, emergency, legal the job is mentally challenging and the pay is very low. If you ask for a raise they will transfer you to another company.
- My preference, should a suitable remote full-time position become available, would be a full-time medical interpreter role.
- My preference, should a suitable remote full-time position become available, would be a full-time medical interpreter role.
- Should be paid more for experienced interpreter.
- Since they roll out the VRI, I am very concerned the job is going away in 1-2 years.
- The company I work for recently has contracts with Banks, and lawyers, mostly I received financial or law (court cases)interpretations that I am not familiar with. Very uncomfortable with this assignments.
- They pay me 5 cents a minutes.
- Wish for better pay rate
- would like to work full time as an interpreter and have a job that is well paid

### Appendix F(1). How much and what kind of non-academic training in interpreting did you receive? (Q.18.1.b)

- 0
- 8
- 20
- 40
- 40
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- 50
- 60
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- 60
- 60
- 80
- 80
- 80
- 80
- 100
- 100
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- 100
- 119
- 120
- 120
- 120
- 120
- 150
- 160
- 160
- 180
- 200
- 300
- 360
- 6005000
- . .
- A 24-week Justice System Interpreting Program for court interpreter certification candidates.
- More than 100 hr. medical interpreting
- +200 in court interpreting
- +34 thousand hours of OPI/VRI interpreting.
  - > 40 hours in medical interpreting
- 1 month in medical interpreting
- 1 month in medical interpreting
- 1 vear
- 1 year Santa Fe Springs Court Interpreting Course
- 10 hrs in healthcare interpreting
- 10 in psychiatric training
- 100 hours in court interpreting
- 100 hours
- 100 hours in court interpreting training and 400 hundred hours of healthcare continue education training
- 100 hours in court interpreting training and 400 hundred hours of healthcare continue education training
- 100 hours in education, +100 in court interpreting, +150 health care
- 100 hours in healthcare interpreting
- 100 hours in medical interpretation and 150 in translation
- 100 hours in medical interpreting
- 100 hours of academic interpreting
- 100 hours of medical interpreter training. 7 weeks of Legal Interpreting Vocabulary

- 100 hours volunteer clinic interpreting
- 100 hours. Bridging the GAp, Community Interpreting, Medical Terminology
- 100 hrs medical interpreting
- 100 hrs medical interpreting
- 100 in healthcare interpreting courses and webinars
- 100 plus hours in Church and Religious settings of interpreting
- 1000 hours in medical interpreting
- 12 hours
- 12 hrs of CE Classes
- 120 h
- 120 Hour in general interpreting provided directly by the company, 80 Hours in medical interpreting
- 120 hours
- 120 hours
- 120 hours Court Interpreting
- 120 HOURS IN 6 YEARS
- 120 hours in court interpreting
- 120 hours in court interpreting sounds about right. Much thru the court agency
- 120 hours in court interpreting, 300 in medical interpreting, 120 educational interpreting, 16 hours notetaking, other workshops in conferences on interpreting over the years,
- 120 hours in customer service and healthcare interpreting by language company
- 120 hours in medical, court and car insurance interpreting.
- 120 Hours in Public Health Interpreting in ASL; 120 Hours in Improving Rural Interpreters (ASL);
- 120 hours mental health interpreting, 200 hours of healthcare interpretation
- 120 hours of continuing education in healthcare interpreting and educational interpreting
- 120 hours of Legal Interpretation
- 120 hours of on-the-job training OPI
- 120 hours working with US State Department
- 120 hrs
- 120 hrs in medical interpreting
- 120 in psychology training
- 120 Interpretation and Translation Workshop
- 120 medical, 50 educational, 25 legal
- 120 medical Interpreting
- 1204 Hr, AHEC interpreter training
- 125 hours in court interpreting
- 130 in interpreting in all settings but mainly healthcare
- 140 hours
- 140 hours medical and 40 hours legal
- 140 hours of medical interpreting
- 140 Hrs in Medical interpreting
- 140 in court interpreting.
- 150 HOURS IN COURT INTERPRETING.....
- 150 on the job interpreting
- 16 hours court interpreter orientation, and multiple workshops, webinars and courses
- 16 hours court interpreting
- 16 hours of Continuing Education courses
- 160 hours in mental health interpreting
- 160 hrs in Court Interpreting
- 160 medical interpreter and medical terminology
- 180 hours mixed general community interpreting through college mentorship/shadowing program
- 180 hours of court interpreter training
- 2 semesters in a language college + 120 hours of training held by my employer
- · 2 semesters of healthcare interpreting training
- 2 semesters of translation
- 2,000 hours including court, medical, social services, community, education and other trainings
- 20 court, 125 medical and other
- 20 hours
- 20 hours

- 20 HOURS IN MEDICAL COURT SOCIAL SERVICES
- 20 hours in school interpreting. 15 hours in immigration interpreting
- 20 hours of health care interpreting by previous employer
- 20 hours shadowing medical interpreting and 100 hours in a corporate training course
- 200 Court / legal interpreting training
- 200 hours court interpreting, 40 on the job training for healthcare ( no credits)
- 200 hours in my home country
- 200 hrs. Court Interpreting
- 200 sessions of Medical Interpretation in work setting
- 200+ in court interpreting
- 20hrs
- 20hrs in medical settings
- 24 hours in social services; 24 hours in court interpreter
- 25 years in foreign trade
- 250 hrs + health care interpreting / conferences
- 26 years
- 3 other courses given by private agencies
- 3 weeks in Medical interpretation plus 60 hour training
- 30 hours
- 30 hours court interpreting, 60 hours healthcare interpreting
- 30 hours in Banking
- 30 hours in court and depositions interpreting for the army or militia
- 30 hours in court interpreting, annually 8 CEU's in a variety of settings for the past 24 years
- 30 hrs in court interpreting and 60hrs in translation
- 30 hrs in general interpreting
- 300 hours medical/healthcare/conference interpreting
- 300 hrs
- 300h in medical and customer service interpreting, 40h in medical and custoemr service interpreting, around 40 hours in medical, court, and customer service interpreting
- 325 hours
- 360 hours
- 40 Community, 140 Medical, 15 Insurance, 20 Court and 25 Migration
- 40 hour course, Charlotte AHEC; foundations of healthcare interpreting; working toward court certification via transinterpreting course
- 40 hour fellowship in healthcare. A 6 month practicum and certification in mental health specialization (QMHI certification), online modules roughly 60 hours, 80 hours of supervision training.
- 40 hour medical interpreter course.
- 40 hour medical interpreting training online additional to my certificate from the University program.
- 40 hours
- 40 hours (the rest was quite a lot during my Masters -- much more than 40hrs)
- 40 hours ALTA
- 40 hours for medical interpreting and 50 hour of community interpreting
- 40 hours in advanced medical terms. 10 hours of data security and USCIS training
- 40 hours in health care
- 40 hours in healthcare interpretation
- 40 hours in medical interpreting
- 40 hours in medical interpreting
- 40 hours in medical interpreting
- 40 hours in Mental health/Multiple workshops and semesters
- 40 hours in various aspects of interpreting specific medical specialties and/or interpreting techniques
- 40 Hours Intensive Medical Interpreter Training
- 40 hours legal interpreting
- 40 hours medical
- 40 hours of Basic training and 40-60 hours of NBCMI and CCHI course training
- 40 hours of medical interpretation
- 40 hours of TOT licensed trainer
- 40 hours The Community Interpreter
- 40 Hours training

- 40 hr online NBCMI approved
- 40 hr. interpretation course
- 40 hrs
- 40 hrs
- 40 medical interpreting
- 40 medical terminology for interpreters
- 40+ hospital, healthcare interpreter
- 40+ hours in webinars, conferences, etc.
- 40+ hrs in general interpreting, 80+ of medical interpreting through different companies
- 40-60 to become a healthcare interpreter instructor from Kaiser Permanente
- 40-hour OPI training, 20-hour community interpreting training
- 40hrs Community Interpreter
- 45 hrs business and community interpretation training
- 48 hrs
- 48 hrs Company Training
- 50 hours in court interpreting
- 50 hours of court interpreter training
- 50 hrs
- 500 + hours in Healthcare Interpreting
- 500 hours in healthcare interpreter training (over 20+ years); 50 hours in court interpreting
- 500 hours medical interpreting
- 500 in medical interpreting all disciplines
- 500 in workshops, seminars, conferences
- 500+
- 52 years
- 6 months Court Interpreting
- 6 years of community interpreting
- 60 + hrs
- 60 -70 hours
- 60 hour court interpreting training
- 60 hour medical interpreter training
- 60 hours
- 60 hours by ICC
- 60 hours court inerpreter
- 60 hours for medical interpreter
- 60 hours in court interpreting
- 60 hours in general interpreting
- 60 hours in healthcare interpreting
- 60 hours in medical interpreting
- 60 hours in on-the-job training at MGH
- 60 hours in social services interpreting and 6 hours in court interpreting
- 60 hours medical interretation
- 60 Hours Medical Interpreter course, Interpreting for sexually oppressed women, Emergency Call Management, Medicare and Medicaid (C&D)
- 60 hours medical interpreting + CoreCHI
- 60 hours of medical interpreting training through AALB (Americans Against Language Barriers)
- 60 hours training
- 60 hr Medical interpretering
- 60 hrs court
- 60 hrs in Medical Interpreting, 20 hrs in Court Interpreting
- 60 hrs medical interpreter course
- 60+ hours in medical interpreting (volunteer)
- 60+ hours of court interpreting
- 60-90 HOURS LEGAL AND COURT INTERPRETING
- 7 years of interpreting in a health care system.
- 70 hour course.
- 75 hours of Court and 40 hours of Healthcare Interpreting
- 8 hours legal

- 8 hours of Educational Interpreting training. 40 hours of interpreter training paid for by Duplin County Schools
- 8 hours training in Educational interpreting
- 80 aprox. Bridging The GAp
- 80 hours
- 80 hours + final exam + other tests
- 80 hours courses
- 80 hours court interpreting, 40 hours medical interpreting, 40+ hours medical CEU
- 80 hours Health Care, 2 days preparation workshop for court interpreting exam
- 80 hours healthcare interpreting online course
- 80 hours in court interpreting
- 80 hours in interpreter training (Community Interpreter International in-person and online courses)
- 80 hours in interpreting
- 80 hours in medical interpreting Level I and Level II
- 80 hours training in medical interpreting
- 80+ hours of workshops
- 90 hrs in Medical interpreting/
- A 40-60-hour interpreter training course through a private company
- A minimum of 150 hours of interpreter training
- A year of court paralegal interpretation/translation
- About 10 hours a year for over 25 years of workshops
- About 50 hours in training classes offered and required from my company
- About 60 hours combination of court interpreting, insurance, INS, government, FEMA, insurance and other
- Academic education in linguistics and/or language (e.g., major in linguistics, journalism, creative writing, or major in English, Spanish, ASL)|Academic education in interpreting (at least one semester at a college/university)|Non-academic training in interpreting (for any setting or specialty)|Academic education in translation (at least one semester at a college/university)
- Active independent medical journal + Academic publications reading, conferences and self study.
- Administrative Court interpreting
- Alta Certifications and in house trained
- Annual continuing education requirements. 80 hours every 4 years.
- approx 80 hours of on-the-job training / mentoring in medical interpreting
- Approximately 120 hours in medical interpreting and 50 hours in court interpreting
- aprox 20
- Around 200 between court, community, trauma survivors
- around 40 hours of Court and 20 hours of Customer Service training
- At least 100 hours of continuing education courses and conferences in medical interpreting
- At least 120 hours
- Bridging the Gap
- Bridging the Gap / Community Interprer / Webinars / In person training
- Bridging the gap 2 times
- Bridging the gap 40 hr Different courses, seminars, etc more than 40 hrs
- Bridging the Gap; 40 hours
- Bridging the Gap: The Community Interpreter Training: Medical Terminology training
- BTG and courses through the hospital I worked for
- Clinical setting interpreting through shadow work through the Children's hospital.
- Conference interpreting courses and classes.
- conferences and workshops
- Consecutive classes, intensive courses in Simultaneous interpreting
- Continuing Ed in a variety of disciplines totaling 120 hours over the last 4 years.
- Continuing education 32 units in healthcare interpreting offered by CCHI, CHIA, etc. every four years every four years
- continuing education credits in topics related to interpreting
- Continuing education trainings through conferences and webinars an average 8 to 10 CEUs/year
- Continuing education, conferences
- Courses, 30 hours at least.
- Courses, classes, seminars, trainings.
- Court
- Court interpreter training not sure how many hours, perhaps at least 50

- Court interpreting at SFSU
- Court interpreting at SFSU
- Court interpreting orientation
- Court Interpreting, several training clases a year HCIN, IMIA, Interpred, etc.
- Court related and ethics, cultural awareness in interpreting, and training at educational settings.
- Cross cultural medical
- Daily at least 7 hrs of in person-over the phone and virtual medical interpreting for more than 10 years
- had professor that is certified in court and medical interpretation give course
- HCIN 120+ hrs
- · Healthcare Interpreting and Court Interpreting training
- I have taken non-academic training, on the job training and court interpreting
- I have taken workshops and self study since 2007.
- I lived two years in Mexico, often interpreting for doctors, nurses, other missionaries. Doctors/Dentist visits completely in Spanish.
- I translated a book for a real-estate company. Several years back.
- Interpreter training 40hour course
- Interpreting and translating in the legal field.
- Interpreting at healthcare setting for many years and 40 hrs of Bridging the Gap
- Interpreting conferences and webinars
- Interpreting in legal settings
- LanguageLine Solutions Training
- listed above in survey
- Many hours of continuous education during 12 years of profession.
- Mare than 200 hours in courses plus workshops and webinars
- Medical interpreter training for 90 hours
- Medical Interpreting 200
- Mentorship,
- More than 120 hours in medical interpreting.
- more than 17 years of healthcare interpreting
- More than 200 hours of private classes and courses
- more than 200hrs training
- Multiple individual workshops, webinars, or courses totaling more than 40 instructional hours
- Multiple interpreting workshops, webinars or courses totaling more than 40 hours
- My interpreter training program had a 10 hour shadowing and 30 hour practicum requirement. Also, over the
  years I have taken many CEU workshops and webinars through my hospital, as well as CEU presentations
  at local, regional and national interpreting conferences.
- N/a
- N/A
- N/a
- Na
- none
- None
- Not surenot sure
- On the job through volunteering
- Online training to rectify
- over 120 hours of training
- Over 120 hours training in Immigration Court Interpreting
- Over 20 years of interpreting in professional (workplace) setting.
- over 2000 hours of interpreting workshops
- over 200000 minutes interpreted with the same company, and had a possition as a Trainer for LLS few years ago
- over 40 hrs. some in court
- Over 60 hours
- Over forty hours of continuing education over thirty years.
- Over the past 30 years, well over 200 hours of trainings related to interpreting in all community settings, ASL and Deaf Culture, Integrative Model of Interpreting (IMI) training for both interpreting skills and mentoring

interpreters, Case study work with colleagues using the Demand-Control Schema model of ethical decision making.

- Pharmaceutical Industry
- · previous job acquired informal interpreting and translating experience
- Self study online training
- Self-guided study in translation and legal interpreting
- · Seminars on healthcare and court interpreting
- Seminars, workshops, 80 hour training
- Several over ""60 hours trainings"" through many companies.
- Spanish Mini Conference with CCHI
- The continuing education for national certification
- Totaling more than 120 hrs.
- Training and shadowing other interpreters
- trainings via zoom, and in person training in the area.
- Two weeks of training in immigration court interpretation (roughly 20-30 hours)
- unknown
- Up to 40hours in ASL Interpreting.
- Various practicums and internships through a master's in conference interpreting program
- various trainings from Lionbridge of different subjects
- various webinar and attendance at interpeting conferences
- Various workshops and webinars for interpreting in healthcare, possibly dozens of CEUs
- volunteer work
- webinar, summits, healthcare chats
- · webinars offer by cchi org.
- webinars. in-person training /conferences
- With Southern California School of Interpretation, the court interpreter program.
- Workshops and seminars
- workshops once a month, 2hr each
- Workshops, trainings, self study programs since 2009, I couldn't tell you how many hours
- workshops, webinars
- Workshops, webinars and courses
- Workshops, webinars, conferences, at least 60 hours, some cort interpreter training for maybe 50 hours
- workshops, webinars, courses
- years of training/seminars/webinars/out of state trainings.

### Appendix F(2). Please explain how you learned the non-native language in order to be able to interpret. (Q.18.2)

- Associate degree in translation with major in English and French. In Addition to that I worked in the health field here in the US for over 7 years
- High School years
- I learned English in school.
- ? English is my second language and learned in primary education.
- 120 hours in healthcare interpreting
- Academic and social involvement
- Adult Ed classes in high school, college classes (non major) and private tutoring, as well as time spent in community. (ASL)
- also native speaker
- Arabic is my native language
- Arabic is my native language.
- as a native language
- As a child in school
- As a child, submerging in the culture, watching media exclusively with subtitles.
- As I am the Asian American who is originally from the country of Myanmar [Burma], Burmese is the main language of the Myanmar [Burma] country. On this account, I can interpret in Burmese language.||Myanmar [Burma] country has seven main tribes: Myanmar, Shan, Chin, Kachin. Kaya and Karen tribes. I am from Karen tribes. That's why, I can interpret in Karen.
- As part of my formal education
- As soon as I arrived to the US I took the ESL placement test, I landed in level 4 and attended the class for about a year, until I was accepted in college. Then I enrolled in a language immersive program for a full semester. After passing the course I went on to take college level English classes
- At home
- At home through Spanish speaking parents.
- At School
- At school and work
- At school, and working in a call center environment.
- At school, I studied at a Bilingual School, so most of our subjects were in English.
- Attended high school and some college
- B.A. degree
- Became secondary native language at age 8yrs old.
- Before I started high school, I learned English and continued studying it during university. I also achieved an IELTS score of 7 right after receiving my master's degree.
- Before I started interpreting I took classes in anatomy, I was a health care giver of adults via an agency, in college I minored in Spanish, and I spoke Spanish at home with my dad who did not speck English.
- Began learning in primary school in the USA.
- Bilingual school since I was 4 years old
- Born, raised, and went to school in a non-native language country
- Both languages were spoken in the house. |Native in both Armenian and Turkish. Armenian school from pre-K to high school.
- Both my parents are Spanish speakers, therefore this was the primary language at my home and the first language I learned.
- By moving to the country and going to school
- by not being able to communicate with my peers in middle school.
- Classes in my native country and by living and going to school in the US.
- Completed 40 hours training, taking both written and oral tests
- did ESL
- Different types of courses & workshops- Plus self learning.
- Elementary and high school
- Elementary school, high school and college.
- English and Spanish are both my native languages.
- English course and exchange student program.
- English has been the language of instructions for all my academic education. Lived in US for >40 years.
- Enrolled in the Healthcare Interpreting program
- ESL

- ESL class
- ESL classes and College
- Family
- First language
- For English, I studied it throughout my education and further improved my proficiency through professional work, academic studies, and continuous practice in interpretation and translation.||
- From my childhood, I was going to ESL classes and at one point back in my home town,I was an english teacher
- From my native country, went to bilingual schools.
- From school
- Going to school (high school), working in English only environments, self- driven personal development.
- Grew up in the USA.
- Grew up with deaf parents siblings relatives
- Had friends who were speaking this language, and kept in contact with them.
- Have lived in the states since I was 10 years old.
- High school and a lot of exposure
- High School Health Science classes as well as Nursing Fundamentals that lead to having my CNA.
- High school, Colombo-American Institute in Colombia, Berlitz in Colombia, I had an American boyfriend :-), I attended American Language Academy in Berea, Ohio and lived with an American family for 6 months.
- High School, University, lots of media (games, movies, youtube, etc)
- Home
- I am a native Spanish speaker and I am finishing my English Translation degree this year
- I am a native Spanish speaker and learned English in bilingual schools since elementary. I became a legal interpreter in the courts system by taking legal courses in college and expanded my knowledge in both English and Spanish.
- I am a native Spanish speaker and learned English in the U.S. in high school ESL program
- I am a native speaker, have taken many online courses that provide certificates.
- I am a native speaker.
- I am Haitian
- I am heritage speaker; I learned spanish at home. I learned English at school.
- I am native speaker
- I am one of Jehovah's Witnesses, so I learned Spanish for our ministry and later served as a missionary in Ecuador.
- I born in a country the language is Spanish.
- I came to the United States when I was 12, So I learned in school.
- I came to the US when I was 14 years old. I attended High School and College in California.
- I completed all the levels at a local English institute. I could attend these classes because my high school had a contract with this institute.
- I got an excellent high school education in languages, including English, french and German in all skills (listening, speaking, grammar, writing, reading)
- I graduated from High School in California, took ESL classes at College of Marin, and completed the 40 UC Davis hours medical interpreting curse.
- I had english lessons since I was in Pre-school and all the way to college.
- I had my college degree in English, then I moved to US in 2021 and living there ever since.
- I have attended school to learn English. Thats how i have been able to interpret my native language Anuak into English.
- I have been learning English from a young age, beginning in pre-kindergarten. My education continued through both college and university, where I further developed my language skills. Additionally, I enhanced my proficiency by studying at a language school in the United States and gaining international experience by living abroad.
- I have been studying English since I was 5 years old. In fact, I have irish grandparents and we only speak in English together. I have been in contact with this non-native language from a very young age. I also sat for the Cambridge international exams (Cambridge English Level 2 Certificate in ESOL International (Advanced) Level: C1 and Cambridge Assessment (English) Certificate of Proficiency in English Level: C2).
- I immigrated to USA 40 years ago, I attended middle and high school in Florida and New York.
- I knew how to read and write in Spanish before starting school in my native country. I attended school there until the second grade, at which point I moved to the US. I continued to speak and write Spanish at home while learning English in school. When I was in High School, I took 2 years of Spanish Literature classes for Native Speakers, which helped my linguistic skills in said language significantly.

- I learned English in Elementary School all the way to College.
- I learned English in school
- I learned English while growing up, living in the border of Mexico and the U.S. I completed my Bachelor's Degree in the U.S. and I've been living and working in the U.S. for 23 years.
- I learned first using a program )Rosetta Stone=, then attending english classes to keep my Student visa and legal status within the US Territory, I goit a job in customer service (Trader Joe's) and my joob was talk ing with customers, which mostly they were white english speakers, also I watched lots of tv shoes in english with subtitles in englishm as well as news and radio shows. reading magazines and newspapers only in english until one day i was abled to follow long conversationsm,, attend classes |Y also goyt a major in biology which really helped me with the medical terminology which was not difficult at all.
- I learned it at school since elementary school.nd self taught through audiovisual. | 1 month course of medical and insurance vocabulary at the first company I worked for.
- I learned it in school
- I learned it in school.
- I learned it through my academic studies
- I learned my non-native language back in my native country and I received my BA in USA and then I
  received further training to become an Interpreter.
- I learned Spanish since I was little. I started speaking more Spanish when I moved to Brownsville, TX where the population is mainly Spanish speakers. I got my medical assistant certification so I got to learn the medical terms in Spanish along with learning them in English.
- I lived and worked in the Mexican state of Chihuahua, México. After studying Spanish and passing a proficiency test, we moved to a remote village in the mountains of Chihuahua and used Spanish as a vehicle to learn another, formerly unwritten language called Guarijío Alto.
- I lived in a Spanish speaking country for over 33 years
- I lived in Colombia South America for 10 years, after receiving my Bachelors Degree in Animal Science from UW. While living in Colombia, I earned a doctorate in Veterinary Medicine (ie. healthcare related and in Spanish).
- I lived in Ecuador for 6 years. The years I resided in a city where there were very few English speakers. I was totally immersed in the language & culture. After returning to the US, I continued improving my Spanish. I was a non paid volunteer interpreter for some years. |Later I took the training & tests & have my certification. |We make frequent trips to Spanish speaking countries.
- I lived in NY for couple of years
- i move to the USA
- I moved to the USA and learned English in school.
- I moved to USA 38 years ago
- I started school at the age of 6 and so English was predominantly spoken.
- I studied at a school where the staff was mostly from U.K.
- I studied English when I was a child, I am Biologist and my profession helps me a lot with terminology in health related environment. I have also worked a lot with foreigners in my country, since I was also a Travel Agent at some point of my life and thanks to that, I was able to improve my spoken and written communication in English; and now that I have decided to venture into the Interpretation business; I am making an effort to study and obtain the training and certifications that are required to be able to perform adequately in this profession as well.
- I studied in a Bilingual School, my father was a doctor and I liked Medicine.
- I studied in English my entire life and lived outside of my home country for most of my childhood Europe (UK, Netherlands, France)
- I study English in a private school since I was in Kindergarten
- I take a training of 60 hours plus a in person training.
- I took English classes in Brazil (10 years) and in the EUA as well.
- I TOOK SEVERAL ENGLISH COURSES IN MY NATIVE COUNTRY. ALSO, BY LIVING MORE THAN 25 YEARS IN THE USA.
- I took Spanish through high school, took AP Spanish as a senior, studies abroad in Panama after high school.
- I took training thru the State I used to live
- I vividly remember that I've started learning English as my second language since childhood. I strive to develop my skills since I know there is always room for improving.
- I was already bilingual for years before becoming an interpreter. I learned how to speak Spanish by practicing with friends and colleagues throughout the years prior, but consistently took formal classes that focused on reading and writing. When I decided I wanted to become a medical interpreter, I took time

(unpaid) to learn medical vocabulary, having regular study sessions to hold me accountable to accurate comprehension and memory retention.

- I was born and lived in Iran up to age 24. Then immigrated to USA.
- I was born in Puerto Rico were is required to learn English from the beginning in primary school
- I was exposed to Spanish my entire life through my family, but I also took Spanish in High school. I also tested out of language courses in university.
- I was interested in learning a language so chose French and did A Bachelor's.
- I went to college and lived there.
- I went to College for ESL for 2 and 1/2 year.
- I went to school in Houston Texas
- I went to University to study English as a second languages for academic purposes
- I'am self taught in english, through music curiosity, literature, reading scientific papers as well as translating them as a research assistant and as part of my scholarship at University and Cientific Reasearch Centers, as well as being close to the border with USA. In my last year at University I worked as a pollster for an academic institution focusing on the tourism from USA.
- I'm a native language speaker
- I'm a native speaker
- I'm self-taught. I learned through reading and listening.
- Immersion
- Immersion and school training in my native country
- In 2009 Children's Memorial Hospital were give the opportunity to trained Spanish speakers as bilingual assistants. They did the training through Phoenix Children's Hospital. From there I volunteered as bilingual assistant till I took the CCHI. Kept the certification to volunteer and hoping to get a job. But I let it expire due to not being able to get job in 2022.
- In elementary school
- In elementary school
- In formal education as a language of instruction.
- In home
- In my teens at school, and working abroad.
- In person
- In school
- In school English was our first language |The school is under the Oxford university in England
- Interpreting for my LEP parents while growing up over many years.
- Interpreting training program
- It started in elementary school, continued throughout middle school and high school. Took English lessons for two years in a private institution where I got my C1 and C2 certificates
- I've lived in the US since the age of 7. Attended all my schooling in the US.
- I've lived in the US since the age of 7. Attended all my schooling in the US.
- Language school.
- Learned from study and living in North America over 40 years
- Learned it at school ( from middle school to college)
- Learned Russian as second language in elementary school, completed masters degree where Russian was language of instruction. Have natural gift for interpreting
- Lived and attended school/college in US and abroad.
- Lived in Latin America for some years.
- Living in the US from a young age
- Many conference and association session on interpreting over the past 9 years. I have not kept track of the number of hours. As well as a great weekend workshop, ""Interpreting for Multilingual Justice,"" with Roberto Tijerina.
- More than 10 years of education in a private institute
- Mother tongue
- Moved between Mexico and USA many times as a child and learned both languages like a native speaker at school.
- Moved to the U.S.
- Multi-semester college/university courses, and certificate program.
- My family's language/ my firs language
- My first language is Spanish second English
- My first language was English in through out my school years |That was my English language major

- My native language is English. I lived in Puerto Rico for 20 years, which is how I learned to speak and write in Spanish.
- My parents made me and my siblings speak Spanish
- My parents taught me at young age
- NA
- Native from El Salvador, finished High School and two years in college general subjects
- Native language
- Native language is French and Creole is spoken in the country I grew up in
- Native Spanish immigrant to USA as a child
- Native speaker
- Native speaker
- Native speaker who grew up in a medical family that often thought us medical terminology in Spanish.
- Native speaker. Obtained experience in medical interpreting by working at an FQHC over 8 years. Our health center offers medical, behavioral, and dental services.
- Natively
- On site training in call center.
- PARENTS
- Parents are from Mexico. Learned Spanish at home.
- Parents were American. English was spoken at home every day. School also was bilingual. I lived in the US while earning my associates degree
- Private classes and lived in an English speaking country for 10 years
- School
- school
- School
- School
- School
- School and collage
- School and college
- School and college
- SCHOOL, COLLEGE.
- School, tv
- School.
- Schooling
- Self learned
- Self learning through cultural exchange.
- Self Study
- Self taught, watching TV as a kid, music with lyrics talking to my native speaking uncle and working on a few call centers for years
- Self-taught while growing up.
- Since I was a child. I was born in Puerto Rico where were are required to learn English since we are young
- Since pre-school
- Some College and self tought
- Spanish course in high school
- Spanish is my first language, I grew up in a household where one of my parents spoke English and Spanish, and the other only Spanish. I learned Spanish first, then learned English before entering kindergarten. I was pretty fluent in both early in elementary school days, but was still in the English as a Second Language program up until around 2nd or 3rd grade.
- Spanish is my native language, and I learned English from a child growing up; but in my native country
  English was thought as a second language from the third grade in Primary School all the way up to
  University.
- Started to study at age 12, intensive
- Starting in Kindergarten
- Studied in language institute here in Peru, went to US to get fluency
- STUDIED THE LANGUAGE, AFTER I GOT INTERESTED FOR THE SALARAY OFFERED TO WORK REMOTELY AS AN INTERPRETER, I GOT INTO IT, COMPANY'S TRAINING TO GET THE POSITION
- Studying
- Studying glossaries and constantly looking up on Mayo Clinic any general subject in advance with translation.

- There is no non-native language that I interpret for. Both Gujarati and Hindi are my native languages. And English was my medium of language in schooling up until my Bachelors in Law.
- Through education from my home country
- Through School
- Through school
- through school and living in the US
- Through school AND other language services institution
- thru college education and work experiences. Daily living in USA
- University, private education
- Was taught the language has a child
- Went to an English institute
- Went to College in the USA
- Went to school in United States and did 3 years of college, in the state of Colorado.
- Working in medical field, married native speaker, continued education

### Appendix G(1). If the duration ranges in the previous question do not reflect your work pattern, please provide a comment here. (Q.26)

- As a freelance interpreter, my weekly hours in healthcare interpreting vary depending on client demand and available assignments. While I work across different specialties and settings, the number of hours I interpret each week can fluctuate, as I am not bound by a set schedule or fixed number of hours.
- |At times, I do Psych Evaluations which can last 6 to 8 hours.|I also do State Evaluations, up to 3,4 hours and Eye exams up to 3,4 hours.
- |My answers were based off during the time that I was employed as a medical assistant between the years 2014(Nov) and 2022 (Nov). At a nonprofit clinical setting organization.
- 1-2 hours. For IEP
- 30-50 minute is the most common duration for encounters.
- 31-120 is the normal range for appointments. For labor and delivery or inpatient mental health shifts can be 12 hours long.
- 4. Occasionally (1-33%)
- 4-5 hrs sometimes
- 7-10 HOURS
- All day shifts at a hospital constantly next to next interaction
- All PT's and PCP appointments are 1hr long unless clinic is behind then is more then the hour. Also if it's a work Conditioning then is 2 hours or if it's a FCE then is 4 hours but this two are occasionally. We also have IMEs but they are rare and they last 1.25 to 2 hours.
- As a bilingual healthcare professional, my need for interpretation depends on the demographics of the
  patient population. When I worked in family medicine at a Community Health Center, I used interpretation
  in Spanish or Portuguese 90% of the time. Now that I'm in a specialty with mostly geriatric patients, I
  interpret about 33% of the time.
- As a freelancer working in both medical and non-medical settings and both through agencies and with directl clients, it varies a lot, but a significant factor for duration in medical interpreting for me is whether I am booked for time or for a particular patient or patients. For example, I frequently work in emergency rooms and some hospital systems where I am booked for a given number of hours (usually 4, 5, or 6) and given a pager or a schedule for that duration. If I am booked for an individual pateint for an out-patient appointment, however, I often am working for about an hour, give or take, sometimes more, sometimes less, but always bill a 2-hour minimum.
- As noted before I regularly interpreted for my own Spanish-speaking patients when I worked as a physical
  therapist in the hospital and in home care over the last 40 years. I also interpreted for various local
  agencies more as a Moonlight position in addition to my regular physical therapy job. Currently I'm not
  interpreting because I retired and I'm in the process of trying to get certified to be a Spanish medical
  interpreter.
- As staff Interpreter I have interpreted frequently log calls, labor calls lasting between 2 hrs to 3 hrs with out transfer and breaks. These calls are rarely seen in freelance setting.
- At the Emergency Department, the encounters are very short most of the time. Other medical encounters are normally around 60-75 minutes. But I also cover school IEP's or Depositions, and those can be 90-120 minutes
- Average call 4-10 mins
- Being on staff, if there is downtime, I provide my contact information and leave if there is no interpreting for me to do. I will go back when they need me.
- Between 5 and 60 minutes
- Changes weekly
- Complex medical issues can clearly take well over an hour at times. It also depends on the number of speakers involved in the session.
- Court calls, if it is a trial or an individual hearing it lasts for 4-8 hours.
- Court interpreting assignments typically conclude within three hours.
- Court interpreting assignments typically conclude within three hours.
- Depending on my work day and how many home visits I have with the nurse I interpret for. How many clients came to the health department and for what kind of service?
- Depending on the matter at hand whether it's a hospital or a clinic
- Depends if the patient has several encounters on the same day.
- Depends on the assignment, on-site or on-line, it may vary: 1 day, half day, etc.
- Depositions and independent medical assessments are almost always in person and can go from 4 to 6/7 hours per session.

- Ever thought about how demanding interpretation can be, particularly in high-stress scenarios such as
  mental health discussions or end-of-life situations? How long should a consecutive interpreter work before
  needing a break to recharge? There's no clear standard for this-it's something that really needs to be
  addressed.
- Every call is different, but most of the time 15 minutes is about the time spent in a call.
- Everything depends od cases in hospital. In the community 2 hrs.
- For my OPI service the time ranges vary based on the source of the provider. Medicaid calls can last up to an hour while a police call can be 3-15 mins.
- For my typical day on the phone only, I answer 40 calls
- for transplant evaluation patients it can be up to 4-5 hours
- From time to time I can interpret for 8 hrs at a Hospital HR departments for new LEP hospital staff during an orientation period of 2-3 continuous days
- I accept more assignments in other areas due to the pay. I do it more frequently than in medical
- I am a certified interpreter and I still do some legal interpreting assignments that can require 2-4+ at times.
- I am a scheduler on the Spanish line for multiple family medicine, internal medicine, and geriatric clinics. Some calls are just a minute, others can take an hours. It's call after call every day. You never know where it's going to take you. Sometimes I have to transfer a call to a specialist clinic and help the Spanish speaker to set an appointment.
- I am assigned to OPS, but sometimes I get assignments to in-patient or clinics
- I am stationed at the Peds Hem/Onc Clinic
- I conduct QME/QMI interpreting and that could take up your 6 hours
- I conduct QME/QMI interpreting and that could take up your 6 hours
- I do contract work with agencies so my assignments and duration varies
- I do mostly in-person interpreter, but when we are in the office we do make some phone calls. Also instead of pagers we now have cell phones referred to as Vocera and at times providers call us via vocera to interpret.
- I filled out 22 and 23 as if I were currently interpreting; the responses reflect my experience before I retired from interpreting.
- I interpret for all specialties at a major hospital, so the calls range from specialty to duration and modality all the time.
- I may be pulled out of a non-urgent assignment to be pulled into an urgent one. Usually lasts 1-2 hours
- I normally do healthcare and educational interpreting.
- I normally do healthcare and educational interpreting.
- I stay until i finish the encounter.
- I translate medical related documents most of my work day
- I used to be primarily a medical interpreter in all healthcare settings. I am now an educational interpreter primarily but still do contract. Freelance work.
- I work as a nurse in a neurology intensive care unit, I occasionally interpret for doctors, midlevels (PA, NP), nurses, PT, OT, SLP, MSW.
- I work in a variety of settings throughout the week, the appts range from 30 mins to 6 hours.
- I work in clinic and we have Spanish speaking patients I Interpret for them.
- I work in the hospital and many times it last more than 2 hours.
- I work on staff for a large company during the day so my job is part interpreting and part consultant. Interpreting is sometimes 10% of my job and sometimes 90% depending on the week. During my off hours I pickup work in mental health settings.
- I work the majority of the time as a language project manager and translator. I typically engage in paid interpreter an average of three times a week, typically including one legal, one medical, and one community/social appointment.
- I would to be more active
- If I need to interpret during family conferences, those might take longer than a normal patient encounter. End-of-life cases ususally take longer than expected.
- In a supervisory role, most of my time is spent managing operations.
- In hospital interpretations over an hour were for Pre Op, Cath, PACU, Oncology or long evaluation appointments. On the phone they are usually shorter.
- Interpretation for school meetings such as IEP/EDC/DRM's will determine the length of the meeting.
- Interpretation is not an easy job, it requires immediate on the spot conversion of language, retention, knowledge of medical terminology, also working with providers who are not trained to work with interpreters, some providers also think healthcare interpreters are simple bilinguals without any education or training. After a 30 minutes session how long should an interpreter take break to rewind themselves?

- It all depends on the client's (caller's) issue, or rather his/her needs.
- It all depends on the type of appointment it could be a Transplant (Many types, many different specialties), Cardiology, open heart surgery, Hypoplastic Left Heart Syndrome, Fetal Care (Labor and Delivery) Human Generics, Adolescent Medicine, Pulmonology, ENT, Dermatology, Neonatology, Allergology, NICU, Inpatient Care conferences, Medical Rounds, Neurology, Neurosurgery, Complex Care, Perlman Center, Orthopedics, Endocrinology, Rheumatology, Plastic Surgery, Gastroenterology (Islet cell Autotransplantation, Liver transplant) Urology, Nephrology, Ophthalmology, Same day Surgery, PACU, Emergency Medicine (Trauma, Code Blue). End of Life. Forensic Interview for a sexual assault victims, rape. Human trafficking. CBDI-Cancer and Blood Diseases Institute (Day Hospital, Lumbar Puncture, Chemotherapy treatment, bone marrow transplant, Gene and Cell Therapy Center) And the list goes on...
- It can simply depend day to day. Most encounters last between 30-60 minutes. But certain kinds encounters like surgeries, procedures, palliative care conferences, etc. can last 2 hours or more. Occasionally we get assignments that can last half the day or longer-- such as transplant clinics or special assignments like new Employee Orientation. Shorter encounters sometimes happen, especially in the ER setting.
- It could be to give medications, F/U clinic visit, Trauma, ICU or ER, PT/OT, pediatric Diabetes runs 4 hours 2 different sessions.
- It depends on the call and content of the call.
- it depends on the day, or if there is only one interpreter available. I tend to do more if it is clinic day or we have an event which does happen 4 times a month. somedays we have a lot of walk ins or phone calls as we are a public health office sometimes they come in for just information so the conversation can vary based on the needs of the client.
- It depends on the patient's history. I've been in cases that lasted almost three hours.
- It depends on the sessions, some sessions are longer due to the nature of the sessions, such as PT, OT, PreOP, Biopcy, labor and delivery..etc..
- It depends on type of appointment and patient's needs. |Sometimes, in school settings, during conferences, seminars, etc., the appointments could take four or more hours. |It also depends on the type of event.
- It does
- It varies some calls are just 2min to identify people, or relate 2 sentences. Other times it can be a pre-op procedure with all consents and sometimes even the surgery, at other times calls may be longer due to banking issues, there are multiple reasons for calls to vary in length.
- It varies widely.
- It's frequently between less than 10 min, about half the time 10 to 45 min, occasionally 45 or more.
- It's gig economy. I'm contracted with three different companies; Lexi, propio/akorbi, and Globo. They send out messages and the first to accept gets the job. You have to accept the job within seconds or you don't get it. There's no guarantee for work and in total I've worked about 20 hours on it's since I received my certificate. Difficult to get a good paying in-house job. Most want me to take around \$15/hour. The independent contractor companies pay more per hour but with much less opportunity
- It's really impossible to know accurately without doing a statistical analysis of my log sheets. I""m guessing here.
- It's unpredictable
- just an estimate, not actual tabulation as calls are random
- Lately, I hardly interpret in healthcare settings. This is due to the fact that our local hospitals and clinics use VRI only.
- Legal med
- lenght of call depended on the waiting time for provider to answer the call (social services or medical appt scheduling)
- Mental Health Intake calls can last 2 2.5 hours.
- Mental health clinics are usually 8 14 hours a day.
- Most of daily work is coordinating interpreter use during medical visits, but I translate, interpret over the phone and provide interpreter services during criminal and civil trials
- Most of my assignments now are from 1.5 hours to 2.5 hours.
- Most of the interpreting services I render are not health related.
- My encounters are frequently 31-90 minutes, occasionally less than 10 minutes or more than 10 minutes, and rarely less than 10 minutes.
- My work pattern that I have I like it
- OPI Job did not have a time limit.
- Our average inpatient encounter lasts about 30 minutes

- Our organization has some specialties that I interpret for, including dental, physical therapy and psychology.
- Palliative/Hospice end of life family meetings are 1-2 hours. Diet education meetings are 20-30 minutes.
   Post surgery precaution/safety educations meetings are 1-2 hours. Phycological evaluations are 1-2 hours.
   PT-OT-Speech Therapy are 1 hour. Explained surgery obtaining consents 20-30 minutes. QME (Legal/Medical) 2-4 hours. Ect.
- Phone and in-person are most often 10-60 min encounters. It totally depends on the setting and acuity.
- Phone calls are usually to confirm attendance to a meeting or things of the sort; therefore, it usually always takes between 3 to 5 minutes. However, there have been times where we have a full IEP meeting (taking between 45 to 60 minutes)
- Presently ,I am not working in any place.
- Pretty much the same
- QME / IME appointments tend to be very long, in part due to the amount of paperwork the patient needs to complete with the interpreter's help and also the number of questions or type of evaluations the provider needs to complete
- QME assignmentes
- Since these are work comp cases the temp to last 2 to 6 hrs.
- Some appointment are 2 hrs and some are 3
- Some calls are shorter that last 2 to 12 minutes
- Some calls require more time
- Sometimes assignments will go overnight or full work shifts (whether that be 8, 12, 4 hours, etc.).
- Sometimes I interpret for the doctor's visits which are usually longer than 1 hour. Sometimes I'm making reminder calls (from 1 to 5 min).
- System assign calls automatically
- The duration varies depending on the assignment. A school meeting usually takes a couple hours.
- The options chosen are not set for every week, every week is different.
- The pattern really varies. VRI usually lasts longer than PRI calls.
- The time range depends on each appointment.
- This is a hard question to answer. I work mostly in oncology, where times can range greatly. If it is just labs
  it could be 15 mins. If it is treatment it could be up to 8-9 hours.
- Usually, after three hours of continuous interpretation, I need a few minutes to reflect on what I did and didn't do, ensuring that nothing affects my performance next time.
- Visit length usually depends on the type of provider for example:|MD = 10-15 minutes|CLC RN = 30-60 minutes|RN = 20 -30 minutes|APRN Palliative Care = 90-120 minutes|Family conference with entire medical team = 60-90 minutes|RN & MD new patient education for Oncology, Nephrology, etc.= 120-160 minutes|CSW = 20-45 minutes|RN Case Manager = 15-30 minutes|Psych eval = 45-60 minutes
- We do therapy sessions that range from 30-120min.
- We utilize a rotation system at the hospital I work at as well as, being on call to cover areas through the day
  as staff is relieved from their work duties of the day| ||We are a trauma 1 hospital that sees many
  specialists and we have the opportunity to assist all areas that need an HCI. Whether min person, OTP or
  through Video
- Whenever I have an on-demand call that lasts less than 3 minutes, interpreting typically does not even happen as I cannot connect with the Spanish-speaking client in these situations. My scheduled intervals usually range between 1 and 2 hours.
- Work changes frequently. Currently doing long term care in mental health setting but prior to this I did clinic work avg less than 1 hr per assignment. The last 6 months is almost entirely 6+ hr assignment in the same setting.
- Work for a call center
- Work Monday-Friday 8:00am to 4:00pm eastern time.
- Working at a hospital, some encounters can be brief, less than 10 minutes, some encounters can take longer (physical therapy, family conferences, palliative care, etc.) 30 minutes or more than an hour each.
- Yes, it reflects, because as the call flow has been very low due to many interpreters logged at the sae time, it comes less calls for me, so for me, taking a longer lasting call is 10000 times much better than taking a 3 to 10 minutes call.

### Appendix G(2). "Other" Comments in Q.27.2: Average duration of interpreting in healthcare settings

- 6
- 10
- 10
- 10
- Do not practice actively
- ""I'm interested in taking on more interpreting work, especially in healthcare, legal, or other specialized fields. Please let me know if there are any opportunities available.""
- 1 hour
- 1 hr
- 10 hours (8 responses)
- 10 hours a day
- 10 hours a week
- 10 hours per day 4 times a day
- 10 hr shifts
- 10 HR shifts about twice a week regularly
- 10 to 20 minutes
- 10.5 hours
- 12 HOURS OR MORE
- 1-4 hour shifts
- 14 hours when I'm not in a scheduled shift spot.
- 14 hrs at day
- 15 hours
- 15 minutes to 30 or 40 minutes.
- 2 hour minimum is standard.
- 2 shifts 4 hours each
- 20 mins
- 3 12 hour shifts
- 30 minutes to an hour
- 30 to 45 minutes
- 35 hours
- 360 minutes in health care
- 4 hours (3 responses)
- 4 hours per day
- 4 or 8 hours
- 40 hours
- 40 hours per week.
- 40 hours weekly
- 5 7 Hours per shift 97% of times
- 5 hours (4 responses)
- 5 hrs a day
- Never (0%)
- 5. Never (0%)
- 5.5 hours
- 5-5.5 hours
- 5-6 hours
- 5-7 hours
- 5h 30 min
- 6 hours (10 responses)
- 6 hours shift
- 6 hrs from Monday to Friday, 00:00 to 06:00 EST.
- 6 or 7
- 6 to 7 hours a day.
- 6 to 7 hours, some days 4 hours
- 6 to 8 hours
- 7 and half hours

- 7 hour shifts, 8:00 am to 3:00 pm, usually 4 to 5 patient encounters
- 7 hour work day
- 7 hours
- 7 hours
- 8 Hours
- 8 hours
- 8 only hrs total||(2) 15 min breaks| |30 min lunch |
- 8h and 30 minuttes
- 9 hour shifts
- 9h daily
- About 6 hours or 7 depending the day.
- About 6 or 7 hours
- Accidentally marked other.
- again it is based on the time of the month and if we have clinics that day whether I will see only non-English patients or if it will vary and have people coming in or calling for information.
- Around 6hs
- As a Learning Coach, I interpreter different hours depending on the availability I have.
- as needed based on appointment, occasional back-to-back appointments
- As Sierra Leone Krio is a rare language, I do not interpret on a daily basis.
- Between 5 to 6 hours.
- Between 5-6 hours.
- Between 6-8 hours
- Currently, I continue to be unemployed. Reason why I marked other and answer was never.
- Depending on the specific case: cardiology typically is 1.5 |Nephrology between 1.5- 3 hours |Mental health is either 1 hour or 3 hours
- Each appointment could be between 15 minutes yo 2 hour.
- Each appointment could be between 15 minutes yo 2 hour.
- For an 8 hour shift my calls vary, also I cover mainly one area but can pick up other calls near my area.
- Full time job as Public Health and OPI can vary based on my free time and based on the source of the provider.
- Hospital admission procedures, visits to a doctor's appointment, discharge from a hospital, communication with a receptionist when making an appointment
- I work as a medical assistant and maybe half of our patient speaks Spanish
- I am a freelance interpreter working for various agencies. One agency I frequently work for contracts with me to work two 8.5 hour medical interpreting shifts per week. I do a lot of not shift medical work for this agency as well.
- I am a manager for the Language Services department and half of my time is spent meeting with departments and leaders.
- I am in a management role, so I only support the staff interpreters when needed which varies greatly day to day, week to week.
- I am on line 7 days a week. Contract interpreter.
- I am scheduled for 8 hour shifts but occasionally work 9 or 10 hour shifts to make up missed hours.
- I am the director of our ancillary services and my department encompasses our language access services
  and bilingual staff training. When I am training or a provider needs an in person oral interpreter I assist
  when my other duties allow. So one week I might interpret for 20 hours or more and some weeks I might
  only do only phone calls to let some of our Spanish patient's know information about labs, upcoming
  appointments, etc if my bilingual staff is short staffed. |
- I am the only ASL interpreter at my hospital, so sometimes I might have to work a longer shift because of an arrival to the ER at the end of my shift while waiting for a contractor.
- I do not have ""sequential hours"". My role is as the patient care and house supervisor. I get called frequently to assist in the ER and other setting in the hospital. Some days, all we see are hispanic patients and my help is needed most of the day. Other days is much less. I also will triage hispanics in the ER and call patients at home to do follow-ups.
- I frequently interpret for routine or follow-up appointments that run 30-45 minutes each. I may have 1 of these in a typical day, sometimes 2. Most likely my day is otherwise filled with other non-healthcare interpreting
- I have 5 fixed hours from Mon-Fri. And then I work at least 2 or 3 hours more freelance. I have a bi-weekly goal, I work what I need to make that goal, could be after my shift or during the weekends.

- I have transitioned to workers' compensation, and that includes social service,s and work with a
  government contractor
- I sit down to work for 8 hours, but I'm only active on call for around 6 hours, depending on day and flow.
- I some times work more tham 15 hours a week
- I usually interpret between 1 &3 IEP meetings per day, where each meeting lasts between 1 &2.5 hours. ||This is not counting any other meetings I interpret for the district (coffee w/the principal, board meetings, educational related meetings, SST, Committee meetings, etc.)
- I usually work 10 hrs a day / 4 days a week.
- I usually work 6 hours a day
- I work 10-hour shifts seven days a week
- I work 9 hours a day with some split shifts.
- I work a 4 hour shift and will have multiple appointments, but I usually have a short break time between appointments, usually used to travel
- I work as a medical assistant 10 hours per day and I do interpretation as need it.
- I work at a clinic. Mondays from 8:45am- 12:45pm and Tues- Fri from 8:45AM-3:45pm|I also do some freelance work from time to time. The freelance shifts can range from 1hr- 2hrs
- I work full time as a VRI, 8 hrs a day, but my shifts are split. I work up to 4 hrs in the morning, and 4 to 5.5 hrs in the afternoon/evening. Altogether 40 hrs/week.
- I work full-time in healthcare, but interpretation is required occasionally throughout the day.
- I work Monday to Thursday from 10:00 EST to 18:00 EST (with 30 minutes unpaid break and 15 minutes paid break). Fridays are variable, sometimes 2 or 4 or 6 hours. Sometimes, I work also on Saturdays and Sundays (provided the hours worked for the week do not exceed 40 hours)
- In addition to interpreting, I'm supervising, so I would say 50% interpreting and 50% admin work.
- It varies on the date and my time availability
- It depends on each person's availability. The company I freelance with uses an app where you can choose how many hours you want add to your schedule. The available shifts are usually 1 hour in length.
- It depends on the calls that I receive from health insurances, pharmacies, clinics, etc.
- It varies daily. I don't always have jobs. I don't have a set schedule.
- It varies. Sometimes I connect for 10 hours a day, others for 2.
- It will depend on my schedule with other activities.
- It won't let me proceed without giving an answer to ""other"" so I just picked never to get it past it
- legal, in court calls or setting
- · Less than one hour
- Medical appointments typically take approximately 1 hour depending on when the patient arrives. In addition, it also depends if the appointment is as scheduled.
- Mental health clinics are usually 8 14 hours a day.
- MON THU: 3.5h lunch break 4.5h|FRi: 6h lunch break 3h
- Monday-Friday 5,5h
- Most days 8 hrs.
- My average work hours may range from a minimum of 4 to 7 hours based on the workload.
- My regular shift is 8 hrs. There are times when there are longer interpreting situations which can go over my regular 8 hr shift. For example, labor and delivery and palliative care sessions can last several hours.
- My remote healthcare work only lasts a very short time when I do it. Most often it happens to be through on-demand calls that last about 15 to 30 minutes.
- my schedule varies from week to week. but I work often and never less than 30 hours a week.
- My shift is 8 hours but there is typically a break between each encounter
- My usual schedule involves working around 4 hours in the morning, which is my fixed shift, and then I do some extra hours in the afternoon, usually about 3 hours.
- Oc
- occasionally 1-2 hours extra for additional patient care or to cover appointments outside of my regular 8 hour shifts
- Occasionally, I cover an extra shift that is 5.5 hours.
- On Call Weekends 12:30 am to 3:30 PM (Saturday, Sunday and Monday) every eleven weeks.
- One hour
- OPI Interpreting, Psychological assessments may last up to 7-8 hors.
- Other times 4 hours duration I get
- Overtime offered only for emergency situations
- Please establish clear guidelines regarding the maximum duration a simultaneous or consecutive interpreter should work in a single session, as well as the minimum rest periods required for them to

recharge. Often, intermediaries in the language industry treat interpreters as if they were talking machines. As a certification board, CCHI has the opportunity to address this issue and remain relevant by advocating for the well-being and professional standards of interpreters.

- same as the last question
- Six hours
- Some calls can be for 30 minutes paying out \$17-25.
- some days I can work overtime but my total overtime usually never exceeds 41 hours a week.
- The client doesn't show up to his/her appointment.
- The hours in typical health care settings last sometimes half an hour , sometimes more than hour |Depends on what kind of appointments
- Twice a week 6 hours
- Up to 6 hours occasionally
- Usually 2-3 hours
- Usually, I'm working hours between 2 to 4 hour a day
- Varies
- Work 8 hrs per day with 2 breaks of 15 minutes and half hour lunch.

### Appendix G(3). "Other" Comments in Q.28.1.a: Number of in-person assignments per shift

- 0
- 1 (6 responses)
- 2 (3 responses)
- 3 (7 responses)
- 4
- 10
- 10
- 18
- 20
- 20
- 30
- 0, I only work remotely.
- 1 assignment per month
- 1 or 2
- 1 to 3
- 1 to 5
- 15-20
- 1to 4
- 2 per shift
- 2 to 3
- 20-30
- 22, 25
- 2-3 assignments daily on average
- 25 on average
- 25-40
- 30 plus
- 3-5 assignments
- 40-50
- Never (0%)
- 5. Never (0%)
- 5. Never (0%)
- 90% of my interpreting encounters are in person
- About 8 or 10
- Again, please keep in mind I am not working as an interpreter currently. I used to work full time as an
  interpreter, but I am answering these questions based on my current schedule and role as a language
  service providor
- All In-Person Assignments
- ALL my cases are in person
- All of them. Also, when we are on call, the norm will be 1-3 hours. I had one for 5 hours
- Almost all
- As assigned/needed.
- · At times one assignment could last all day
- · At times one assignment could last all day
- Average 3
- Currently I do not interpret in person at all.
- Depending on family necessities.
- Depends 3 sometimes 2 sometimes nothing
- I dont have shifts. I am a freelance interpreter so I choose. Also, because of travel, I wouldn't want to do more than this many assignments per day. I love being able to control my schedule.
- I don't have shifts. I work on VRI's M-Th, Friday combine in Person & VRI's
- I have as many as 2 or 3 per shift.
- I interpret 100 in person it depends how many Spanish speaking patients patient's who have a day it could be. 5 to 10 patients per day.
- I interpret 3 days/wk, my average this past week was 32 assignments per day; depending on the week that number can be more; during the holiday season it is well less.

- I truly do not know. I never count the assignments. I just go from room to room as needed and answer call after call on the phone. I do not count the assignments
- I worked the 3rd shift at a hospital and took all the requests during my shift.
- IN public health I get Spanish cases. Varies on how long each case last and how many interactions I get per person. This also varies if I am interpreting for my non english speaking co-workers and their spanish cases.
- In the Emergency Department shift I had, I would have more than 30 encounters per shift depending on the length of those encounters.
- Is question 28a just about healthcare interpreting? I answered it for all settings.
- it depends on the case
- It varies, but lately we have had a lot of sick people in the hospital and i have been super busy. last two weekends i worked i had 20-37 encounters in an 8 hour shift.
- it varies, I work in the emergency room so you never know how many people is going to come.
- It won't let me proceed without giving an answer to ""other"" so I just picked never to get it past it. My shifts are 8 hours and all 8 hours are in person work just depends how busy we are is how many appts/patients I see but average is 6-10 per shift
- Minimum 25.
- more than 20
- most of the time less than 4 hours a day mostly less
- My average per shift is between 20 and 25 encounters.
- On a busy day, 30-40 interpretation sessions in the Emergency Department.
- one
- One or two assignments.
- On-site interpreters face several challenges, including the cost of transportation, travel time, and the
  significant disparity between the fees intermediaries charge clients (CCOs) and what they actually pay
  interpreters. Additionally, many companies fail to enforce the standard 2-hour minimum payment for
  interpreters. Further burdens include the high costs of continuing education units (CEUs) and certification
  fees, which add to the financial strain on interpreters.
- over 20
- Over 30
- Per shift like 2 to 3
- The majority of my appointments have been in-person
- The majority of my appointments have been in-person
- The number of assignments depends on the complexity of each case.
- three
- usually 1-2 per day, but not everyday as jobs are very random
- · variaties for different day or different appointment
- Varies tons based on length of encounter
- Very little in person
- We aim for 10 as a minimum
- Weekends varies between 15-35
- While working at he hospital 100% I have started my new job so I don't have an estimate
- Working in the ER typically can involve multiple short encounters, albeit with some of the same patients.

#### Appendix G(4). "Other" Comments in Q.28.1.b: Number of calls per shift

- 0
- 1
- 3
- 3
- 3
- 18
- 19
- 19
- 40
- 45
- 0 on bank holidays
- 1 t0 3
- 1 to 3
- 16 25 average and 25 35 about 40% of the time
- 16-25
- 2 to 3
- 26 TO 35
- 40 calls per shift is the usual but there are days where it can be 50 plus, depending on the duration of each call.
- 40-45 calls
- 50 calls
- 50 to 70 a day
- 8 calls
- 8 to 10 call for a normal shift
- about 2 or 3
- about six calls
- around 10 calls
- As a staff interpreter I had frequently answered between 26 to 36 calls a 8 hr day. As a Freelancer average 10 calls 4 hrs.
- As needed.
- Atrium Health ;(
- average 4-5 calls
- Business hours
- Dedicated shift is around 36-40, freelancing around 20-25.
- did not calculate, it is very much dependent on demand of the day
- From 60 to 90/100
- I am not sure. I just answer the calls as they come in. We are assigned times to be on the phone and on the floor. And the schedule changes daily.
- I am not taking calls in 2025- Because they don't pay fairly. I am looking for better opportunities.
- I am not working since June,2024
- I could have three to four call per day
- I could have three to four call per day
- I don't do on demand
- I have no idea how many calls I get. For one thing, I set my own times, so I don't have a standard shift. And every day varies greatly. I don't see how anyone can accurately answer these questions.
- I interpret specific appointments. So I am only interpreting for the duration of it.
- I usually work by appointments.
- It depends on the call i recieve.
- It depends on the day, if there are mostly customer service calls, those are quick. If there are consults with specialty or delivery of a baby then those are long calls.
- It varies on family needs.
- Maybe 1-4
- Maybe more if I decide to go hard, 50+
- More
- More than 50
- More than 50
- More than 50

- My job is on demand, and I work with set appointments.
- My work shift is a mixture of different typpe of calls; Medical. social. banking, insurance. I can't specify.
- no idea
- Over 50 calls
- Sometimes more than 45!
- This question is very hard to answer---if you get a long call then you take less calls in a shift. Sometimes I get multiple calls in a shift.
- Varies
- Varies but can be up to 44-54 if only on VRI during 8 hour or 12 hour shift.
- Varies from day to day.
- varies on the day or if it is after a holiday that we are closed
- Way more!

#### Appendix H(1). Information Given in Advance (Q.29.1)

- Certain Arabic dialect required|Client's preference of interpreter gender
- Date/Time|- Location|- Session type|- Patient's info: name, DOB, MRN|- Provider's name/specialty|- Other
  pertinent comments on the patient and/or current situation.
- summary of prior visits
- Always (100%)
- Patient name, age, MRN|2. Providers name and specialty |3. Time of the visit |4. Estimated time interpreter will be needed. |4. Location of clinic |5. Type of visit: follow up, imaging, pre/post transplant, post-op, hand therapy, pulmonary rehab, family meeting, end-of-life, educational, ER, code brain/possible stroke, ALS clinic, neuro-psyche evaluation, consent for surgery or precedure, oncology, radiation mapping, clinical trial consent, psychiatric evaluation, diabetes education, nutritional advice, bariatric suegery, movement disorder clinic, pediatrics, ICU. |6. Contact info for patient |7. Contact info for provider and/or requester if they are not the same. |8. ""New patient"" |9. Patient's or caregiver's preferred language |
- age of the patient|2.appointment type (consultation, follow up, radiology, etc.)|3. location (building, suite, floor etc.)|4. site contact|5. duration|6. special instructions if any|7. job notes if any
- 4. Occasionally (1-33%)
- Never (0%)
- A calendar of assignments the day prior.
- A full medical chart and history.
- A handbook and videos
- A name of a specific department, a description of the character or nature of the call, a reason for the call
- A schedule e-mailed each afternoon for the following day by our Dispatch team which includes patient information, time, place, duration and provider details.
- A summary
- About the encounter what it is the case
- about the main complain and problems or other special info related to the call
- · Accepting the incounter
- Acces to EPIC or if it is not an established patient then the doctor or requester will provide general
  information on the case;if the case is ine where social work is necessary, rhe social worker will send
  request and provide general information as well.
- Access to Epic
- Access to EPIC provides access to medical charts
- Access to EPIC. Can look up the patient, their condition, room number, medical team, etc
- Access to medical record (Epic)
- Access to medical record, or a briefing before appt
- Access to medical records
- Access to patient chart or briefing from provider before encounter
- Access to patient chart.
- Access to patient medical chart and reason for visit
- Access to patient records.
- Access to Patient's Medical Records
- Access to the electronic medical record of the patient.
- Address of the assignment, start time, type of case, estimated end time, name of the person in charge or reference
- Address, date and time, area of interpretation: education, healthcare, etc, duration of the session, name of the person to contact a the location.
- · Adress and name of clinic and patient
- · Age, gender, type of appointment
- · Age, main purpose of encounter
- Agendas, PowerPoint presentations, documents, patient name, provider name, location, time frame reservation
- Almost always medical specialty and patient name, sometimes name of provider(s), sometimes a one-line
  detail of the nature of the encounter (eg., ""clinical trial consent,"" ""LVAD info session with NP,"" ""family
  meeting with palliative team,"" ""neurosurgery follow-up,"" etc.), very occasionally further documentation
  regarding patient history and the specific reason for the encounter
- Almost always:|Patient name|Provider name|Assignement time and location /floor #||Occasionally:| patient DOB|Patient phone number|email confirming patient will attend meeting/appointment (24hours before appt)||

- Announcements
- any forms or documents related to the topic, IEP, student condition/illness, etc.
- ANY UPDATES
- Appointment date and time and the location.
- APPOINTMENT DAY, TIME, LOCATION, FACILITY NAME, PATIENTS NAME.
- Appointment details such as type of services and providers
- Appointment notes and pre-conference
- appointment time, location, department, doctor's name and patient names
- Appointment times
- appointment type, with who (RN, MD,etc) topic/procedure/treatment
- Appt duration, specialty, location, time, reminder one day before
- Appt type, date, time, location and pertinent patient info.
- Appt. reason / other needs like vaccines, testing, etc.
- Area|Pt's information |Provider
- As a staff interpreter, I have access to patient charts. If I need to change course during the day, I may not have time to look at a chart before an encounter, but that is rare.
- Assigned schedule
- At the most minimal I am provided with the patient's full name, date of birth, arrival and start times (if different from each other), provider's name and discipline/specialty. Sometimes extra information about the nature of the appointment is included (e.g. follow up regarding chronic knee pain, last seen 6 weeks ago by same provider). I can almost always get more detailed information upon request to my agency. My requests are always specific questions for certain information. My community is small so about 60% of the time I am familiar with the consumer and about 30% of the time I am maintaining continuity of care and was the interpreter at the prior appointment for this patient and need no additional information.
- Background of the case
- Basic appointment info like: Lab F/U, Medical F/U, Women's Health, Men's Health, Diabetes F/U, ETC.
- Basic/general topic (i.e. surgery, specialty, or medical condition that will be discussed)
- Because I am a CHOP Language Services employee, I have access to Epic
- Before client calls, especially those concerning immigration court matters, the firm furnishes me with complete case details, including the specific case type. For workers' compensation cases, a comprehensive briefing is also provided.
- Before client calls, especially those concerning immigration court matters, the firm furnishes me with complete case details, including the specific case type. For workers' compensation cases, a comprehensive briefing is also provided.
- Bookings, Medline
- Brief chart review
- brief clinical intro
- brief description of the appointment reason (chief complaint, medical diagnosis, etc.), medical specialty
- Brief discussion about patients case and topics that will be spoken about such a discharge plan or plan of care. Pre session discussed prior to big family meetings that require decision making for patient who may be unable to speak for themselves.
- Brief summary of what the encounter may be about
- CALLER |NAME|
- Calls come in by a system used by the hospital, we carry a device where calls come in.
- can see patient charts most of the time
- CE
- Chief complaint or reason for visit, |New vs established patient|Name of procedure
- Chief complaint, symptoms, previous diagnoses, patient information, provider name.
- Client language modality, any specific body part that might ail the patient (knee surgery, chest pain, etc.), and location.
- Client name and a prompt
- Client name, type of assignment (as in, what type of medical appointment)
- CLIENT'S NAME; CLINIC LOCATION; DOCTOR'S SPECIALTY; DATE & TIME; CHANGES ON DATE OR SCHEDULE, CANCELLATIONS.
- Client's name|Client's DOB|Provider's name |Location's name and address|Type of appointment|Length of appointment||
- Clinic names
- Clinic/provider specialty, provider information, patient age and gender, details about patient's condition/reason for visit

- Clinical summary
- CMS and workshops
- Company/organization/agency name
- Condition and type of visit.
- Condition or illness, medicines
- condition your interpreting for
- consumer and provider names|location and map|consumer DOB (occasionally)|Nature of assignment (this
  varies from a simple ""follow up appointment"" to several days of notes on an ongoing hospital
  case.|Length of appointment |patient arrival time and appointment start time|
- Content / nature of the session / patient information
- Content / objectives / Power point presentations
- Context
- Context for the interpretation session
- Copy of documents to be discussed.
- court cases.
- Customer name. Customer's self identifying category. For example the customer might select ""healthcare"" or ""legal""
- Date of appointment
- Date of appointment time full name of patient and their phone number
- Date place name
- Date time duration subject Pt name and medical record number if available
- Date, time and location
- Date, time and type of appointment
- Date, time, client name, appointment duration
- Date, time, Dr or school, address, number of hours
- Date, time, duration, Patient name, person to contact and phone number, address and hospital or clinic of specialization.
- Date, time, expected duration.
- Date, Time, lenght, location, provider's name, medical department, notes and patient's name.
- Date, time, location, provider, patients name
- · Date, time, location, rate
- Date, Time, Mode, Platform, and Materials sometimes
- Date, time, name, location.
- Date/Time, Patient's name, MRN, Clinic/Department
- Dates, times, location, type of appointment, name, phone number
- Demographic and health conditions
- Demographic information
- Demographics and brief background information
- Demographics and brief background information
- Demographics of patient, provider info and reason for visit
- Demographics, nature of the appointment, date and time,
- · Department and occasionally, name of MD
- Department name, Provider's name, Procedure/Type of therapy
- Department of the hospital.
- Department, specialty, name of the provider, age of the patient
- Department/clinic of certain appointments and specific surgeries for pre-op patients.
- Depending on the complexity of the case, provider might offer some background information related to the patient encounter and/or patient.
- Dept, name of provider, length of time needed, age of pt
- Diagnoses/prognoses|Updates to patient progress and plan of care for patients I've been working with, |Communication issues since my last encounter,|Discharge planning and case management issues (durable equipment and outpatient therapy needs|Medication changes or additions|Explanation of unfamiliar medication courses, medical procedures or imaging
- diagnosis, age, gender, problem list. Have access to EMR.
- Diagnosis, possible dialects. social situations
- diagnosis, reason for visit
- Diagnosis, type of appointment, type of specialty, age of child
- diagnosis|list of medications|names of tests|purpose of the visit

- Dialect spoken
- different, previous interpreter hung up, explain what about to speak, etc
- Disclaimers
- Docs filed in court cases
- Duration, address, tlme, LEP name, app reason.
- Durations and time and address plus faculty name or Dr name.
- DX HX
- Email
- Email asking if I'm available for an assignment
- Email or text messages.
- Email with the schedule of the next day, I know the follow day how many appointment I will have in person and how many hours I will be on the phone.
- · emails with information for outpatient settings and length of time
- Epic file
- Everything I need: age, disease site, diagnosis, reason for visit, etc.
- Expected duration, participant names, event agenda, relevant court documents
- Facility name
- Facility's address,name, and patient's name
- Feed back from providers
- For each assignment I accept I receive an ""Interpreter Assignment Statement"". Which contains the requested start time, agency name, address of the consumer, name of the clinician, duration of the request.
- for full time job I have access to EPIC, and previous case notes from other interpreters to have a general idea of what might be discussed, for part time job, usually a pre-session.
- For my cases, I am provided a very in detail descriptions of the client's history and case. For OPI I am not given much depends on case-by-case bases.
- For Workers' Comp and other medical assignments, I get no information in advance except for the patient's
  name and maybe his/her age. [For non-medical assignments, I request and sometimes get information
  regarding what the event is, the format, approximate number of attendees, and any written materials that
  will be presented, slide shows, handouts, etc.
- Forms, health plans
- Frequently, we have a ""Heads-up"" comment from the medical staff for whom we will interpret.
- Full name of patient, Medical Record Number, Clinic specialty, MD/Provider full name.
- full scchedule
- Gender, age, reason for seeking care.
- General information on type of call or specific client instructions.
- general subject area (e.g. medical, legal, education, social service etc.), location, name of the requesting company or organization, name of the LEP, occasionally more information about the reason and expected content of the appointment
- Generally about the patient and what are the issues in general
- · Geograpgic info and medical history
- Glosaries
- Glossaries, links, etc
- Glossaries, pdf files
- Guidelines prepared by manager
- Health info
- Health information-
- Healthcare Specialties/ settings
- Healthcare terms
- HIPPA |ADA|Information Security |Code of Ethics etc...
- History
- Hospital medical department, last name of patient, Provider's last name(sometimes). Estimated length of interpreting session.
- Hospital/Clinic name, address, patient name
- How the call flow will be
- How to be aware of different specific assignments: for example CMO secret shopper calls
- I always ask, ""To help me, for context, and so that the interpretation goes faster or more smoothly, can you provide me with your goals for this encounter, will you be using any specialized medical terminology for a device or procedure? Are you familiar with this patient, (if so), have you had any communication challenges

or low health literacy communication challenges with this patient. If it is a mental health patient in ED I always ask if there are any known current behavioral issues with this patient. In addition to this, I try my best to read the patient's electronic medical record before heading out to the encounter to see if I am already familiar with the patient, if there are any new cognitive issues to be aware of or any new diagnoses that might impair communication. I also read flowsheet entries made by any of our interpreters who may have seen the patient earlier in the shift.

- I am able to look up the patient through our system I can see what they are there for.
- I am able to see in the computer EPIC system the patient's chart. That allows me to see what is coming up and the patient's condition. (If I have time to look it up)
- I am an staff interpreter so I have access to the patient chart.
- I am given the estimated length of time, date and time of the assignment, provider name, area of the hospital, and at times the patient's name, as well.
- I am only given the information relevant to the task. But there is always confidentiality agreement.
- I am staff so I have access to everything and can access any info I need in advance
- I am stationed in one department. I have access to patients data. I receive a daily schedules of everyone that will be seen on a particular day.
- I am usually given presentation materials for Education and Government assignment, not for Health Care.
- I am usually given time and ate of appointment as well as the facility name. If I have availability then I am sent the patient's name.
- I can access patient' chart
- I can look in the patient's file at the providers notes in order to see what it is, medically speaking, that I'll be
  interpreting about. Additionally, a patient's file will include information important for interpreting in ASL such
  as age, gender (this determines sign/vocabulary usage and understanding and background/fund of
  knowledge gap possibilities).
- I follow the same panel of pts in a large teaching hospital for 18 years. I have lots of prior knowledge from repeat appts and i have info about clinical specialty and often have dx info
- I have a set schedule with my video medical interpreation company, and take court assignments on top of that, usually once a week. My court schedule is published on Tuesdays the preceding week, except for last minute emergency cases, like arrests or restraining orders.
- I have access to Epic and can look up my appointments, so that I can see what they will be about.
- I have access to Epic so I can see information in the patient's chart, like demographics, medication, previous appointments. Sometimes the provider will give me some background before the encounter but not often.
- I have access to patient's chart. Sometimes the requestor provides the nature of the appt
- I have access to patient's medical record prior to the appointment.
- I have access to rover through my work phone. I can see the provider note, the list of medical issues and the reason for the medical Apointment
- I have access to the electronic medical records at my hospital and I can usually look up information ahead
  of time.
- I have access to the medical record.
- I have access to the patient's chart to review. I chose number 2 because some days I don't have enough time to review their chart.
- I have access to the patients' charts
- I have access to the patients information and if something else was needed I got the information from a healthcare provider.
- I have access to the patient's medical records.
- I have access to the reason for the appointment and to past appointments of the patient, as well as to the patient's chart
- I have access to the software system our hospital uses so I always review patients' charts in advance, in addition to being given information about the encounter by providers.
- I have access to the type of specialty area I will be interpreting in and also the reason for the visit
- I have access to their Epic Charts / Providers will fil me in before entering an encounter.
- I have access to their info and providers are usually very good about providing context
- I received type of the assignment, location, hour duration, client name, date and pay rate.
- I use questions and answers based on the work experience of interpreters as well as the SyraCom companies bulletins
- I usually ask the provider a pre-session
- I usually received appointment information one week in advance.

- I work for Duke as a staff interpreter (previously full-time, in 12 hour shifts/ currently as per-diem, so as needed, ,meaning no set schedule) |And|I work for T.I.N. as an independent contractor, thru which I usually get assigned to other big healthcare care system in North Carolina, UNC.|At Duke, I have access to the electronic chart, i.e. EPIC, so I have access to all the information I need ahead of the ""session"". |At UNC, as a contractor, the information is more limited because I am not granted access to EPIC. But the requests come in thru ServiceHub, so I have some information, depending on how much is written on the request.|
- I work in the legal setting most frequently, so I can receive case documents from the court clerk or attorneys if I request them. Direct clients such as courts and law offices are a lot more likely to provide me with documents to prepare. Also, Missouri has a great case.net system that allows to look up a case by the party's name and/or case number.||When I work on legal interpreting assignment through interpreting agencies, it is significantly harder to obtain preparation materials. I usually only receive the basic information about the client name, type of assignment and the notice of deposition. I hardly ever get access to the documents specific to the case, such as answers to interrogatories, police reports, petitions, etc., even though these are the most helpful for preparation.
- I work shifts, so I just log in and wait for calls (usually b2b) but staff gives frequent alerts about high flow for the freelancers
- If I am working in immigration court I am only given the country of origin and the type of hearing |I medical, banking or retail, I know the name of the client/customer, the company and name of who has requested the interpreting service, possibly the phone number and name to contact the person |Frequently I am advised of the nature of the call and allowed to introduce myself to the person who I will be interpreting for. ||
- If legal or business, topics for the meetings; if medical, just the department or clinical subject for pharmaceutical ones
- I'm given notice sometimes one day ahead, sometimes a week ahead. it depends.
- In my paid work, I am almost always given the type of appointment (worker's comp, acute care, mental
  health, etc.), contact person's name or phone number, and the patient's name. In my volunteer interpreting,
  I don't know the name or age range of the patient in advance, but I do know the type of appointment.
- Info about case. Info about disease or health problems. What kind of interpretation will be.
- Information about patient and location, some information on diagnosis/procedures
- Information about the employer's needs, setting for the interpreting, and contact number.
- Information about the patient and the encounter is available, I usually don't look it up, however.
- information about the patient and what we would be discussing in the room
- Information about the patient, personal healthcare information, injuries, diagnosis.
- Information about the previous visit, reason for this visit|Length of time needed|Copies of IEP Meeting Document|Explanation of the work injury; reason for depol
- Information about the student, so I am better prepared.
- Information about wht is going to be discuss
- information on appointment details
- Information related to appointment
- Initial or follow-up, Specialty
- Intake, Instructions for the lep or protocol instructions.
- Introduction
- issues that will be discuss during the session.
- It depends on the social scenario and the type of call and setting. If it is a health, medical, legal, immigration, or education call, I request pertinent documents before the scheduled time (Consecutive if it is also a combined Sight or Simultaneous Conference Call via OPI/VRI or AUDIO CALL). These are prearranged assignment scheduled calls, Once the call is confirmed, I ask for the necessary documents for my study and perusal to prepare before the scheduled date and call.
- Just the specialty, provider, hospital wing or floor
- Language Coordinating System, Computer and a Tablet
- Language needs, type of appointment, additional prep material as needed, pre-conference with previous interpreter
- Latest updates about current issues
- Lesson plan |Agenda
- Limited medical record access
- Limited medical record access
- List of patients scheduled for in person
- List of resources related to different industries the company provides interpretation services for. |Example: Medical. finance insurance, social services etc.
- Location of the appts

- location speciality
- Location, address, healthcare department.
- Location, client name, provider name, time of assignment and duration of assignment
- Location, client's names, approximate duration.
- Location, Date, Time, Patient Info (Limited)
- Location, language, patient's name, provider's name, date and time of appointments, precautions, types of appointments (behavioral settings, legal settings, specialties ....)
- Location, length of assignment, who is requesting the session, I can look into the patient's chart in advance
- Location, name, etc
- Location, specialty, consultation type
- Location, specialty, name of provider, time and duration, name of employee
- Location, specialty, patient information. If simultaneous, slides of the presentation
- · Location, state of mind of the LEP
- Location, time, clinic, patient's name.
- Location, time, name of the client, department/clinic.
- Location, time, nature/topic of the encounter, and individuals involved.
- Location, Time, Type of interpretation.
- Location, type and briefing prior to encounter.
- Location, type of visit (cardiology, neuro, rehab, behavioral, etc) duration, any other pertinent info
- Location, type. Expected time of duration
- Location..attending physicians...contact person
- Location/specialty, estimated length of assignment, type of provider (MD, RN, Tech, Therapist, etc.), patient name & DOB/age. Sometimes I also know name of procedure or surgery, patient diagnosis, whether it's a follow-up or new patient, etc.
- Mailing
- Main reason for the visit, patient's symptoms, the type of specialty the patient will be seen at.
- Medical condition Doctors to be seen.
- Medical details |Provider name
- medical history
- Medical history, family history, previous appointments, current conditions, reasons for the visit.
- Medical Hx access through Epic, where I can review past encounters within the organization.
- medical information
- Medical record number of the patient, building, room number and the provider who requested for the interpreter as well as the time of the request.
- MEDICAL RECORDS
- Medical specialty
- Medical Staff, frequently give a ""heads up"" ADVANCE, and we may even ask some questions before coming in the room,
- Medical Terminalogy
- Medical.
- Message through Teams
- Messaging through an application.
- Monthly Calendar
- Most of the time I received a brief in advance about the interpretation encounter, or I request it.
- MRN Date and time and location
- MRN, Name, room number, specialty, DOB
- MRN, Patient Name, Dept Name, Provider Name, a bit of info of what the Patient is being seen for. |I can
  access EPIC if I want to view more information if I want to read medical notes, view DOB, etc.
- My daily full. 8 hr schedule
- my name and time i will be in the clinic or place
- Name type of appointment
- name, age, type of appt.|If I am taking over for another interpreter, they will give report.
- Name, MRN, DOB, location, provider name, date and time
- name / age / type of appointment
- Name |Address of facility |Time allotted |
- Name and age of patient, and usually the reason for appointment
- Name and location.

- Name and medical record number of patient, the date and time of assignment, the department, the provider's name, the contact information and name of the requestor of the assignment.
- Name client/reason
- name dob cost code calles name department location
- NAME DOB MRNs
- Name MRN Place Provider Reason
- Name of client, address of where the appointment will take place, duration, mode of communication
- Name of client, time exptected to take
- Name of company that is calling, a greeting script applicable to the caller
- Name of LEP place , time , PCP or PT.
- Name of patient |Name of medical doctor |Location address, city|Payment info
- Name of patient or provider, location, contact phone number
- Name of patient, location, sometimes provider name when given location and provider I can google them and prepare for the appointment
- Name of patient, name of service location, time of appt.
- Name of patient, provider, clinics
- Name of pt, location, time, expected duration time of assignment, etc
- Name of specialty where I will be going to
- name of the caller, location of the call, information on the case, name of the Company calling for that particular interpretation
- Name of the client ||Instructions according to the call
- Name of the facility, address, patient's name
- Name of the hospital |Patient is in place or not
- Name of the patients and type of the appointment.
- Name of the pt and procedure
- Name, address
- name, address, phone number, type of therapy to be interpreted.
- Name, age, a brief explanation of what the encounter is going to be about, and how long the encounter is going to be.
- Name, age, days of hospital stay, Diagnosis and reason for encounter.
- Name, age, reason for appt
- Name, age, specialty or procedure, approximate duration.
- Name, approximate duration of appointment and name of doc to indicate specialty
- name, appt type. Dr info.
- Name, birthdate, location, provider name, nature of visit/surgery
- Name, DOB and location usually.
- Name, Location, appointment duration, and occasionally what type of appointment it will be, ie ( pre-op, multi disciplinary, procedure, education, chemo or etc.)
- Name, location, duration of assignment, contact person, Sometimes kind of service.
- Name, location, duration, very little info on pat and reason for apt.
- Name, location, the reason of the encounter and duration.
- Name, location, time. medical record, providers' names.
- Name, MRN #, DOB, country of origin,
- Name, whatvtype of injury, what the patient is being seen for.
- Name|Provider|Established time of appointment |Procedure (Scan,MRI, tests, etc)
- Name-DOB-Department-Visit type/Condition-Time-Date-
- Names of doctor and patient.
- Names, address, start time, hours, what type of appointment, contact person, etc
- Names, contact information, nature of the assignment, doctor's name, sometimes condition
- Names, idea of what they are in clinic for.
- Nature of appointment or Specialty clinic
- Nature of the encounter
- Nature of the encounter. Expectations from the provider. Information about the mental/emotional state of the patient.
- Nature of the interpretation. Physical therapy for example.
- Nature of the session
- New clients, new information and site updates
- News letters and health care updates

- Non sensitive information about the patient
- None for HIPA
- notes in Epics, or the provider tells me what the encounter is about.
- Number of patients per clinic covered on that specific day.
- One of my employers gives company or agency name.
- Only the type of clinical specialty (e.g. cardiac, OBGYN, Oncology, etc.)
- On-site: a WhatsApp chat shared with team of medical interpreter's. No HIPPA or PI is ever disclosed there. Patient's initials, location, and interpreting notes. ||VRI: hardly no prep unless it's coming from a colleague who needs a team or transfer. Again, no HIPPA or PI disclosed.
- Outpatient Specialty, expected duration, sometimes diagnosis and/or type of Provider
- Parent/child Name disabilities type of meeting, in person or virtual, duration of meeting
- Partial patient demographic info, type of appointment, appointment specialty, provider name
- Patient & doctor's names and location
- · patient age, main concern, any relevant information about previous appointments
- Patient background
- Patient condition
- Patient condition and reason for the encounter, meds, explanation of results from tests, etc.|Also
  sometimes we are told if there is bad news that have to be explained to the patient. Discovery of tumors or
  something serious affecting there health
- Patient condition.
- Patient demographics and history.
- Patient demographics, medical specialty, type of appointment, name of the RN and Medical providers in general.
- Patient diagnosis and workflow
- Patient full name|Location of the assignment |Time of the assignment |Doctor
- Patient health information
- patient health information, appt, location, date and time and provider
- Patient identification details, location and Type of procedure
- Patient information, situation, plan of care
- Patient information: name, MRN.
- patient medical history (briefly)
- · patient name
- patient name the subject or the case , how many hours . |The name of the requester. |
- patient name and DOB, type of doctor and specialty, appointment time and duration and location, often the notes say follow up, or new patient, and what it is for. but not always many details. Typically I don't know beyond the type of appointment.
- Patient name\* |Patient phone\*|Provider name |Provider phone |Appointment location |Appointment time|General topic ||\*Unless a UHC patient, in which case no patient identifiers are provided
- Patient Name, Age, Diagnosis and history
- Patient name, appointment time, location of assignment, doctor's name and any special instructions.
- Patient name, clinic number and contact information
- Patient name, Date of birth, phone number, ttpe of appointment, clinic name and address, provider's name.
- Patient name, diagnosis, topic to be discussed.
- Patient name, location and provider name
- Patient name, location and time of appointment. I usually also have a contact number.
- Patient Name, location, and occasional note from the provider informing us about what we're about to encounter.
- Patient Name, Location, Contact #s of patient, location and sending agency. If needed DOB.
- Patient name, location, interpreting time, service to interpret
- Patient name, medical facility, time, type of appointment
- patient name, service, age,
- patient name, specialty, contact info
- patient name. age, reason they are being seen, language style
- Patient name|Location|Medical Department |Duration|Type of Patient|Language Requested
- Patient number, location provider
- Patient record
- Patient records, what the visit will be about, what medications they take, health history, etc.
- Patient status, indigenous language if not 100% Spanish-speaking, social background

- Patient/client name, medical record number, date, time, duration, location, clinic/department name, and provider/client name.
- Patient's name|Reason for visit
- Patient's chart I'm a staff interpreter
- Patient's condition and background
- Patient's condition, name, MRN and the nature of the encounter about to start
- Patient's conditions
- Patient's demographics and appointment details
- Patient's diagnosis or what discussion will be about
- Patient's history, goals of encounter, possible complications.
- Patient's info: Name, time of appointment, address|If interpreting for a meeting; the slideshows are
  provided in advance.
- Patients MRN and access to their appointments
- patients name (age, gender), department, doctors name, reason for the consult.
- Patient's name (only after I have accepted the assignment|Patient's phone number (occasionally)
   |Provider's Name and address|Assignment/job number |Estimated time of encounter |Hourly rate |Any specific instructions given by the requesting party
- Patients name and speciality
- Patient's name, birth day, the clinic/hospital department and location.
- Patient's name, department/specialty, sometimes notes about the patient's primary complaint.
- Patient's name, DOB, Medical Specialty, Health Care facility,
- Patient's name, health concerns, brief description of meeting.
- Patient's name, location, provider
- Patient's name, location, type of appointment
- Patient's name, phone number (for reminders), diagnosis/condition; provider's name and specialty; department # for individual invoices.
- patient's name, provider, setting and appointment time/length
- Patient's Name, Provider's name, Provider's location
- Patient's name|Provider's name|Address |What the appointment is about (most of the time accurate)
- patients' names, time, location and date.
- Patient's overview condition, diagnosis, treatment plans
- Patient's PI, settings location, and care provider information.
- Patients status
- Patients status
- peak times, patient information and appointment times.
- Personalities of the patient|Language the patient understand the most
- Person's name and reason of the encounter.
- Pertinent patient's medical history
- Place and ocation, time, record number, name of patient, name of provider and phone number
- place of service, department/specialty|name of patient|time|address
- Place they call, and nature of the call
- power points, brochures, flyers.
- pre session regarding appointment
- Preparation for CMS calls.
- presession basic information
- Pre-session with providers for family meetings, updates to patient families or difficult diseases like cancer diagnoses and consultations.
- Pretty much all the information needed.
- Previous appointment reports, patient's previous health history concerning that specific appointment.
- Protocols
- Protocols to follow, instructions. vocabulary for different trypes of calls, a supervisor in-center who can answer any quetions, training before the start date, etc.
- Provider name and phone number||Client name and address
- provider name|specialty|pt gender and age|
- Provider names, procedure name and length, patient name and age
- Provider, Location, Time, Doctor, Patient
- -pt demographics|-clinic address / specialty |-duration of appt|-MRN access of patient care|-medical record access for interpreter documentation

- pt health status, information related to the incoming consult
- pt medical information
- · Pt name, provider's name, time, place of assignment, type of assignment, contact phone number or pager
- Pt name, reason for visit, history,
- Pt name, speciality office, reason for visit
- Purpose of appointment, Location, Time, and special notes of consideration
- Purpose of call|A review of what is going to be discussed|
- purpose of the medical encounter (e.g., family meeting), topic (e.g., discuss treatment), specialty (e.g., Oncology), subspecialty (e.g., US & genetic counseling)
- reason for appointment, name, age, special concerns, time of appointment.
- Reason for appointment, patient name and date of birth, location, communication style, special considerations.
- reason for appointment, personal information.
- reason for appointment/symptoms
- · Reason for encounter, type of clinic, current health care issues
- Reason for visit (3 responses)
- reason for visit, age, name of pt, provider, specialty or medical branch
- Reason for visit, follow-up, needs.
- reason for visit/chief complaint
- requestor and location. example palliative care / inpatient pediatrics
- Resources such as scripts, glossaries or protocols for a particular client.
- Rights and benefits and forms
- Room #, patient's name, RP's contact name and #, time the assignment starts, what department or specialty is requesting the interpreter.
- Scripts or information about new clients or their new services.
- Scripts, glossaries, company information.
- scripts, helpful vocabulary, educational videos
- Scripts, telephone numbers, government/insurance and/or other company instructions for handling specific
  type calls, terminology, therapy equipment pictures, behavioral test questions, payment disclosures,
  declarations, inbound LEP lines, etc.
- Scripts, tips, questionaires
- Setting, and purpose of the sessions. Previous encounter if any.
- · Setting, diagnosis and department
- Shift schedule is always provided one or two months in advance
- Social Security numbers
- Some sort of diagnosis that we are unfamiliar with in order to prepare for the encounter.
- Sometimes doctors will treat us as part of the medical team and tell us basic patient history and updates before the encounter.
- Sometimes I can see notes on the reason for the appointment, sometimes.
- Sometimes the clinicians will provide information at the beginning of the session regarding the specialty, the concerns and goals for the appointment. This may also include the name of the patient and any family member/other person that accompanies the patient.
- sometimes, the name of the patient|usually a room number |type or name of the provider (ie. RN, doctor, PA or NP, pharmacist, therapist, etc)||By knowing the room number or providers name, I can get an idea of the type of session (ICU, IMCU, therapy, palliative care, etc)|
- Source & Location
- Source from clients
- Special precautions such as COVID, seopplet or contact in order to obtain proper EPP and take appropriate measures during encounter to ensure staff and patient safety. |Patient debriefing for sensitive session (palliative care, end of lie, bad prognosis, death announcements)||Dispatch will convey to all HCIs if the patient is vision impaired, elderly, hard of hearing, non verbal, etc so we may provide tools such as writing material, sound amplifiers. ||Providers are always willing to debrief important details about the patients baseline or if any special terminology requirements such as rare conditions, genetic disorders or medical trial I formation.
- special terminology, certain diagnoses, inmate
- Specialties
- specialty I will be interpreting for provider name, patient name, age
- Specialty type, maybe a diagnosis

- Specialty, brief summary of reason for the appointment, I can see past appointments and other
  appointments the patient has had.||Sometimes a provider will brief me before going into the room
- Specialty, location, what the encounter will be about. When doing simultaneous I am provided with materials such as slides, agenda, talking points, etc.
- Specialty, medical/non-medical, etc.
- Specialty, provider name, access to patient's EHR
- Specialty, Provider, Encounter Type, Location
- Specialty, some history
- Specialty, sometimes reason for visit
- Specialty|The LEP patient's diagnosis|The doctor's name so I can find out the specialty.|Presentation file for simultaneous session|
- Spreadsheet or access to the system
- · Status of patient from handoff of prior interpreter
- Subject matter of the court case or notice, and for medical appointment I receive some appointment related information or disease.
- surgery type or condition|hard of hearing |unsafe behaviors|safety precautions
- Surveys about health care information, trainings about sessions, etc
- Tasks, appt. reminders, results.
- Terminology
- text or email
- The defendant's name and charges, the name of the judge, attorneys, victims, witnesses, and sometimes police reports.
- The diagnosis, surgery, specialty clinic
- The hospital or company the call is coming from, the department and the subject.
- The main reason for the session is relevant facts or diagnoses.
- The medical record number so I can open the patient chart and get any information I need regarding the patient.
- The names of the client and client's family, the telephone number to call, the language the family use, the
  address for face to face in person services and the name/telephone number of the provider.
- The patient's background and the reason for the encounter.
- The patient's condition or status and the reason for the visit. The expected duration of the call.
- The patients diagnosis, their name and age and the reason why the medical professional wants to speak to them. If necessary they will let me know if we're touching a sensitive topic or if the patient has been uncooperative,
- The patient's, and appointment information
- The reason for the visit/call, any sensitive information pertaining to lifestyle/family circumstance, beliefs, etc.
- The reason the visit is for or why the doctors need me if it's inpatient.
- The schedule
- The sex of the person ,age,the setting
- The specialty or department they are calling or in the setting that provider is like ED.|The facility they are calling from.|
- The time and place of the assignment, nature of the appointment, the provider's name.
- The type of appointment and duration and provider, LEP'S name and phone number and DOB in case we need to confirm LEP'S file. Sometimes we do get to know what type of injury does the LEP have.
- The type of assignment. GI, cardiology, therapy, etc
- The type of interpreting call it will be including the department and if the call is sensitive in nature.
- The type of interpreting, it could be IEP, Intrapsychiatric, Survivors of torture.
- The type: Consecutive or simultaneous |The call duration|The Facility name|And how many people I interpret for|Any document needed
- They send us new information about our field of work, seminars that are either a little long or short to continue polishing ourselves as interpreters and to stay up to date. |I'm a bit new, I guess they'll give us even more resources but I'll have to see that as time goes by.
- This answer is based of during the time I was working as a medical assistant I had access to the system EHR, which is the patient's health information chart and I was part of my job to always review the previous patients visit to have an idea of their Current visit and that always helped to have it to be able to prepare myself and assisting the patient and the Medical provider to communicate.
- Through EPIC
- Through the platform

- Time & date
- TIME AND PLACE
- Time and place of the assignment, including the name of the client and LEP and the topic of the conversation with links regarding the matter.
- Time date location and name of the patient, type of clinic
- Time duration, location, facility name, address, map, (occasionally detailed references to type of interpreter/subject matter).
- time of Appt Pt name
- Time place and client name and Leo name
- Time- place- patient- interpretation setting
- time, location
- Time, location and patient's information of the assignments
- Time, location, type of appointment, name of the patient, name of provider, length of appointment.
- Time, patient's name, location, length
- Time, place, patient name, job #, job duration.
- Time/date. The name of the provider/patient. The type of interpretation (terminology) needed. Ect.
- Times, provider name, specialty
- Tipo de consulta desde y nombre
- To clarify and elaborate their information
- To which organization we're going to be interpreting and usually what is expected from us as interpreters.
- Training modules and compliance refresher courses
- Treatment plan, goals of care, visit expectations, sometimes medication lists.
- Type |Age |Repor of situation
- Type and specialty
- Type illness|Age
- Type of appointment (7 responses)
- Type of appointment |Address|Estimated duration|Client name|Patient or student name|Reason for appointment or meeting
- TYPE of appointment ie pain clinic, orthopedics etc.
- Type of appointment or specialty
- type of appointment, and access
- Type of appointment, department and location.
- Type of appointment, i.e. routine follow up, or pre-op appt, etc
- Type of appointment, Precautions and PPE needed.
- Type of appointment, type of provider
- Type of appt, duration, location
- Type of assignment |Place |Date|Time
- Type of assignment ER, Cancer patients, FM, or other specialty
- Type of assignment, initial, med-legal or follow-up.
- Type of assignment, duration, patient's needs.
- Type of assignments and what scenario will have to interpret for
- Type of clinic
- Type of facility, name of the test/procedure, etc.
- type of medical care being provided
- Type of procedure of topic for assignment
- Type of specialists
- Type of therapy, provider and family info.
- Type of visit: Sick, problem visit, annual, supply visit, renewals, cleanings vs crowns, repeat testing, etc
- type, poc, location, time, a brief on what to expect
- Updates about the patients and families we're seeing.
- updates in scripts
- Useful terminologies and other interpreters' material for all specialties.
- Usefull vocabulary for different specialities.
- Usually information about specialty and type of appointment
- Very restricted information.
- We are constantly given up-to-date information and have a huddle meeting everyday in the morning. WE
  also have monthly meetings. We are also assigned assignments to complete. We constantly get

information from the hospital as well. Our organization is always evolving and always changing. There is no set information. We constantly have new items at hand or protocols or procedures to update.

- We have excellent training courses on a daily basis.
- We have limited but secure access to patient electronic records through the Epic Rover app on hospital-provided iPhones. We can see, for example, the reason for the assignment (outpatient clinic appointment, surgical procedure, inpatient rounds, etc.), the name of the primary provider, as well as the date, time, and location.
- We used Service Hub for future appointments.
- Webinars
- What is the appointment about general idea what is going on with the patient
- What kind of an assignment is it, how long is it expected to last.
- What kind of appointment. What kind of specialist. What kind of health issue.
- What the appt is about.
- What the company asks me to provide in advises on the calls
- What the provider puts in the 'order details' section, or the basics that I can see in the patient chart reason for visit and diagnoses current and historical.
- what we are going to talk to the client about
- whatever information is required about new clients or weather or anything at all.
- Whether it is a new diagnosis or a follow-up appt.
- which dept. length of time and sometimes I will get an agenda or a summarized idea of what the appt will be about. for example: ultrasound or egg or follow up etc
- Why is the patient there and some background on their medical records
- You've been great!

## Appendix H(2). Information Desired to be Received in Advance (Q.29.2)

- A small briefing would be great for getting into the right headspace and learning the context of the session, and any complementary materials for specialized forms or procedures to quickly review terminology.
- central topic or main reason for the session
- Dr has or has not seen the patient before|- Does the Dr have any special recommendation for the interpreter|- Information about the illness|-
- ""May the interpreter please have some context and know the goals of the conversation?""
- Topic |2. Any pertinent info. that can help me as an interpreter having the medical vocabulary in mind, staying focused on the topic|3. Any pertinent info that can help me as a human being AND professional interpreter mentally prepare for the encounter (ex. Heavily emotional session where a family has a difficult time understanding and/or accepting a family member is brain death) |4. Any safety measures to be taken (ex. Wearing appropriate PPE if exposed to COVID-19 or TB) |5. Any special accomodations a patient might need (ex. Hard or hearing patient without hearing aid, if applicable and appropriate with work place, this would help the interpreter be prepared with a sound amplifier tool provided by the hospital to facilitate communication. Important to check with hospital's policies and departamental best practices about this, to see if this is allowed, etc.)
- A basic introduction to the health situation of patients
- A big picture of situation. Having no idea of the history can affect reception of info given in the heat of the moment.
- A brief description of the case.
- A brief explanation as to what is about e.g. surrogacy, end of life etc., that sets the mold, the less confused
   I am as the interpreter the better I'll interpret
- A brief explanation of the call context at least.
- A brief medical history about the patient
- A brief sumarie of whats the call about would be helpful
- A briefing on the nature of the assignment and if there is anything worth mentioning (dementia, disability, labor etc.)
- · A briefing, the patient, health conditions and plans involved .
- A detailed description of what that assignment will be about.
- A list of medicines and treatments that we will work on with the patients and MD
- A little background for family meetings helps sometimes
- A little feedback or heads-up of what's going on
- -A point of contact in some Hospitals for example knowing who do you have to report to in case of
  eventualities or questions. That person should be consistent and reliable. |-Appointment cancellations.
   Sometimes you get to an appointment and its been cancelled days prior.||
- A short pre-session with basic information regarding the type of visit/ purpose and goals of the visit would be enough. For rare conditions I would like to know as much as possible to be able to prepare for the assignement/call.
- a simple context: where? Hospital/ER/Clinic... what LEP is seen for (DX)...|many info would be apparent as
  the call goes along but definitely helpful to the interpreter to have the affirmation
- A synopsis of what is the encounter about.
- Able to check patient's chart
- About the case diagnosis important history
- About the topic of the call.
- About vocabulary, performance, jargon. Misunderstanding. Way to be more productive. Protocol.
- About what is the call about
- About what setting or department is the call about.
- Access to patient history/diagnoses would be helpful to study and get familiar with important vocabulary.
- Accurate title and description of the event or meeting. Also, if there will be slides displayed or papers handed out to those attending the event, I would like copies in advance.
- Age of the patient and specialty involved.
- age, name, sex, specialty, purpose of visit, diagnosis
- Agencies tend to omit information of evaluations such as PQME, QME, IME, AME etc
- All related to the call:|Patient information|Provider information |Reason of the appointment|Address or location for the appointment|Time frame
- all the context posible
- An idea about the condition
- Any available information that the agencies can get

- Any available; normally I only get the subjects name with the case woeker's name.
- Any communication differences (hard of hearing, cognitive impairment), clinic/provider specialty, reason for visit, meanings of acronyms in English
- Any information can help us prepare better
- ANY PERTINENT CALL TO PREPARE
- Any special needs for the person that I should be aware of in advance. For example, difficulty to hear or see.
- Any specific information that might help me be better prepared for the assignment. Conditions, illnesses, medications, speech characteristics, etc.
- Anything that can be prevalent to their health. Ex: hard of hearing, has difficulty understanding, had a stroke so you need to listen closer. Difficult patient or prior complaints.
- anything that will give me knowledge of what is being discussed
- Anything that would give me any indication as to what kind of assignment it will be.
- Appointment type, specialty, attendants and background or time out if possible
- Approximate duration of appointment.
- Area. Topic. Stage of treatment. Documentation to be reviewed.
- As Interpreter I feel it's crucial to receive a brief explanation of what topics may be spoken about to prepare yourself on tone of voice and overall to have a full understanding of the situation one is about to encounter.
- Assignment confirmation / cancellation email for all appointments.
- At least the specialty of a doctor I will be seeing with a patient
- At minimum I expect the patient's full name, the provider's full name, the specialty, and a basic purpose for the visit. ""Office visit"" or ""follow up"" is not descriptive enough and I would request more information from my agency. ||Additional helpful information: directions for larger medical facilities (e.g. which building to navigate, the appointment is with a sub-specialty housed under X department, take elevator 7 to the 3rd floor, etc.), relevant procedures or medications that will be discussed, and personal safety precautions (radiation exposure, isolation precautions, necessary PPE).
- Background (diagnosis or type of work injury shoulder, knee, etc. |Patient name & DOB are extremely helpful
- Background information
- Background information for context.
- · Background, terminology
- background/nature of the encounter
- Basic at least.
- Basic health related information about patient. Type of appointment.
- Basic info such as what is it about, expectations, goals.
- Basic information at least. The names of the people involved, the type of illness the patient has.
- Basic name, location, etc. Rarely/ever about the topic, or speciality but I can deduct the specialty based on the clinic/address/floor ahead of arrival.
- Basic patient info and a general heads up of subject matter.
- Basic patient medical information (if patient has a severe infectious disease, abuse/rape victims, etc.)
- Basic pre-session would be helpful for interpreting.
- Basic/general topic (i.e. surgery, specialty, or medical condition that will be discussed)
- Basics of what the conversation will cover, regardless of the Specialty (for example, is it screening questions, advanced directives, test results, etc)
- Before walking into a room a brief word with the provider. Before a teaching session via phone/video.
- Besides the clinic location, would like a bit more detail if it is a new patient appointment, doctor follow-up appointment or procedure appointment.
- Brief information about the assignment
- Brief medical history on patient and why they are being seen.
- brief orientation, what organization calls or which topic to discuss
- Brief overview of the encounter. No surprises
- Brief summary of case.
- CALLER'S NAME|TYPE OF BUSINESS
- Case
- · Case age gender of patient.
- Case background
- Change of clinic location within the hospital
- Chief complaint for medical appointments|Session type for mental health appointments (single patient, family Session, etc)

- client's age, sex, reason for visit
- · Client's country of origin.
- Common scripts, names and addresses of clinics associated with a medical group
- Complexity of topic, emotional involvement, uncommon terminology.
- Condition or reason for patient consultation. I have absolutely ZERO information about the reason why the patient is being seen. I just know about the department where the consultation is going to take place (i.e. oncology, infectious diseases, pediatrics, etc.).
- Consent form statements or call disclosures
- Considering my assignments are related to Workers Compensation cases, there is no need to learn
  anything prior to the assignments. The advanced information comes with the patient, once they show up,
  and we start filling out the requested questionnaires, at that point I am fully informed of the patient's
  situation and that makes it more clear to me when the QME doctor start asking questions to the patient.
- Content
- Contex and key words
- context
- Context (e.g.: reason for appointment, specialty, etc.)
- Context and base therminology so i can pull up the glossaries needed
- Context for the appointment or what medical specialty the call comes from
- Context of the call, nature of the call. Usually they don't even introduce themselves, they just start speaking.
- Context of the situation
- Context.
- Context|number of people in the room|If a family member will interfere with interpreting
- Context|number of people in the room|If a family member will interfere with interpreting
- Conversation / Explanation with supervisor or manager about it |Due to when I started I didnt received the "talk" with anyone ... |I keep learning during the path and days of work by myself.
- · Country of origin, speech disabilities.
- Date, time, duration, mode.
- DB, kind of specific medical appointment
- Death, terminal illness, hospice, emergency
- Department
- Department information
- Department name, if there's more than 1 person with the patient in the room, sometimes I will ask if LEP speaks any English.
- Department where the call is coming from.
- department, purpose of encounter, information if it's going to be a sensitive meeting (end of life talk, for example)
- Department, purpose of visit
- department; procedure
- Depending on the appt I may want more or less information. For mental health appointments I would like
  access to their whole chart to see past diagnosis, assessments, medications, treatments, medical and
  social history. For jobs that aren't mental health in nature I'd like to know the patients birthdate, reason for
  the visit, type of provider, the providers name, name of the clinic, medications and treatment plan, brief
  medical history (standard report), and any atypical language features to be aware of.
- Depending on. the assignment, for instance if the assignment is in a. school and I am required to translate a math test, I would love to know in advance so that I might refresh math terminology on the target language.
- Description of complex, difficult terms, whether delivering sad/difficult/good news, individual needing interpreting and relationship to patient, estimated length of encounter, main symptoms, precautions needed
- Detail on the patient's condition
- Details of the provider and LEP
- -Diagnoses (If providers are going to diagnose)|-First name of patient|-Gender of provider( In spanish is important so pt. don't get confuse)|
- diagnoses the patient has, purpose of the visit
- Diagnoses; reason for visit, any pertinent info. that will be discussed during the encounter.
- Diagnosis and topics to be discussed
- Diagnosis, especially if complex or rare, care plan.
- diagnosis, provider,
- Diagnosis, type of appointment

- Diagnosis|Medication
- Dialect of Arabic/ Nature of the call/ specialty of medicine/ type of Provider/ expected duration
- Dialect, topic
- Disclosures or context of the type of calls. Continuous training and specific feedback.
- Disease, main complaint
- DOB|DOI|patients phone number |Claim number |Main agency who gave authorization, not 3rd party
  agency who is giving us the assignment. |If we are approved or sent by the insurance or patients attorneys
  office. |All this would help with more than one interpreter is sent for the same agency. This would also have
  at some medical offices because at times the agency only gives the patients name and last name.
- Dr's name/reason for the visit/first appointment or recurring/
- emails in advance are ok
- Especially for psych patients, the dx of the patient, and the clinicians intentions with the appointment. for medical at least a little information at the beginning of the appointment is very helpful in providing the best service
- Everything
- Everything necessary to know would be nice.
- Everything that is needed.
- Ex: if appointment is related to genetics would be nice to know if it's genetic counseling or a follow up appointment. Ex: if appointment is OB/GYN would be nice to know if it includes ultrasound in addition to meeting with provider or vice versa
- Exact address of the office, traveling instructions, patient's ethnicity
- EXACT LOCATION SUITE NUMBER AND DEPARTMENT NAME
- expected duration, difficulty of concepts (cancer diagnosis, family meeting)
- First time visit or returning to this clinic? Main reason for this visit.
- For a legal job pertinent information lol for medical jobs background information procedure information Etc
- For family conferences.
- For medical assignments, know it's not possible to include PHI (i.e. what kind of condition the patient has), but would be helpful to at least know nature of visit (consult, follow-up, etc)
- For medical I'd like to at least have the DOB. Due to HIPPA agencies do not seem to be very forthcoming with much else than the name, unfortunately.
- For medical, I'd like the patient's reason for visit, and medical record or phone number if possible. Most cases I go in blind with nothing but the patient's name, and it's hard for receptionist to know where the patient is without knowing which department the patient is there for. And it's harder to verify for the patient over the phone due to HIPAA law as well.
- For QME (medical-legal): |- I want to know whether the assignment is a reevaluation or an initial appointment. |- I want to know what is the full amount of hours that the doctor requests from the insurance companies and I want to be paid for the full hours reserved. Many agencies don't tell the interpreter the real number of hours reserved that the doctors request from the insurance companies; for example, in most cases when the doctor's fee is for 6 hours, most agencies only give the QME interpreters a 2 hour minimum and pocket the rest of the profit. |On the other hand, many agencies will request interpreters to reserve, for example, 4 hours but they only guarantee 2 hours minimum of payment in case of a late cancellation.
- For sessions that would be complicated either because of the specialty and medical complications, or because the situation (palliative care, end of live, assaults, mental health, etc) I would like as uch background information
- For simultaneous assignments, the topic, number of speakers, who my partner will be/their contact information, and slides.||For consecutive assignments, the specialty/topic of the appointment (chief complaint).
- · From where they are calling, and MRNs
- General and basic information
- General background or any important facts they I need prior the encounter.
- General context brief overview of medical situation (routine visit vs. life changing news) and pertinent information about the patient (cognitive or mental health issues, e.g.)
- General information on condition/diagnosis of patient and perhaps if any specific topics should be avoided.
- General setting and chief complaint of medical assistant. Any other related issues and basic language preferences. Any mental or cognitive health related concerns as well.
- General type of consult or diagnosis
- Have more time to familiarize with medications and tests done and needed.
- Heads up on sensitive content.

- Health conditions, previous calls content relevant to my call, behavioral concerns relevant to my call, level
  of language proficiency, dialect used by ptt
- Health information-profile of clients
- Health issue / Family involvement / Reason for the encounter
- Health related issue, i.e. surgery, evaluation, treatment, etc.
- Healthcare setting, aproximate duration. Specially for the emotionally intense calls: palliative care, social work, mental health, end of life situations, oncology, 911, etc.
- Helpful terms/glossary
- Helpful to know the nature of the call OB, ortho, neuro, etc... also helpful to know the emotional level to mentally prepare... is it devastating news?
- How did I do,|Was the service acceptable, appreciated, etc.
- How the patient hurt themselves. The patient's country of origin. (Because I will have more of an idea what kind of Spanish vocabulary will be used)
- How to tacle some difficult LEP'S and Provider's.
- I always ask for patient's name/gender/ reason for appointment/location/estimated duration of visit
- I always receive the client's name, along with the date, time, and platform for the interpreting assignments I
  am asked to assist with.
- I am comfortable with my prior training to take the job without knowing and being able to match the needs.
- I am very confortable with the way I receive calls.
- I currently receive some documents regarding long and phraseful notices or right and responsabilities for certain areas, yet I would like to receive even more of those for all clients who use LSA and VOYCE's services. There are too many, and their scripts are way too long!
- I don't have one at this moment.
- I frequently get calls in school settings for a students IEP meeting and reports, I think it would be very beneficial for both the interpreter and attendees if the interpreter had a copy of the reports being read. it would make the meetings much more efficient if the interpreter had time to prepare
- I need to know what kind of disease / treatment so I can review any medical terminologies may be I will hear in the session.
- I only work for one company.
- I think that information is enough. Or maybe I am used to get that amount of information.
- I usually know the department name, but it would be helpful to know what kind of session it is: evaluation, imaging, consultation, discharge instructions, etc.
- I wiuld like to know the type of appointment and possibly a bit of information on the patients health
- I wiuld like to know the type of appointment and possibly a bit of information on the patients health
- I would be interpreting for Insurance Companies or plans for example and I would be asked to apply on a survey about my role as an Interpreter to a member, the name of the Client or person who is calling before placing a call because sometimes it confuses when a Client places a call and doesn't tell the Interpreter that it's doing so.
- I would like to be informed about sensitive matters, such as disclosing something important to the patient in order to culturally better prepare for it.
- I would like to have information about the specific kind of appointment: follow-up after surgery, pre-session surgery etc.
- I would like to know general health information of the patient and why they are being seen today.
- I would like to know more about the subject of discussion on the call which would help me research adn study topic thus, enabling lucid communication.
- I would like to know the nature of the call, what dialect of Spanish the client speaks (so as to avoid language barriers), and any history that may have shaped or contributed to the client's current needs.
- I would like to know the type of medical setting, how many people will be present and the goal of the call.
- I would like to know what department/discipline the call is for (mental health, hospital, outpatient) and the patient's approximate age demographic.
- I would like to know what the session will be about.
- I would like to receive a reason for the appointment or a diagnosis in each assignment.
- I would like to receive ethnicity info just because spanish can vary
- I would like to receive information about what the call is about.
- I would like to receive information prior to a call when an assignment is an end of life meeting. Also, when rare/complicated diagnosis and procedures are involved.
- I would love to know if the patient's first language is actually Spanish (because that may often affect the register of my Spanish interpreting), the reason for their visit, and if there's any mental health concerns/limitations to making independent decisions (example, impairment of any kind).

- I would rather receive general information to ensure I have enough knowledge about the task I am going to perform.
- I'd like to know the nature of the assignment in advance. A lot of times I know the healthcare specialty, but it would be very helpful to know more details to anticipate and review specialized vocabulary. Sometimes I don't even know the specialty, and it's scary going in blind!
- I'd like to know who's the client calling and for what type of LEP I'll interprete for.
- IEP/ CONFERENCES
- If a call comes from a specialty clinic, I'd want to know the nature of the visit
- If documents need to be filled out, what type of care does the patient need to brush up on pertinent language?
- If it is not an inpatient at a hospital, I would like to be informed about what healthcare issue I will need to interpret (i.e., heart disease, renal issues, a pediatric case, etc.).
- If it would be legal or medical (specifying specialty), among others.
- If the patient has any discapacity or special condition at the moment that will make the interpretation more difficult. For example lif the patient is hard of hearing, if the patient is confused because of medications or a medical condition, if the patient is experiencing a mental crisis, if the patient just got out of surgery and is drowsy or dizzy.
- If there is a patient in critical condition or end of life, it would be beneficial too know it beforehand. For patients with complex medical conditions and extensive list of medications, it would be useful to have previously access to that information, so we have time to look it up and be more accurate in our rendition.
- If there is a specific procedure what it is.
- If there is sensible information that the interpreter should be aware of.
- I'm only ever given the name and type of appointment
- I'm very familiar with patients and facilities so I don't need in advance information
- In my case, I am able to see what the schedule or assignments will be for the day/week. However, it would be helpful to be notified of changes made to the schedule as they occur.
- In sensitive or complex cases what they are about so I can prepare myself.
- In special circumstances / cases it's useful to be informed in advance about the situation
- In the best practices for interpreters, pre-session preparation is emphasized, but in reality, it rarely occurs because many providers lack training on how to effectively collaborate with interpreters. Your board includes individuals with vested interests in the language industry, such as those who may exploit interpreters for profit and trainer groups that collect fees through age-old training programs. What meaningful changes can you implement to genuinely support and improve the conditions for interpreters?
- In the emergency room you don't have prior information, you just get a little of everything.
- Info about setting/ Dr'd speciality
- Info about the patient
- Information about the case, the specialty, the approximate amount of time the call may take
- Information about the concerned area
- Information about the patient health settings
- Information about the patient's disease and its condition
- information on appointment details
- Information or script to better prepare myself.
- Information related to the upcoming appointment that would be helpful to the client! It could be a simple, the appointment is with a cardiologist or nephrologist or ENT for example!
- Information usually involves what time of appointment it will be and how long it will take. It gives some sort of information how to prepare for the appointment.
- Injured body parts, conditions or organisms involved. This on top of name of patient and provider and specifics of appointment.
- Interpreters and agencies, have lost the art of debriefing
- interpreting assignments/calls IN ADVANCE
- Is it a court hearing? Is it a hospital setting? Is it a 911 call? Is it a call in education?
- Is patient hard of hearing/ aggressive
- Is this a follow up or new appt?
- It doesn't matter to me, I am just happy to be of service
- it will be helpful to know department
- It will be useful if some providers share with the interpreters the procedure they had. Sometimes, provider talks a specific topic that is not clear for the interpreter.
- It would be helpful to know what the appointment will potentially deal with, in order to better prepare for terminology.

- It would be helpful to know what the session is going to be about.
- It would be lovely to at least know the specialty/subspecialty (which I sometimes do) and it would be nice to know something about the specifics--the age of the person, and the diagnosis. I know that it might be hard to comply with HIPAA if we knew the diagnosis, but it would be nice, and I would sometimes read up in advance, in order to do a better job.
- It would be nice to have the weeks schedule ahead of time. As a medical interpreter I receive the assignment a day or two ahead of time rarely I get an advanced notice of the work assignments.
- It would be nice to know in advance which medical specialty we will be dealing with.
- It'd be nice to know if the call is for customer service or medical sometimes we receive random customer service calls and it can throw you off!
- Just a heads up about what I am walking in to
- Just the location of the clinic, Inpatient room. And type of appointment, Normal, Medical Rounds/ Care Conference. We have an automated system, sometimes we truly don't have time to prepare.|Only in the pre-session, I ask as much as I can, from diagnostic, procedure, attendings name, medicines...
- Just the minimal info about who the patient is, and a word about the patient's |affection, in case the provider had it, would be of great help, especially in OPI calls. ||Sometimes, I've even had to guess the patient was a baby and not the mother, for example!
- Just the place/location so it's always a guess.
- Just what it will be about...
- Knowing the industry, the name of the company and the context would be great.
- Latest updates about current issues
- Legal assignments: nature of the case, summary of facts, phase in the proceedings, names of the parties. Anything helps.|Healthcare assingments: not strictly necessary but it would always help to have a little background on the condition, medication, treatment beforehand.|Immigration: not strictly necessary but anything helps.
- lesson plans/medical and health plans
- Like the patient's condition and how the provider plans to develop the appt
- Little
- Location (hospital, ER, clinic, etc), specialty, number of people present for the call, including pt, family, providers.
- Location and type of interpretation IME, medical appointment, psychological, palliative care, etc.
- Location of appointment
- Location, name and MR# of the patient.
- Location, specialty, consultation type
- Location, time, name of client, department/clinic usually help me with prediction skills. It would be nice to know if it's the first visit or multiple visits. ||Agencies need to be more focused on the human side of this profession and not the money. There needs to be a better process for new interpreters. I have always favored the BEI approach in certain states.
- Main topics about to be discussed.
- Mainly the reason why we are speaking with the patient. What kind of work we'll be doing ie. therapy vs diagnostic interview
- Mainly who is calling and, maybe, what is the call about.
- Materials
- Maybe a little summary or headline of the topic to treat/discuss whenever possible (it is not often possible)
- Maybe just to have some context, not all medical providers provides it, but it would be helpful.
- Medical condition. |Specialties to be seen for
- Medical field and sensitive situation.
- Medical history pertinent to the interpretation, particularly a list of medications that the patient is currently taking on a medical visit
- Medical speaciality, to be prepared
- medical speciality and context
- Medical specialty, age and gender of the patient, condition being treated, 1st visit of follow up
- Medical Specialty, maybe diagnoses so we can maybe orient ourselves on a glossary if need be, if the
  patient is non-verbal or has dementia (sometimes they don't tell us and we're just stuck there wondering
  why nobody is responding or the pt is responding something not related), if this is going to be an end-of-life
  chat or revealing bad news.
- Medical Specialty
- More detailed info on KIND of appointment, duration, potential hazards, and (if specialized medic ) what is the nature of specialty

- More information about the topic of the assignment
- More information and documentation regarding the specific reason for the encounter. For example, if I am given ""clinical trial consent"", it would be helpful to know what kind of a trial it is, what medicines or procedures will be spoken about, have access to any consent forms I may need to sight translate, etc. Sometimes for this sort of a situation I am given the provider name, who I can then look up online to look at what they treat and what clinical trials they are involved in. However, even when this information is available online, sometimes the provider in questions treats dozens of conditions and illnesses and is involved in dozens of clinical trials. Especially when this information is relayed to me only the day before, it is extremely difficult to try to predict what might come up; in these cases I thoroughly review general concepts and terminology related to the provider's specialty (for example, maybe the provider is an oncologist specializing in esophogeal cancer) to try to at least have a solid grasp of the general language that will arise. Or, for example, if I am only given ""urology follow up"" it would be helpful to have just a few more details: what is the follow up for? What conditions does the patient already have? And so forth. It seems very feasible for this sort of information to be passed along and a little would go a long way for the interpreter. ""Clinical trial consent for new photobiomodulation therapy device" or ""urology follow-up for patient with kidney failure experiencing bladder incontinence"" would be loads more helpful than just ""clinical trial consent"" or ""urology.""
- More information on the nature of the encounter/visit. Upon arrival, brief description of patient condition or diagnosis.
- More specific information about topic or terminology to help me prepare
- More specific information especially for complex diagnosis to be prepared with the right terminology
- More specifics rather than a general topic
- Most of the time, just 5 seconds of context in the pre-session would be enough. I'm lucky enough to have through glossaries divided in specialties and I feel comfortable in basically any scenario (making use of my tools if there need to be clarification or anything, of course).
- Mostly scripts that some clients have and we (interpreters) don't.
- Name of client
- Name of company
- Name of company and type of call or assignment and sometimes duration.
- Name of Doctor, Client number to confirm appointments.
- Name of patient, age, reason for appointment and setting of the encounter (specialty or hospital unit), what provider is seeing them (attending, nurse, PT, social worker, etc). If there are factors affecting communication (hard of hearing, dialects, mental health status) or encounter (bad news, complex health condition or otherwise charged encounter, large group, prognosis)
- Name of patient, name of service location, time of appt.
- Name of procedure; Type of Consultation
- Name of pt and call back message
- Name of the patient, who will be in the room, brief explanation of what they will be talking about.
- Name os patient |DOB|Provider name|Type of appointment |Duration
- Name, AGe, Social history, Diagnosis, Possible outcome, treatment options
- Name, place, time, how long
- Name|Age|Type of appointment |Certified Deaf Interpreter typically used
- Names of people who will be in the meeting if it's a VRI or OPI
- Names/spellings, any known background information that might come up.
- Nature of appointment
- Nature of assignment
- Nature of assignment (eg, end of life, new dx, f/u, etc.)
- nature of assignment, date of birth of patient. And for conference/training/ workshop, the presentation materials.
- nature of call|is it a delicate situation?|is it a new diagnosis?|is there tension or chaos?|will bad news be given?
- nature of encounter, goals, number of people in room, relationship to patient, if a continuation, then explain what had been discussed (interpreter hand offs)
- nature of the appointment
- nature of the assignment
- Nature of the assignment. Prior communication deficiency/conflicts between the participants. Information about the patient's mental/emotional status.
- · Nature of the assignment/ special / some background
- Nature of the call

- Nature of the call and setting.
- Nature of the call. Expected duration
- Nature of the call. What is the goal of the session? Some information adopt LEP. |How long might it take?
- Nature of the encounter (diagnosis) just so we can prepare for the encounter.
- Nature of visit
- Nature or call expected duration topics that will be delivered number of participants overtime rate
- Never know who is calling
- On occasion, a patient might be emotionally unstable or be illiterate and have very poor ability to answer questions.
- One sentence maximum about the most pertinent information. It can be: patient is hard of hearing, illiterate, has a femur fracture, bleeding, etc.
- Only occasionally a provider tells me what the encounter is about before introducing myself to the LEP, it
  would be very helpful if everyone did it.
- Only the information related to the clinic I am visiting. That gives me an idea of the type of appointment it will be.||While working for schools or CPS, it is usually unknown
- OPI: patient's first name and age; who is present in the room (providers, patient, others); if any special problem will be addressed on site: type of procedure or concern to be addressed
- Parties that will be involved in the session; probably what type of meeting will be conducted (first time, follow-up).
- Patient ability to hear
- Patient age(minor/guardian)
- Patient diagnosis and kind of consultation
- Patient diagnosis, treatment plan and medicine
- Patient Name
- Patient name sex and age and the problem for seeing a doctor
- Patient name, for lengthy assignments a comprehensive background.
- Patient name, type of injury/illness, objectives for session, sometimes a med list is helpful
- Patient situation, plan of care, |/summary of discussion
- Patient/client situation, red flags (if any), concerns for safety. Basically, information providers give in rounds where an Interpreter is not present.
- Patient's namelReason for visit
- Patient's chief concern, demographics, background, contagious illness, mental health, patient privacy concerns.
- Patient's condition|Diagnosis/Prognosis|Educational level|Issues with health care delivery
- Patient's health information for the visit.
- · Patient's history
- Patient's history and especially the medication list. I am trying to learn the most common medications, but there are so many out there and many times patients don't know how to pronounce them well, so I need learn the actual names in English and how patients pronounce them in Spanish.
- Patient's important information like having difficulty to hear or any major diagnosis that doctors need to give to know how to relay the information the best way possible
- Patient's medical condition. Mental health problem, if any.
- Patient's name, date of birth, reason for interpretation, family member present, isolation precautions, room or area, and name of provider.
- Patients/providers background, extend of disease and the nature of the encounters
- Pdf about assignment
- Phone number
- Powerpoint- the purpose of the meeting-
- Pre- assessment
- Pre-session, to have context and know goals/expectations
- Prior history, current diagnosis, family/social circumstances
- Procedures
- Provider specialty, reason for appointment or name of procedure that is about to occur, name of patient
  and gender, names of other parties in the room, important details in regards to the patient's language
  needs (example: patient displays atypical language use, language deprivation and what methods seem to
  work when interpreting for this patient.)
- pt background and diagnose
- Purpose of call|Review of what is going to be discussed
- Purpose of the appointment, type of appointment

- Purpose of visit
- Quick history on patient and reason for consultation.
- quick info for critical/serious cases like the death of a newborn, trauma bay case, human trafficking, SA and torture victims, etc.
- reason for appointment
- Reason for appt. For example, workers comp (what happened), is it a follow up or 1st appt., etc.
- Reason for appt. For example, workers comp (what happened), is it a follow up or 1st appt., etc.
- reason for Patient visit, if this is first appt or what number appt is it, any family members attending visit, male or female.
- Reason for visit (e.g. ""routine health check"" or ""follow up for diabetes meds"") -- this would help me prepare and be my best for each encounter and know what to expect going in.
- Reason for visit and a bit info about the session expectations.
- Reason of visit would be helpful, nothing too detailed. Just enough to prepare myself and research about the topic.
- Reasons for appointments
- Regarding the type of call (emergency, legal, court, healthcare, school setting, etc)
- Related to any speech, hearing or confusion issues.
- Requests are placed in live mode everyday as needed since I work for a major hospital
- Results that will be discussed, if any sensitive topics
- Same as above.
- same as I do now
- Same as previous question
- script, catalogs, documentation regarding the program(s)
- Scripts
- Scripts and manuals
- Session topic|Patient educational background |Introduction with the provider|
- Setting (regular vs behavioral), type of procedure, diagnosis, topic if it's group or training.
- setting of the appointments if its virtual, number of people in the meeting, and number of non-English speakers.
- setting, if patient has a cognitive disability or mental health history.
- Settings
- short description of setting
- Similar w/ a little more detail
- Social work
- Some context wouldn't hurt.
- Some medical medicine or condition (disease) new for me
- Sometime providers will give brief background information before going into a room. For example, it would be helpful to know if the patient is known to the provider or if they are hard of hearing.
- Sometimes I interpret for end of life decisions, it's nice to know when I will be interpreting for difficult decisions such as end of life planning, devastating diagnosis, or poor prognosis.
- Sometimes the chief complaint for the appointment is visible in our EHR system and our interpreters have access to the same EHR system our providers utilize.
- Sometimes the Name of the Company, the name of the English Speaker, LEP, what industry we are to interpret for and the nature of the call would be interesting.
- Speciality AND type of appointment, for example, ""Consultation for a root canal"" rather than just ""dentistry.""
- Specialty (8 responses)
- specialty (cardiology, pulmonology)|maybe something more specific like eye surgery (cataracs) or something like that, because sometimes I get assignments that say neonatal, and that's it, that can be a wide range of things that can happen in that appointment, ot hey just put the hospital, no information, or neurology (what about it) or they will put cancer center (maybe type of cancer or something that can help you know what to study prior since they're cancer clinic that see any type)
- Specialty and age of interpreter
- Specialty and if a dial out or link for VRI is needed.
- Specialty and procedure, if any
- Specialty and type of appointment involved
- Specialty area and if patient's bilingual family members will be present.
- specialty for vocabulary

- Specialty so I may have related glossaries on standby
- Specialty terms (Health Care); As much as possible for other assignments
- Specialty to be able to brush up on vocabulary or review terminology and abbreviations
- Specialty, and a summary of what will be talked about.
- Specialty, Initial or Follow-up, hours, Translation involved, location.
- Specialty, patient demographics
- Specialty, Subject
- Specific issue at hand, if known. ""Gynecology"" isn't enough.
- Specific procedural information |and the preferred modality of the patient
- status of patient, goal/purpose of appointment
- Subject matter
- Subject matter
- Subject matter, number of participants.
- Subject of the assignment, mostly if the subject is an specific topic or specialised subject.
- Summary of what we're about to interpret to mentally prepare
- Symptoms and diagnosis
- Terminology and context.
- terminology related to some pieces of equipment
- The body part concerned for orthopedic. The type of surgery to be performed. The reason for admission.
- The client's business name.
- The client's information and the subject of the call.
- the content (3 responses)
- The context and purpose of an encounter, with an invitation to debrief at the end when necessary
- The department I'll be interpreting for, to have a bit of context.
- the department's name to get acquainted with the terminology
- The general purpose of the visit, so I can be prepared with that specific vocabulary.
- The Kind of appointment. Sometimes I'm assigned for an online medical appointment, and the agency has only the name of the clinic, that has multiple specialists, so occasionally, I log in without knowing what the appt. is about. I also Interpret IEP meetings, it would be helpful to receive the draft prior to the appt.
- the location of the appointment and the speciality of the medical fields that needs interpretation.
- the medical department or subspeciality
- The nature of the interpreting session lie: PT,MD, specific duration of session
- The necessary information on the specific illness so I can review terminology.
- The patient's background and the reason for the encounter.
- The patients information
- The pre session with the provider before the interpretation session rarely happen. However trained and
  certified interpreters are providers thing interpreters are mere bilinguals. CCHI certification has very little
  value in the eyes of many providers unless providers get trained how to work with interpreters.
- The reason for visit and any previous context to the reason for the visit
- the reason of needing your services or say a background or back story to the person that I am to be helping.
- The reason or type of visit so that I can better assess if I'm a good fit for the client. Detailed information such as ob visit visit, labs, inpatient status specifying if it's for results or education. The more the details and client presence, the better. It's not helpful when it states office visit with no further detail.
- The speciality and goal of the session
- the specialization, the context, the history
- The specialties, uncommon words used(medicine names, diseases, complications, etc).
- The specialty ( cardiology, orthopedic, general health...)
- The specialty and a quick recap of what the discussion will be (perhaps a diagnosis or procedure that will be discussed). Introduction of other people in the room by name.
- The specialty and some background general information that might give me some context.
- The specialty and type of client.
- The subject of the call/at least what specialty it's going to be would be nice.
- The symptoms and treatment or test the patient had.
- The terminology that will be used in the encounter
- The topic (the specific area: e.g cardiology) with glossaries would be a great start
- The topic of discussion in legal interpreting only.

- The topic of discussion, the part of the body or disease on which they will be talking, so that interpretation can be more accurate and quick, as the interpreter can prepare for that earlier.
- The topic would be very helpful to know.
- The topic would be very helpful to know.
- The type of appointment and the main reason of visit ESPECIALLY when they have rare diseases/disorders or have a sensitive/embarrassing issue. For example, it's cordial to walk around the hospital with a smile and positive attitude but when it's a cancer diagnosis or end of life situation that may seem disrespectful to the patient/patient family.
- The type of encounter and the specialty of the doctor.
- The type of encounter with the specialisation, and any general information if there is an uncommon condition or medication.
- the type of session it will be
- Their positive feedback
- This is a difficult subject because of patient privacy and confidentiality issues. The only thing one can do is hopefully have a few minutes with client to discuss the reason for their appointment.
- time and date, information on the client and reason for the call, call back number for message
- To be able to modulate the tone of the interpretation, it would be important to know before meeting patient if there is a negative news that will need to be explained. Anything major that may affect emotionally or physically the patient.
- To identify the setting of it is medical or work compensation
- Topic being covered, name of the caller, how long session will take approximately
- Topic covered on the assignment.
- topic of call, diagnosis, and patient's general state (ie, semi conscious, sedated, critical)
- Topic of discussion, if there is important information to consider, names and positions
- Topic of the call
- Topic of the call and country of LEP's precedence
- Topic of the conversation, specialty, just a heads up.
- Topic to be discussed; who is the patient; providers titles/name.
- TOPICS TO COVER, SO DIFFICULT TERMS WON'T TAKE ME BY SURPRISE. BUT I AM USED TO DEAL WITH THOSE ANYWAY.
- Type of appointment (7 responses)
- Type of appointment (results, testing, office visit)
- type of appointment (specialty and appt type)
- Type of appointment, aggravating factors or background issues that might come into play, how long the patient has been treated for X, where the patient is from
- Type of appointment, dialect of language.
- Type of appointment, or if the appt is regarding a sensitive topic |
- Type of appointment, purpose of appointment, new patient or established patient, independent patient or patient being cared for by family
- Type of appointment, setting.
- Type of appointment, specialty, procedure or disease being discussed. Gender and age of the patient.
   Name of facility. City and state where facility is located.
- Type of assignment |Language of Deaf person|Specifics that might help the interpreter succeed
- Type of assignment and duration
- Type of assignment, type of conversation
- type of assignment|family present
- Type of assignment|Subject matter that will be discussed|Opportunity to lookup specialized terminology that will be used|
- Type of call Who is the pt and what are we helping them with.
- Type of call and duration
- Type of call and service
- Type of call or if healthcare, specialty.
- Type of call. Setting. How many people in the room besides the patient and provider. Who are these people. Background information on the patient.
- type of encounter or specialty
- Type of medical specialty|Any hearing/seeing impairments the patient might have|
- type of medical visit/specialty
- Type of procedure, how many attorneys

- Type of service and location
- Type of session we will be having, any specialty vocab etc.
- Type of setting, type of encounter, and an accurate address for the facility. Many times I am given a general address and expected to be familiar enough with the place to know exactly where to go. I have had many instances in which I am only given a hospital address without a department and then it turns out to be in a medical office building next to the hospital.
- Type of specialty or field. Patient's age and needs. Work environment or location.
- Type, severity, sensitive information, duration.
- TYPES OF ASSIGNMENT
- Useful links or forms that are normally used.
- VERY important to know if it's end-life-care assignment. Likewise, if we're about to give really difficult news, very important to know that also.
- Visit reason, visit settings
- Vocabulary and specific scripts.
- we don't always get information about what is the patient seen for exactly, the location details, we don't always get things like (Suite number) etc
- Well a pre session will be great the calls that I take are so fast that sometimes providers doesn't even tell us what kind of call it is or if the patient is in person or on another line.
- what agency it's from, what's the plan name and what's the purpose of the call.
- What area of healthcare I'll be working in, reason why consumer is being seen
- what area the call is coming from, the title of the caller,
- what case about and the name of the specialty or condition if known
- What department the call is for
- What field it will be in, that way I know how to adjust to the setting because I more or less know what to expect.
- What is the appointment about.
- What is the call about and from what type of facility
- What is the goal of the appointment
- What is the nature of the case, any important context, how many people are present and whom I could
  expect to speak both in target or source language. Knowing LEP's level of the English language is helpful.
- What it is the encounter regarding or setting for obtaining knowledge of what to expect and terminology
- What kind of an appt is it: ie: IME, QME, Psych, Medical Follow up
- What kind of appointment is the client having
- What kind of appointment it is, what it involve.
- What kind of appointment, age of patients, brief medical history of patients if possible
- What kind of appointment. What kind of doctor or specialist. What kind of health issues.
- What kind of area we are interpreting for.
- What kind of assignment
- What kind of assignment it is going to be
- What kind of call is this going to be? What's gonna be about? Scripts?
- what kind of consultation it is and what specialty and if we will be in more than one department
- What kind of surgery/procedure? Does the patient have hearing or speech problems, cognitive impairment, etc.?
- What specialty (Cardiologist, Psychological, etc)
- What specialty and what's the condition.
- What specialty is it
- what specialty is the Doctor that is doing the evaluation that is going to take place, time that evaluation will take. Schedule far in advance not last minute
- What specialty it is as well as the specific medical issues the patient has.
- What specialty it is. Maybe a little more info. so long as it doesn't violate anything. Once I interpreted at a library and it was about worker's comp and I was not prepared. A little heads up would be nice.
- What the appointment is about! A lot of times the appointment notes say, ""patient does not speak English."" That much, I assumed!
- What the call is going to be about, what kind of terminology is going to be used (specially the diagnosis),
   who is going to be present, who I am going to be interpreting for, how long the call might last, what medical providers are going to be speaking to the patient.
- What the colon entails, the subject matter, the client's name
- What the interpretation is about

- what the problem is, goals of provider, special concerns.
- What the topic or the nature of the call is. For educational how many persons will be attending the meeting.
  That would be helpful. If it's a PowerPoint or legal. It would be nice to get the slides for a sight translation
  so that we can be better prepared.
- What they are being seen for
- what type of appointment it is and who is present at the appointment.
- What type of assignment will be
- · what type of encounter I am going to walk into
- What type of industry I am about to provide interpretation call to. |If it is a new industry specific glossery related to those calls.
- What type of procedures, situations we are walking in to; any info that would help make the process smoother in order to best interpret for all parties involved.
- What type of session (family conference, end of life, informed consent, transplant teaching, asthma teaching, patient update
- what will help in each case scenario
- What's going on to be the interpretation for meaning in the medical settings.
- When advanced complex terminology is used. All providers get familiarity with the cases before hand but not the interpreters (the only ones on the spot, live, with no context).
- When we get hospice or palliative care related appts, the team will usually meet with us and give a summary of the situation. It's always good to know any special info that will affect 1) the tone of the encounter-- such as if there is a sad situation to be sensitive to; 2) if there is anything that would be good to be mindful of regarding their speech, mental state, or possible safety concerns. Do I need to speak softly to avoid agitating a patient? Are they hard of hearing? Are there behavioral health concerns or cognitive concerns I need to be aware of? Like if there is a speech therapist, should I inform them of speech irregularities? ||Otherwise, it's always good to have info on where EXACTLY to meet, and who to contact if needed. In an ideal world, I'd know about unusual terminology to look up prior.
- Where the call is from, what the assignment is about and the location of it (for example, a clinic, an office, a hospital,etc.).
- Where there calling from. Department or specialty. Patient female or male etc.
- Where, when, what about
- Whether it is a new diagnosis or a follow-up appt/type of appt.
- Whether the LEP is a difficult individual (rude or aggressive, colloquial language/slang or uses a lot of
  regional vocabulary, speaks Spanish as a second language or her way of speaking impairs the session),
  whether the session will have some kind of hinderance (a difficult case to oversee for staff, staying more
  than expected, family members being pushy) or whether the provider is a bit special (speaks too fast,
  speaks directly to me despite warnings not to do it, is rude or a difficult person to deal with)
- Which department it is
- Who is calling and the topic of the call
- Who is in the room, level of LEP's English comprehension, type of appointment.
- Who the speaker will be, any sheets they will be referencing
- Who will be present besides patient and estimated duration
- Will be nice to know background information medication.diagnosis, body parts injured
- with emotional drawing, difficult case, complex situation.
- written information about a new diagnosis

## Appendix I(1). In what circumstances have you declined or would you decline an assignment/call? (Q.30.b)

- Time constraints or schedule conflicts
- Difficult accent |
- Private relationship.
- Distance to assignment|2- timing between assignments|3- Unreliable payer|4- Personal engagements
- Conflict of interests because I knew the patient outside the hospital |2. Personal situations made the subject matter triggering |3. Provider or patient is disrespectful |4. Not familiar with subject matter and no time given to study and/or prepar adequately.
- Difficulty patient who I interpreted before. |2. The location is too far (> 30 miles drive).|3. Conflict assignment time between different agencies.
- Lack of vocabulary for assignments |2. Worries for personal safety in facility|3. Driving distance
- Urology for a man (everyone is more comfortable if the interpreter is a man)|2. Simultaneous English to Spanish Catholic mass (I'm not familiar enough with the frozen language in my B language)|3. Appointments at certain pregnancy clinics that are political in the nature of the advice they give|4. Clinics with very frequent no-shows and/or staff who are repeatedly not respectful toward interpreters
- a difficult call regarding religion.
- A family meeting.
- A parent was rude to me, I don't go with the family anymore. A wife was jealous of me, I exclude her
  husband and her as potential patients.
- A person for whom I'm not a good fit, medical needs are out of my per view, discomfort with medical facility
- A religious encounter (faith-based counseling/prayers). Patient's accent or dialect too difficult to understand.
- Abortion
- Abortion appointments.
- Abortion assignments (personal conflict)|Genetic assignments (unprepared)
- Abortion clinic, extremely difficult patients
- Abortion performed.
- Abortion, Euthanasia
- Abortions, court
- Accents that I can't understand or when a Potuguese native requests a European native to speak.
- Accident, severe or contagious illness, family emergency
- Actually the only one I can think of right now is cases of sex abuse, which are too emotionally difficult for me, and that only applies in the legal setting.
- adult male patients sometimes, cigury
- Adult video industry
- After 2 or 3 critical encounters (End of Life, Psychiatry, and Nothing Else to Offer), the fourth encounter was another EOL. I asked to be replaced.
- After 3 days of difficult encounters, on day 3, I had 3 back-to back emotionally difficult encounters. I
  received a second order from one of those encounters and I contacted my team, letting them know I
  needed some time to recover and one of my colleagues jumped in to help me. Later, she mentioned that,
  that encounter was difficult. If it wasn't for the help I couldn't have interpreted in a professional manner.
- After having interpreted for more than 2 hours in a recent encounter; After a very emotional encounter, usually end of life or very bad news visit or family consult.
- against religious belief
- All the legal sessions
- Almost never
- Almost never
- Almost never
- Almost none. I try to finish it though I am not happy with the clients
- Already booked
- Already busy
- Already busy
- Already busy at time offered, if they require more time than what I have available, and distance I may have
  to travel to said assignment, and rarely but it has happened, if the overt is with a provider that is rude to
  interpreters or patients.
- · already have another assignment scheduled / time conflict

- Already working at that time, or I know that the patient prefers a different interpreter, or if it was a conflict of interest or perceived conflict of interest
- An uneasy experience with the same patient in the past.
- An uneasy experience with the same patient in the past.
- any active infectious disease
- Any assignment starting earlier than 9:00 am, over 50 miles (R/T) away, or on Fridays.
- As a freelancer I can decline an assignment or even ask to be unassigned of a job previously accepted as long as I do it 24h in advance. The agency can also cancel the job without consequences 24h ahead of time
- As a supervisor I have other meetings throughout the day, I only interpret if I have a free moment or if it is urgent and needs to be filled and our interpreters are busy.
- As contractor, I can only take so many assignments. So I decline many appointments for reasons of schedule or location.
- At my company we are not allowed to decline a call before it connects to us so in the following explanation By ""decline"" I am referring to accepting the call, then realizing the nature, then declining (transferring). I have transferred a call when I could tell that I was not the right fit for a patient. Either it took them a couple of tries to understand my interpretation, or vice versa that I was having a hard time understanding the way they communicated. I have also transferred calls when I could feel that my psyche could not handle the demands of the call well. For example, I am already stressed from handling demands here and there of previous calls in the day, and then I get a call with extreme demands (tech issues, blurry video, shaky video, tense call)
- AT THE BEGINING OF MY CAREER, SINCE I AM SO AGAINST ABORTION, BUT AFTERWARDS, I LEARNED TO STAY PROFESSIONAL AND NOT EMOTIONALLY INVOLVED. I HAVE NOT DECLINED A CALL DUE TO IT'S NATURE IN MORE THAN 4 YEARS.
- At the end of an extremely long encounter (90 min +), a new provider requested an interpreter and asked if
  I could do the interpretation for him. This new encounter was expected to last at least, about one hour.
- Aversion to a specific provider
- Bad connection, not able to understand or hear
- Basically never, unless I've an emergency.
- Because I can be busy at the moment
- Because I can't deal with the patient mental health
- Because my main job comes first. Alson, for children suffering from terminal illness or close friends.
- Because of schedule conflict.
- Behavioral health lasting more than 4 hours. Calls that are more than 90 minutes drive from me.
- Behavioral health. End of life.
- Being close friends with a patient
- Being out of town, Inconvenient location to get to.
- Busy with another language provider
- Chiropractic because they are too short and I don't get enough money
- Circumstances that may be too close to my own (for example, a child that's dying and is the same age as
  mine, or if the Provider is my own PCP or my own GYN), or where my safety is compromised (for example,
  a patient that has been rude or aggressive to me in the past)
- Clinic name or Medical department|Consultation or a procedure|Doctor's name|name of the procedure
- Close relationship/ very difficult patient towards no-family interpreter/ patient states he/she doesn't want myself.
- Conflict
- conflict in my schedule
- Conflict in schedule|Or|Felt I was not adequately prepared
- conflict of interest
- Conflict of interest (18 responses)
- conflict of interest (legal) or scheduling conflict (medical & legal & others)
- Conflict of interest (someone I know personally)|Poor linguistic fit (I don't understand them/they don't understand me)
- Conflict of interest (when I do know the client/patient)|Reproductive services (abortion) because it goes
  against my values and beliefs.|
- Conflict of interest |Clint showed in acceptable behavior or oral expressions
- Conflict of interest |Usable to interpret due to competency issues
- Conflict of interest- family relatives and or people I know and have a close relationship to

- Conflict of interest if I am close to the Pt who needs interpreting. I also consider whether the subject is sensitive and respect their privacy.
- Conflict of interest or ethical concerns.
- conflict of interest or if the topic is one that I really feel unprepared to handle
- Conflict of interest or very emotionally intense.
- Conflict of interest with patient or dr.
- Conflict of interest, beyond my skills or because I dislike the individual/organization.
- Conflict of interest, I know the patient outside of my job setting
- Conflict of interest, inability to perform the assignment for different reasons (lack of knowledge of the topic to be interpreted, for example)
- Conflict of interest, knowing the person, or if I know I'm unfamiliar with the specialty
- · Conflict of interest, lack of adequate knowledge
- · Conflict of interest, or problem with fatigue
- Conflict Of interest, usually if I know the patient or their family.
- conflict of interest|availability|location
- conflict of interests, |feeling unwell or sick for an in-person assignment, |personal or family urgencies or emergencies |inconvenient case/assignment due to time, setting, location, or place
- conflict with agenda
- Conflict with another appointment
- · Conflict with another assignment, or medical reasons
- Conflict with another case. Time
- Conflict with client. Not sure in commination requirements (deaf blind)
- Conflict with patient; outstanding bills
- Conflict with the patient (linguistic or mental health), ie I have taken a break from angry patients as it gets
  tiresome dealing with their misplaced anger. ||If patient requests a different interpreter (rare)||My agency
  has a top notch scheduling team who know how to protect interpreters. There are rarely conflicts or issues
  with scheduling.
- conflicted with other patients, family emergency, previous patient take longer than expect and other crises
- Conflicting schedules
- Conflicting schedules
- Conflicting schedules
- Conflicting with other interpretation assignments.
- Conflicts times
- Contagious diseases like swine flu, TB or if I know the patient personally outside the healthcare environment. If contagious disease, I deliver services via phone or video modality (from my office).
- Content that would be offensive to my core personal beliefs if that would cause major emotional damage to me personally; personal knowledge of the ptt; lack of knowledge of subject matter.
- Could be Legal/Court, based on the fact that I have mainly trained and worked as a Healthcare/Medical interpreter, however, with the necessary information I would be able to handle it.
- Court assignments
- Court assignments
- Court Call and I am not qualified for Court calls.
- Court interpreting
- COVID-19
- Decline if I'm already booked or otherwise not available for the time/date of the assignment.
- Declined a transgender appt knowing patient would prefer a certain interpreter from the community due to nature of conversation. |Declined with 1 patient due to aggressive behavior and not feeling safe.
- Depend on if i have a doctor appointment.
- Depende del tiempo
- Depende if is the weather, or I'm still in University tryng to complete my degree time.
- depending if it's in person and if the pay it's worth the travel and time.
- Depending on my emotional state, I would decline a family conference for a patient who's health is
  declining. Also if it's late in the work shift and I've been interpreting in many appointments, I don't have the
  energy for the difficult terminology.
- Different dialects
- Difficult accent, wrong language.
- Difficult family or provider to work with. Technology issues.
- Difficult Providers, distance or amount of patients.

- Disgruntleld and agressive patient making false accusations against healthcare staff members who had seen her in the past and who needed to clear up her concerns with management before seeking care.
- Distance (5 responses)
- Distance | Patient speaking English
- Distance is too far away or it overlaps with another appointment.
- Distance to site, travel time, conflict with another assignment.
- Distance, time, and nature of the assignment.
- Do not feel qualified for the subject matter (speciality)
- Doctor, or subject
- Doesn't work w my schedule.
- Doesn't work with my schedule, conflict of interest or not feeling comfortable enough in that specialty or situation.
- don't remember
- Double booked.
- Double booked. Or a better paying option comes up then I will exchange it. Distance.
- double or overbooking
- driving distance, conflict with length of the assignment (considering other scheduling).
- Due to a personal matter or when it's at a mental health institution or an individual's home.
- Due to conflicting with another assignment that I have at the same time.
- Due to the fact that we have access to Video Interpreters through AMN language services, if the clinic staffing is such that I cannot be available for interpretation, I can decline the assignment to focus on my primary role as a healthcare professional.
- Duplicated schedule
- During the time that I was employed, my circumstances weren't high of the reason to decline. It was more
  based on the workload and I would ask other work colleagues to assist me in taking over so I could catch
  up with continuing if I was currently assisting a provider. Since it seems that I was the only bilingual medical
  assistant. And there were about a number of nine non-Spanish-speaking providers out of 10 medical
  providers in the clinical facility
- Early in my career as an interpreter (about 4 years ago) I had to apologize and leave the call because the topic and terminology discussed was outside my scope of knowledge. (COURT CALL)
- EIP/ OPI
- Emergency
- Emergncy
- · emotionally triggering assignmnets
- End of life -conflict of interest
- End of life with a patient too similar to my son, highly contagious illness
- ex in laws and friends- any conflict of interest
- Extreme rude
- Familiar relationship, no team available, used other signed language other than ASL
- family conflict
- Family consultations due to own disability that might hinder the encounter
- family emergencies
- Family emergencies or due to illness.
- Family emergency
- Family issues, time conflict, sickness, vacations.
- family member
- Family member or Not a good match
- Family member, or I knew the patient.
- Family member; previous conflicts with the Deaf patient
- Family Members
- · far location or have been booked
- feel unprepared for it or prefer not to interpret for a particular provider or patient
- Fellow employee.
- Finally member or someone I know.
- For a close friend.
- For a person that I know from a non-medical context who will regularly lie to healthcare personnel about his/her symptoms, medications, etc.
- For an abortion.

- For example for legal setting like a court hear because I am not qualified for legal interpreting. |One call, I couldnt hear the accent of the LEP so I had to excuse myself.
- For family members
- For ICE agents
- Friend and or relative
- friend, relative
- Friends
- GEOGRAPHYCAL DISTANCE; SETTING (SCHOOL IEPs or REGIONAL CENTER IPPs). ONE and ONLY ONE PARTICULAR DIFFICULT PHYSICIAN (COMPULSIVE/RIGID).
- Having a hard stop due to a prior commitment
- Health or out of town
- Healthcare facility that is not safe for interpreters. Healthcare facility with providers that are hostile about language access. Healthcare facility where providers are verbally abusive towards patients. Healthcare facilities where providers are verbally abusive towards interpreters. Healthcare facilities in which I am likely to encounter prior problematic patients (e.g., psychiatric hospital with long-term patient who physically attacked me). Healthcare facilities with providers who regularly do not allow me to interpret, but insist on speaking their preschool-level Spanish and report me to my interpreting agency for ""disobeying"" them and the agency sides with the provider.
- Hours conflicting with regular work schedule
- I actually don't remember declining any. I have returned appointments-usually over 24 hours ahead of timewhen they took places in clinics that weren't convenient for me to travel to, for example.
- I am a pro-life Christian, and I would decline anything that calls for me to even talk about abortion.
- I am a recovering anorexic so prefer to not interpret in the eating disorders clinic, and my supervisor is supportive of this.
- I am already booked fir the day
- I am busy with other assignments
- I am female. I have declined urology appointments with male patients.
- I AM PRO LIFE
- I can decline but I feel prepared for almost anything thrown my way
- I cannot go into rooms with MRI machines because I have an implantable device, and I've had to decline
  twice went I was asked to go with a patient and provider for an MRI.
- I can't foresee any circumstances other than having some conflict of interest. And this is allowed only if another interpreter is able to take the case
- I can't think of one
- I can't understand the customer, if the call is very emotional and will affect me (which has never occurred).
- I decline assignments or calls when the date and time of appointments overlap with my regular work schedule.
- I decline when I am not available, I am an independent contractor so I can pick and choose my assigments
- I declined with a conflict of interest once I declined to interpret for my son's teacher so she would feel free to share any information she wanted.
- I didn't think I've ever actually declined an assignment but I know if I felt extremely uncomfortable or unqualified, my boss would be very understanding.
- I do it already incall, whether the LEP starts being aggresive and attacking me or my profession, whether the LEP is such a nuisance that I cannot tolerate anymore, or whether the provider or the client speaks way too fast despite warnings, speaks directly to me despite warnings or starts to be ruide.
- I don't decline any, it is my job to interpret any type of assignment.
- I don't have the time to do a fair and fully devoted job
- I don't have the training to take the job.
- I don't interpret for mental health providers and patients.
- I don't know none of the assignments bother me
- I don't like the provider or conflict with schedule, or too far, or agency unwilling to pay for mileage
- I don't think I would decline an assignment based on its nature, if that would to happen I'd have to be really unprepared for it terminology-wise.
- I don't think I would.
- I don't usually interpret for Behavioral Health appts or for baby baptisms and blessings. I am not a native speaker of Spanish and I don't feel I'm the best qualified for these assignments.
- I felt unsafe in a mental health facility
- I had never declined

- I have a physical response of uncontrollable body shaking, anxiety, and blood pressure drop to abortion procedure, (I discovered this the 1st time I ever interpreted for one early on in my career and had not been told what I would be doing, nor what I would be seeing in the glass collection receptacle.) A nurse, at the time taught me that I could recuse myself from these types of encounters, when she noticed my reaction. Afterwards, I had the same reaction while interpreting for a consent form, and again, when the provider started to explain the procedure, I had the same reaction. I pushed to have all interpreters be taught that we have the right of recusal, from then on. And our OB department providers were all taught, from then on, to inform interpreters that it was TOP (termination of pregnancy) clinic requesting an interpreter, so that our Interpreter Services Dept could make of list of staff interpreters who were available and willing to meet this need for our patients and providers.
- I have a previous commitment.
- I have declined appts. that are very sensitive in nature, subjects that are very triggering or to the ones I feel very strong about. I have also declined appointments with clients I had a bad experience with in the past, so I decide not to go again.
- I have declined calls for abortion as I have conscientious objection.
- I have declined calls when I do not feel comfortable or competent with the subject.
- I have declined if the appointment was running behind, and I had another assignment immediately after. |The provider and nurse were all understanding that the time that had previously been reserved was expiring, so I was allowed to proceed to my next assignment without repercussions. |||There was a conflict during a different occasion, a gentlemen became rude and hostile, and I informed the therapist I preferred to no longer interpret for that individual. The therapist was understanding.
- I have declined when I could not understand the patient, or when I felt I was no longer a good fit
- I have declined when location is too far, when I was sick and when the assignment conflicts with my schedule
- I have declined when the patient was someone that I knew or who knew my family. I have also declined in cases that the patient spoke the same language but from a different part of the world and our accents and the way we spoke were too difficult for either of us to communicate with the other. I would also decline if the subject matter were extremely personally distressing to me, to the point that I couldn't do my job. I have interpreted for many situations that were difficult but I have not declined yet for this.
- I have ever declined one, although we have that option.
- I have my own appointments or do not like the office area or do not like the Dr.or the patient.
- I have never declined (13 responses)
- I have never declined a call, but I have the option to do it.
- I have never declined an assignment before. I would only decline it if I was feeling sick or in an emergency.
- I have not but I know we have the option.
- I have not declined a call yet, but I came close once during an emotionally charged case of child abuse that was similar to what my adopted son had gone through.
- I have not declined any assignments since I started working.
- I have not so far
- I have not so far.
- I have only declined an assignment if I am already booked for the same the time & date the interpreting services are needed.
- I have only declined when I know the patient or it has been a patient that I have seen before that has hit on me and I feel uncomfortable so I'd rather not take any of their appointments
- I have only done so when the nature of the call exceeded my ability to interpret accurately. For example, if a call is legal, I can barely manage, therefore I let the client know that I may not be able to complete the call
- I have only ever declined based on scheduling conflicts
- I have the option to decline but prefer not to.
- I have to say that in my whole career I have not had to decline one single assignment for moral or ethical reasons. I would decline an assignment if there is a conflict of interest or discrimination such as race, ethnic, gender, or disability.
- I haven't come across any yet, so I'm unsure.
- I haven't declined any. But we do have the option (if we are friends with the family for example).
- I haven't had to up to this date.
- I imagine I may want to transfer the call in these situations: If I know the person, if it's too technical and way beyond my knowledge, or if it is a trigger for me
- I informed the one LSP who sends me to healthcare interpreting assignments that I would from now on decline assignments in neurology (too close to family situation).

- I knew the patient
- I know the patient
- I know the patient outside of the hospital setting.
- I know the patient outside the appointment.
- I know the patient.
- i need to know the doctor's name
- I never decline a call unless something wrong happens like loss of connection or patient request certain Dialects
- I never decline a call, unless I already sign out and the system still sends me the call. That happened only
  once
- I never have declined an assignment, and I believe that I never would, but I have the option to do so.
- I never have. But the option is there.
- I only decline phone call appointments. I prefer in-person only.
- I prefer not to interpret for mental health appointments as they are long and emotionally draining
- I really don't know. I love this job, I love to help the consumer.
- I really have never declined to interpret for anyone but I do have the option to refuse If I needed to.
- I recently declined a video call that was a last-minute deposition (I was notified 15 minutes before the start time). I was expecting this to be a typical deposition involving workers' compensation or insurance claim terminology, but it turned out to be a session involving highly technical terminology about data sensors. I had absolutely no time to prepare to familiarize myself with the terminology, so I felt I wouldn't be able to do the job justice. I explained this to the attorneys conducting the deposition and recused myself.||I would decline an assignment if it conflicted with my religious beliefs as a Christian (I wouldn't interpret for an abortion or a gender reassignment surgery for a minor).
- I recently declined an appointment that was 4 hrs long, as I felt it was too long without scheduled breaks.
- I speak Brazilian Portuguese and sometimes there are calls from different types of Portuguese (European Portuguese, African Portuguese) that are hard for me to understand and provide a good service.
- I was out of town
- I was scheduled for a family conference today where the family were to be given a cancer diagnosis. While reading the request I noticed that the grandfather who is a direct caregiver and who was also going to be we conference, is a friend who I've been taking to about his little one being sick. I didn't find out that the child that me and him had been talking about was the same child for who|The conference was for until I entered the room. For conferences where a serious diagnosis is given, we usually work in pairs. In the very moment, I greeted the grandfather of the child and excuses myself from the room. I talked to my peer and doctor briefly and explained my situation. I then called my supervisor and explained to her my position, she came to relieve me and assist my peer.
- I wasn't knowledgeable on that particular subject matter
- I will decline an assignment if I believe I have any form of conflict of interest, Ex.: I always decline appointments for one Deaf person for whom my family provides frequent healthcare advocacy.||Also...important to note that the agency for which I do most of my healthcare interpreting keeps a ""do not send"" list of interpreters when patients express their concerns. They also have a ""preferred interpreter"" list for some patients.
- I will decline an assignment if I do not feel qualified to take it.|
- I won't decline a assignment
- I work full-time shifts and am expected to accept all assignments they give me during those hours. Theoretically could decline an assignment, but I would need to have a very good reason. ||If I were assigned to interpret for an inpatient where airborne precautions were necessary (due to suspected infection of COVID-19 or active tuberculosis, for example) but I did not have access to the necessary personal protective equipment or if that equipment were faulty or incompatible in some way, or if I had not had the proper training to use that equipment.
- I would decline a call if it is related to child sexual abuse
- I would decline an assignment or a call if it clashes with my prior obligations at the said time.
- I would decline an assignment when I don't feel qualified enough, for example legal (court) settings.
- I would decline if I do not have time to interpret due to patient care flow.
- I would decline if I felt that the assignment involved terminology that was beyond my knowledge (i.e. complex genetic counseling).
- I would decline if I knew the patient or would be a vias interpreting for that patient.
- I would decline if I were emotionally overwhelmed.
- I would decline if it was a patient that I felt I was not a good language match with or if the patient has a history of being inappropriate, i;e. patient makes sexist or racial comments

- I would decline if the subject was out of my expertise or if the call were in a time-frame I could not interpret.
- I would decline sexual assault or rape involving a female client. ||I would avoid any assignment involving
  the police due to their lack of training working with different groups in the public. ||I typically avoid
  legal/court related assignments due to my lack of knowledge, education and experience.
- I would decline the assignment if I personally knew the patient coming in to the office as it would be difficult to remain partial as impartiality is an important standard to maintain.
- I would not decline any call.
- I would not decline to take any assignment
- I would only decline a call or assignment if I am not prepared for the topic.
- I would only decline an assignment/call if I thought I wasn't ready or prepared for it. E.G: I wouldn't accept a legal call that needed specific terms I'm not familiar with without some prior preparation.
- I would only decline if I knew the LEP from my personal life
- I would only decline if there is another interpreter available. It would be patient concerned not provider.
   Could be gender related
- I would say abortion or procedures related to mutilation
- If a patient doesn't like me for some reason.
- If a patient is directly rude to me.
- If content is beyond my field, knowledge, or per hospital policy.
- If dangerous to my well being
- If dialect impacts interpretation quality
- If family members and patient do not need an interpreter
- If family or someone that i know
- If feeling too tired to do a good job with a certain provider, or in an emotionally charged situation such as a care conference or end of life situation. I know for some coworkers there may be issues of patients or providers who don't wish to work with them.
- If I accept assignment by mistake (call immediately for cancellation). If it's conflicting with another appointment, or if I found that I know the patient personally. rarely I decline an appointment for an emergency.
- If I already had previous commitments then I will decline on the new request.
- If I already have an appointment scheduled with another company or if I have something personal schedule at that time like if I have to pick up my daughter from school or a doctors appointment for me or my family.
- If I already have one at the same time or If I have a family emergency
- If i am already booked for that time
- If I am already scheduled.
- If I am assigned to interpret for a personal friend.
- If I am booked already, if the agency has a history of not paying, if the assignment is out of my working area (too far), if there is no equipment to interpret simultaneously
- If i am busy ir if there are metal patients assignments as i am not trained in it.
- If i am busy or have an appointment
- If I am busy with another appointment or if they want me to drive more than 10 miles and don't pay for mileage and pay less than \$40/hour. It's not worth taking petty assignments. It won't make solid business sense.
- If I am close to the patient, or if the patient does not feel comfortable with me interpreting (wants a male interpreter)
- If I am exhausted.|If it's getting toward the end of the day and I haven't taken a lunch yet.|I've never flat out refused and assignment.
- If I am going to interpret for a client who I know in advance that is aggressive and I dont feel safe in the setting offered
- If I am not feeling good
- If I am sick and can get patients and staff ill (I rather do VRI and not do in person interpreting)
- If I am unfamiliar and struggle with the terminology.
- If I am well familiar with the patient/client, and I always disclose it. For court, if it's for my friends parent or family member, and I would not feel comfortable interpreting for them due to potential conflict of interest.
- if i anticipate the content of the assignment is not one which I am familiar enough with to be able to interpret well/quickly enough.
- If I believe the topic of the call exceeds my capabilities.
- If I cannot understand either the customer or the caller because of language accent.
- If I can't hear the call well or they can't hear me properly.
- If I can't hear well, or sound is compromised.

- If I did not feel comfortable interpreting for this patient from past interactios.
- If I didn't have the terminology, if it was a very specialized or if I noticed that I was feeling extremely upset, I would ask to be released from the call.
- If I do not feel competent about the subject matter, or the LEP is a family/relative to avoid bias and uneasiness
- If I do not have time to adequately prepare, if it is a topic I am not trained in or comfortable with, if I am not able to be impartial, if the pay is too low and I would lose money by taking the job (ex: travel costs exceed compensation for the assignment and there is no travel pay/mileage reimbursement).
- If I do not like the client or simply do not wish to take an assignment for any reason.
- if i dont feel capable on the subject matter
- If I don't feel comfortable with the subject matter.
- If I don't feel comfortable with the subject matter.
- If I don't feel comfortable with the terminology of the specialty
- If I don't feel competent or if I get another assignment for which I have more experience or if I get a similar assignment with better compensation
- If I don't feel I have the necessary knowledge. Ex. surgery.
- If I don't want to do it
- If I feel I would be bias or if it is a complex legal call.
- If I feel like I can't interpret the information. One time I refused to interpret for a patient that had been disrespectful to me
- If I feel mentally or emotionally unprepared and feel that it will negatively affect my quality of interpretation
- If I feel not ready with the terminology used in the assignment.
- If I felt that I was at risk or in danger, I would decline. If I felt that I could not be objective or that it would affect my emotional health too much, I would decline.
- if I had a personal conflict
- if I had not eaten yet and was so hungry that I couldn't interpret accurately
- if I have a personal relationship with the patient
- If I have a prior commitment, especially during medical or dental appointments, addressing my on/off chronic TMJ left jaw pain for physiotherapy and overall health and wellness. We all know so many of us Certified Linguists, though very noble, fulfilling, rewarding jobs, we have our battles and crosses we carry in our daily journey like unseen disabilities like what I had acquired due to the nature of a very stressful work we have whether we work REMOTELY, ONSITE OR HYBRID as a Subcontractor or REGULAR full time/part-time employee or running our own business but whichever way we look at it we are not even insured by the companies who had contracted us We are only compensated for the call/s we received and processed on a day to day routine.
- if I have a request for different appointments on the same day and the same time
- If I have an appointment wioth another company, or iof it is far away
- If I have an assignment scheduled, the monetary compensation, the assignment distance and duration.
- If I have an assignment set up for the same time of the assignment offered
- If I have another assignment scheduled for that particular date and time, or if I prioritize personal commitments, such as family birthdays, sports activities, or other educational obligations, I will inform the client. However, I always strive to accommodate their needs whenever possible.
- If I have another work commitment, or the distance is unreasonable.
- If I have had previous contact with the patient and they had conflict with provider. Also, if they are known personally to me.
- If i have the personal conflict and if i am not ready.
- If I knew the patient and it would cause a conflict of interest.
- If I knew the patient or the patient's family. If the material was too difficult. (which I may not know until I arrive)
- If I knew the patient personally, previous appointment ran longer than scheduled, or I called in sick.
- -If I knew the person well family member or friend/acquaintance in the community. ||-For a time after my miscarriage I requested to not go to birth suites or difficult conversations regarding babies.
- If I knew the Pt. personally.
- If I know a patient or one of their caretakers on a personal or familial way. For example, if one of my relatives comes to an appointment with a patient and I would be interpreting for the 2 of them or if the patient is related to me.
- If I know am not qualified or know the subject matter enough to provide the best interpretation possible.
- If I know anyone in the room a patient or provider.
- If I know rye client or LEP or in case I don't know the vocabulary they're using

- If I know the client
- If I know the family from outside the hospital setting
- If I know the individual or the matter is outside of the scope of healthcare interpreting.
- if i know the patient (5 responses)
- If I know the patient closely outside of work
- If I know the patient doesn't use the interpreter (fluent in English, prefers to use family, etc)
- If I know the Patient outside work.
- If I know the patient personally or if I had been through that specific experience, and it hurts to remember.
- If I know the patient well or not.
- If I know the patient, I will have to interpreter for.
- If I know the person, I give them the option of recusing myself and getting someone else. Always, the patients have chosen for me to continue.
- If I know them personally.
- If I need to monitor a provider who wants to ""practice"" speaking Spanish, I will let them know I'm happy to stay but unable to interrupt unless it's a blatant mistake. I would prefer not to even deal with these calls.
- If I needed a break due to extended interpreting time or if the subject matter was too close to heart (has not happened)
- If I notice that the LEP is someone I know. But before I decline I would tell to the client that it is not appropriate to interpret for that person, for example if it is my cousin or brother.
- If I personally knew the patient, or if I felt I would be too emotionally affected by the appt due to personal reasons
- If I personally know the patient
- If I personally know the patient
- If I personally know the patient or their family; if I don't feel that I can provide interpretation that will meet the patient's needs
- If I personally know the patient outside of the workforce, if they approach me in any sort of inappropriate manner.
- If I personally know the patient/ there's a conflict of interest.
- If I personally know the person.
- If I wake up very sick on day of assignment ||If the person Im supposed to interpret for is a close friend, relative or acquaintance||If the assignment is a very long driving distance from my home-office
- If I was not qualified for the session.
- If I was outside
- If I was unable to reach all the parties needed to interpreter
- If I were unfamiliar with the interpretation specialty required or unprepared to manage the nature of the assignment
- If if interferes with my schedule.
- If I'm booked already
- If I'm busy with other clinic related tasks
- if im driving and unable to answer
- If I'm ill or if I feel it's dangerous (ie. Weather conditions)
- If I'm not available to accept the incounter or personal reason.
- If I'm tired or Having a headache
- If is a family member or friend.
- If it conflicted with my schedule.
- If it goes against my religious beliefs ex abortion
- If it involves children being in danger.
- If it is beyond my expertise or knowledge about the subject, to prevent inaccurate an incomplete interpretation.
- if it is a school IEP meeting and I don't have the reports
- If it is an abuse case or I know the patient personally
- If it is in a mental health facility
- If it is legal
- If it is of a legal nature since I am not qualified for that.
- If it is too outside my usual area of expertise or the conditions are not good for interpreting (bad connection, difficulty to hear either party, etc)
- If it is triggering.
- If it is very far from my house. (One hour or more)

- If it overlap with existing appointment or covers a topic out of my range or qualification.
- If it overlaps with something else, if it is outside of my scope.
- If it required simultaneous
- if it was a domestic violence or abuse case involving incest, I would have an extremely hard time remaining neutral.
- If it was a legal setting.
- If it was inappropriate or conflicting with another encounter
- if it were related to abortion. that is a significant moral issue for me. The organization I work for is Catholic and doesn't do abortion. Or if I found out that a patient was a personal friend and it would jeopardize my partiality/confidentiality. Very rarely I have declined if a patient was inappropriate with me, or a staff member was inappropriate or difficult. But again, very rare. My supervisor is very understanding under these circumstances.
- If it were something that would trigger a negative reaction in me that would keep me from being an effective interpreter.
- If its a close friend that comes for Family Planning services or for STD testing
- If it's a family member or if it's a legal or another subject I don't have the training or experience to interpret
  for.
- If it's a family member. I want to avoid any misunderstandings with family. If you would have them over for dinner don't interpret for them is my rule.
- If it's a family member/ family friend- I usually have a conversation with the patient and provider. I haven't had an assignment I didn't feel prepared for.
- If it's a legal call (I'm not trained for those) or if there's a conflict of interest
- If it's an area outside my field
- If it's court, I'm not certified.
- If it's impossible for me to be a part of it due to connection/quality issues. Other than that, my job is to serve and I serve best by dettaching emotionally.
- If its out of my scope of expertise
- If it's out of my skill set or occasionally when related to child sexual abuse
- If it's someone I know personally, if it's something that's going to be something I cannot handle, due to some factors
- If I've had the same patient back to back and it's emotionally charged information
- If lawyers or police are involved without a medical provider present.
- If legal representation is involved.
- If long hours in inpatient mental health and back to back
- If my personal beliefs or circumstances prevent me from providing professional and ethical services.
- If my schedule is tight or when I have peraonal appointments.
- If outside business hours or extremely long session (3hr+). We use vendors and other resources like OPI, VRI, etc.
- If patient is relative/neighbor/friend.
- If person is unwilling to allow space or time to interpret
- If someone had a daughter, 12-13 years old, that had suicidal ideations or had tried to commit suicide. My daughter had this problem and it was very traumatic for me
- If someone I know comes in for appt.
- If someone knows my family and feels uncomfortable with my presence, as a male interpreter some
  requests are for female-only staff and that isn't made clear until arrival, or if the person is my family
  member.
- if the appoitment take to long and have another patient that need interpreting
- If the assignment is 2+ hours away.
- If the assignment is. not compatible in the culture of. the client, or if I feel that I am not qualified for the assignment. An example of not qualified is a court assignment, as I am not well versed in that setting and do not have expert knowledge of the terminology.
- If the call is guite a distance from my home and they don't want to pay mileage or a no-show fee.
- If the call was out of my scope of specialty (knowledge), for example a legal call.
- If the encounter has to do with sexual assault.
- If the family or patient became upset because I was called to interpret and they wanted their visitor to interpret even though they were informed the provider requested my presence.
- If the field sounds unfamiliar and many terminologies aren't being understood
- If the location is too far for me like more than an hour driving.
- If the nature of the assignment Is not comfortable for me or if the timings don't suit me.

- If the patient and I are not a good language match, for complex medical needs outside my current realm of
  experience or training (e.g. surgery, some cardiac tests and procedures, neurology, severe mental health
  crisis). Personal comfort for myself and/or the patient (labor & delivery, urology for male patients)
- If the patient do not trust my translation and keep on interrupting me for correct rendition.
- If the patient is a family member
- If the patient is a person I know as a neighbor or an acquaintance.
- If the patient is an acquaintance
- If the patient is well known to me
- If the patient or the medical provider are rude, I will decline the assignment.
- If the patient speaks in an specific Portuguese dialect which I'm not familiar, nor well versed with.
- If the patient were a family member or friend, I was not very knowledgeable about the topic the patient was being seen for.
- If the person is a friend or someone I know.
- If the person is known to me outside of the interpreter role.
- if the person or family is someone that I know personally or knows my family. I will ask the person to ask them directly if it would be awkward for me to be the one helping or if they feel that its to private of a matter that they would like a different interpreter. I have had to ask them that I am okay to help if and when they are okay and can be open to answer the questions without feeling embarrassed.
- If the previous booking has changed and would last longer or if multiple bookings become conflicting.
- If the provider is requesting a female. If I knew the family personally and it was a sensitive situation, and I knew another colleague was available.
- If the provider or the patient were disrespectful to me in the past.
- If the subject it's too personal for me that causes emotional reactions or if the vocabulary it's too unknown for me
- If the time does not work for me.
- If the time of the assignment doesn't work with my schedule. If the assignment is on a setting where I don't feel comfortable interpreting for. If the assignment is on a setting I don't feel well prepared.
- If the video or audio quality is not clear enough
- If there is a conflict interest|If my mental and emotional well being are at risk|If I feel unsafe|
- if there is a conflict of interest or if I need a break (i.e. spent 2 weeks in same setting, etc.)
- If there is a conflict of interest, if I work with the patient in another setting I may decline to avoid their
  discomfort, if it's to do with fertility or loss of a baby or abortion I typically decline. If it's simply a patient with
  complex needs and I have limited time I may decline because I know the appointment will run long. I
  typically decline appointments with Deafblind tactile patients because of a wrist injury.
- If there was a personal conflict of interest.
- If there was subject matter related to sexual violence I would prefer not to take that assignment. But I would if I had to.
- If there were a strong conflict of interest that I feel would negatively impact the encounter
- if they request the Ukrainian language and start speaking to me in Russian instead
- If upon initially speaking with a person, I learn that they speak an indigenous dialect or if I do not understand what a patient is saying- in those cases I have declined to continue working with patients. I can not interpret what I do not understand.
- Illness
- Illness or emergency
- Illness or funeral services for my father
- I'm a healthcare interpreter, but the agency I'm working with also has assignments in schools, community, jails, etc. I never accept those because I'm not familiar with that specialized vocabulary. I also would decline assignments in healthcare if I feel unprepared for that specialized vocabulary, assuming I know in advance what the specialty is. I have declined assignments if they are too far away and if I foresee issues with traffic.
- I'm scheduled in other job
- in case I have difficulty understanding the accent the person who is calling me for the interpretation.
- In case I weren't able to deal with the specialty. I am a CMI, but I cannot interpret ||for a legal case, of course.
- in case of an er
- in case of conflict of interest and not comfortable or familiar with the topic involved
- In case the person is a relative or friend
- In cases where female prefers female interpreter.

- In cases where the respondent/caller and I are not understanding each other; due to connectivity issues on their side.
- In circumstances of severe weather such as fog. In addition, if the time overlapped between assignments.
- In sickness
- In the past, I have only declined jobs or patients because they were known acquaintances. Did not want to violate HIPAA.
- incomvenient times
- Inconvenient time|Distant location |
- Infections deceases pts highly contagious
- Interferes with other assignments
- interpretation for family members or friends
- Interpreting for a large group of male inmates while they were in the process of being released. Not a safe place for a woman. |I couldn't walk alone (by their rules) in a facility of over 500 inmates
- It rarely happens, but occasionally in a Speech Therapy setting I'd recommend a native speaker, as they are better equipped to catch nuances in the patient's speech. ||Sometimes I decline to come in for appointments outside of my standard hours, if it interferes with plans outside of work.
- It was a long commute (mileage and the time spent commuting weren't compensated). I didn't want to work for the particular provider or patient (a rare case).
- It's usually for scheduling conflicts.||Please, which questions are only about healthcare interpreting, and which are just about interpreting in general????
- I'VE NEVER DECLINED AN ASSIGNMENT|ONLY IF THE PATIENT WAS A FAMILY MEMBER WOULD IDO THIS
- I've no problems with any kind of assignment I can handle comfortably
- Knew client
- Know the patient from outside the hospital, inadequate knowledge of subject matter
- Know the person seeking medical attention
- · Knowing the patient outside the healthcare setting
- known patient, illness
- Lack of availability, didn't have appropriate tools/internet to work, was on vacation.
- Lack of preparation
- Lack of preparation time. There is almost no information regarding the client. Therefore, I don't have any idea of which vocabulary to review. ||If client diagnoses is provided, I will be able to prepare for higher level of interpreting.
- Last minute calls, or time conflicts with my other job, or too distant locations.
- Late notice (usually a same day request when I'm not available due to a prior commitment). Sadly, this is the norm and happens more than 75% of the time.
- Legal assignment where I am not = sure about some terminology
- Legal assignments, schedule conflicts
- Legal calls needs to be denied as we are not certified for it
- Legal jargon
- Legal or court
- location- if, it is far away
- Location is too far
- Location or if interfere with my doctor appointment.
- Location or setting
- Location too far for commute or have conflict with another assignment that I already have.
- Location. Sometimes if I feel like I need a break from a certain type of case, but I'll still do it.
- Low rates; stressful working conditions; abusive clients, and clients with unreasonable expectations, e.g., simultaneous interpreting in public courts without breaks
- Many years ago I declined assignments because I wasn't familiar with the technical terminology e.g. undergrounds telecommunication system installation.
- Maybe in a setting in which a female interpreter would be better suited
- Meetings
- Mental health
- Mental Health appts
- Middle of the night requests, conflict of interest, low pay, long travel across the USA
- MMMMMMMM
- Moral principles / Conflict of interest

- More to do with scheduling conflicts. Otherwise, provider and patient discuss whether they would prefer a different interpreter (mainly, a gender-baed issue), which I always respect.
- Mostly relatives
- My brother is disabled and visits the hospital I work for frequently. I am his guardian.
- My personal health issues
- My skills aren't adequate, a member of my community (privacy for that person
- Never (17 responses)
- Never declined, but option exists
- Never declined (4 responses)
- Never had to decline an assignment.
- Never had to decline but I would decline if it goes against ethical guidelines.
- NEVER, or at least cannot think of a reason
- No
- No
- No I haven't
- no time
- Nona availability and schedule conflict.
- None (8 responses)
- None, I remain neutral and can handle any call setting.
- None, I would not decline
- Normally just due scheduling but once I declined a call because it was assisting a social worker in removing a child from a home with no security or police support
- not available (due to other jobs), not familiar with a particular subspecialty
- Not available due to personal appt., or illness.
- not being available- or because lock of knowledge about the subject.
- Not convenient with my schedule.
- Not my specialty
- Not prepared or feel uncomfortable with the setting
- Not prepared yet
- Not qualified
- Not sufficient training or certification for the assignment.
- Not thoroughly prepared for the subject matter of assignment.
- Not within my specialty.
- Occupied with another assignment, uncomfortable being around a specific patient again if previous encounter was uncomfortable-usually adult males, personally knowing the patient.
- Of the patient has made me feel unsafe or uncomfortable. If the provider has been very rude. If assignment time has been changed to a later time, and I will no longer be available.
- On abortion situations |And LGBTQ matters due to my religion.
- On two separate occasions. One was a family member of my spouse and the second was a person that had tried to harm me in the past. I was able to decline well ahead of time.
- Once I was very sick and in pain.
- One time for psych appointment, the patient got too aggressive and I felt unsafe so I declined to go with that patient for next visits
- Only a few times i have declined assignments that drain me emotionally like palliative or cancer care. Also, when I have worked with the provider before and they're extremely rude.
- Only if I am not familiar with the terminology... for example legal...
- Only if I happen to have an emergency.
- only if I have a conflict of interest
- Only if I have to drive to location for over 1.5 hrs. Or if I have pay bridge fees.
- Only if I know them in person, because this invalidates impartiality
- ONLY if I'm unavailable to work during those hours.
- Only if it was not a good fit for me, or while I was pregnant I avoided any assignments that had increased risk to my baby.
- Only if its legal by
- Only if the LEB speaks a very different dialect so I can't understand them well.
- Only on sick days/vacation and if the patient prefers a Male Interpreter instead of a female.

- Only once. The provider at a pre-scheduled appointment was a very close friend of mine outside of work, so I chose not to interpret for him seeing it as an ethical conflict. A colleague took the appointment. |I work in a small team, so there's not always a choice to decline/withdraw.
- Only when I know the patient outside the medical setting.
- Only when I'm in a shift spot because I know I'm not gonna earn the same aount as I would if working as a freelancer or when I have a specific task to be performed on the day the assigned call is offered.
- Other appointments or personal commitments
- Out of my multiple appointments, I had two negative experiences working with a particular provider so I
  requested NOT to be called again to work with that specific provider.
- Out of my scope or low pay
- Overlapping assignments and location
- Overlapping schedule and travel time
- Patent may be uncomfortable with my presence due to gender
- Patient is a known person or sickness
- Patient refuse to have interpreter for the appointment, and if it is agreed by the staff, then I decline
- Patient request female interpreter, I am male.
- Patient says that he/she speaks Chinese (Mandarin) but actually speaks a dialect. For Chinese dialect, the pronunciation is totally different although the writing is the same.
- Patients whom I have known or whom I do not want to provide services
- Patients/families are friends of mine
- Per request or decline of a patient.
- personal commitment
- Personal conflict
- Personal conflict
- Personal conflict
- Personal conflict | Provider has been disrespectful in past assignments.
- Personal conflict or feel unprepared
- Personal conflict or lack of knowledge.
- Personal conflict or personal experience affecting the outcome of an encounter (for example, patient cannot hear my tone of voice clearly enough).
- Personal conflict with the subject matter. Conflict of interest, as knowing the person. Self care matters.
- Personal conflict.
- Personal emergencies.
- personal interest conflicts
- personal reasons
- Personal reasons
- Personal reasons, or if I will be double-booked
- personal relationship |common friends
- Personal relationship w client
- Personal relationship with client/patient
- Personal relationships |Conflict of Interest
- Personal safety
- Personal safety, a patient had been following me in the community and taking unauthorized photos of me.
- Personally knowing the patient, appointments for abortions or other type of surgery with which I have conscience issues.
- Planned parent-hood
- Planned Parenthood because I am ethically opposed to abortion. It was only one request and never happened again.
- Prefer initial appointments for mental health but typically don't accept subsequent appointments as it's
  difficult to follow the flow.|Also preferable to know subject of appointment to review and/or study topic
  beforehand.
- Prefer not to interpret for a particular provider or patient. Inconvenient time or location.
- Preferred not to interpret for a patient
- Previous poor experience if provider or patient was abusive or aggressive. If I am affected emotionally by the subject matter and will not be able to interpret well (For example, after my mother died of cancer on a few occasions I would avoid cancer clinic visits.)
- Previous schedule assignments.
- prior experience with client

- Probably if I start choking while the call is in progress or if I suffer heart attack or brain stroke while the call is in progress.
- Probably if I'm feel sick
- Pt was my neighbor
- Rarely but if it's because of my health condition
- RECENT DEATH IN THE FAMILY dUE TO CANCER
- Related or friend of patient
- Relationship with patient
- Reproductive (abortion) related issues/
- Rude, extremely prejudiced doctors (against patients and interpreter)
- Schedule conflict (8 responses)
- Schedule conflict with other assignment. And I don't like in the woman's care that take abortions.
- Schedule conflict. Not my specialty.
- Scheduling conflict or distance in miles
- Scheduling conflict or if I got sick Too far to drive
- Scheduling conflicts, level of complexity, court/legal assignments
- Sexual assault/abuse/rape
- Sexual harassment
- Sexual or physical abuse cases
- Shortly after I lost my husband, several of my colleagues offered to take my ""End-of-life"" discussions and
  I was grateful. If I were to have more than my fair share of ""end-of-life"" cases in a given shift, I know I
  could ask my colleagues/ management for support and they would find a way to accommodate. I am
  grateful to be a part of a supportive team.
- · Sick or personal reason
- Sick, family emergency, car trouble.||Unreasonable request: requesting service for 3-4 patients within 4 hours in outpatient clinics and the appointments are in different: floors/ clinic/ providers/ specialties. (I decline these because different specialty appointments take more than 1 hour, I can not provide the level of service I want to provide if I am rushed and I have to keep an eye on the clock.) It is stressful when the patient is late or the provider is delayed and we only have 1 hour per patient are required to get a signature from the provider for every patient to prove we completed an assignment and have to move on to the next patient when the service was not provided. In these cases signatures are usually denied becuase the service was not provided. ||out of service area.||Request is a 1 patient (2 hour minimum) 25+ mile drive|
- Sick, if any personal problem if I don't have any way
- Sickness
- sickness
- Since I am also a certified court Interpreter if this is a person for whom I have provided interpretation services in court, I believe a different Interpreter should provide the services in the healthcare setting.
- So far, I have not turned down a single call.|There was one occasion when I thought about doing so because it was a very sensitive issue (they were going to tell a woman that her baby was dead in her womb) but the client did not answer the call and I was not able to make the announcement. I am an empathetic person and an extremely sensitive issue like that made me feel compassion, but I knew that I had to continue with my work as the professional that I am.
- Some assignments in Emergency /Triage |-Assignments located in facilities such as prisons|-possible assignments in severe mental illness in patient facilities.
- Some patients have preferences in working with certain interpreters.
- some specific provider locations and/or service types.
- Someone accepted first.
- Specialized medical field requiring French interpreting since I was not very familiar with the related content in that language.
- Specialty, location, long hours, subject 100
- Specific clients or providers
- Stong language mostly
- subject matter
- Technical audio issues.
- The agency sent me to a legal encounter w/o any previous pertaining info. Although I could've done it with proper communication given on time I did not proceed when I got to the location. It has only happened one time.
- The doctor that I will be interpreting for is very rude to both the patients and interpreters.
- The doctor/patient is rude

- The location (distance I have to drive) |Time of day|Weekends or if I'm already booked
- The ones that required a sworn certification by law or any other language Im not approved on.
- The scheduling conflict. The pay rate is not aligned with my standard rate.
- The weather was bad.
- Therapy (family, group, individual) I cannot do, and legal
- There are a variety of reasons, including the nature of the person requesting interpretation (Healthcare, Legal, education, etc) or the complexity of the situation and if I'm prepared or not.
- There are some providers that are very difficult to interpret for because they do not know how to work with interpreters. Connection issues, for example with the Telehealth platform
- There was a request to interpret in a behavioral health setting and I no longer remembered the protocol to safely enter the facility. There were several steps regarding which door, indicating your presence, a special key, etc.
- There was one case that I chose to decline because I was not treated professionally.
- There was one instance where I knew the patient personally and I declined due to that reason.
- Time and date did not work for me
- Time and Location
- Time conflict
- time conflict
- · time conflict, distance
- Time Conflict, Not Available, Children
- Time conflict, sickness
- Time constraints or other factors.
- Time constraints. Or previous appointment run long.
- Time if prior commitment is done
- Time matter ( i have other main job)
- Time restraints, overlapping appointments, sickness or car trouble
- Time scheduling and conflict
- timing inconveinance
- To avoid conflicts of interest, particularly with familiar clients, I will decline cases where such conflicts may arise. My courtroom appearances may occasionally involve clients I know.
- To avoid conflicts of interest, particularly with familiar clients, I will decline cases where such conflicts may arise. My courtroom appearances may occasionally involve clients I know.
- Too close to patient/friend/family|No knowledge of subject |Too long of an assignment without a team/co-interpreter
- Too far or already booked.
- Too far to drive
- Too long, or for Human Resources.
- Too many people in one room without parental control
- Too much other work, too late of notice, too low of rate
- Too personal/family|When on site is needed
- Topic is a personal conflict or trigger
- Transitioning pre-op
- travel not paid
- Travel time. Distance from my house and time of the assignment
- Typically I only decline if I do not have availability or if it would not be worth my time/money. I am a freelancer and work with several agencies as well as direct clients, so my schedule fills up and I often receive more offers than I can accept. Additionally, long travel time or the likelihood of better-paying work coming in which would conflict with the medical offer are also factors. It has not happened to me before, but if I received an offer for a highly specialised encounter in a specialty I have little experience in last minute with no specific details, I would decline for lack of ability to adequately prepare.
- Unfamiliar with topic
- Unfamiliarity with the diagnosis or health problem of the patient.
- Unknown level of complexity for an academic exam
- unpleasant known client
- Usually because of scheduling conflicts; occasionally because the time, location or subject matter is dispreferred or inconvenient; most rarely because of an ethical conflict.
- usually it's a scheduling issue.
- usually when I have conflict of time for assignments.

- Vacation time or family necessity and technical difficulties.
- Very rarely, I preferred not to interpret for a particular provider who was extremely racist against me as a
  person. Rarely, if the patient was unable to understand because they spoke an indigenous language, not
  Arabic, but they had to request Arabic interpreter because of lack of that language's interpreters.
- Vicarious trauma
- VRI: I have the option to decline abortion appointments, but I never have done that.
- We are allowed to decline if we get into a situation we know we cannot interpret or not familiar with, or if its
  a personal family member. But our organization always has an ipad/video available in multiple languages
  24/7 or the telephone interpreter is always available as well. Luckily, I have never had to decline. Patients
  are also allowed to decline interpreters and we have a form we give them to fill out in doing so.
- We are required to interpret contracts or policies in financial settings that involve the reading of lengthy statements that contain intricate terminology and digits.
- We have the option with some companies when they are recording
- Weather or sickness
- Weather related or conflict with personal schedule
- WEATHER, EMERGENCY
- When a family member/ relative has arrived to receive care.
- When a male patient only wants female interpreters and gives the elevator eyes to the female interpreters
- When client is speaking my language as a second language to their indigenous first language. ||Any
  senario that I feel a native speaker would be able to provide cultural relevance that might be pertinent, as in
  helping parent arrange burial with death of an infant
- When felt not comfortable/qualified to continue on the call.
- when I am already booked somewhere else.
- When I am already booked with another assignment
- When I am not able to attend
- When I am not available
- When I am not comfortable interpreting for the provider or client. Long distance and compensation is not
  worth it
- When I am sick.
- When I do not feel I am qualified to meet the interpreting needs of the client.
- When I feel like I am not able to provide high quality interpretation (e.g. for court)
- When I feel tired
- When I have a close deadline for a translation submission.
- When I have a family emergency, or if it is a difficult subject for me (mostly emotional (eating disorders, suicidal attempts)
- When i have been double booked
- When I have conflict of schedules.
- When I have experienced a QME doctor being rude to a patient in the past.
- When I have scheduled in my full time job
- When I have too many end of life discussions.
- when I know the client and it become a conflct
- When I know the client.
- When I know the patient in a personal setting.
- When I know the patient or if the assignment is out of my scope
- When I know the patient personally
- When I know the provider is difficult and does not know how to work with an interpreter.
- when i was falsely accused of not interpreting correctly and completely
- When I wasn't prepared
- When is a family member, or a person I know.
- When is difficult legal terminology or court setting
- When is too far to drive.
- When it colloids with my other commitments
- When it conflicts with other (personal) appointments.
- When it creates conflict of interest / the patient for whom I have to interpret on that call is someone I know and they know me ... therefore I decline and transfer to another Interpreter
- when it has not fit my schedule or overlaps with other appts.
- When it's a family member or close friend.
- When its not proper the specialty of Dr??

- When it's out of my code of ethics and professionalism. If it's something I'm not comfortable with or unknown. For example legal.
- · When I've taken too many calls in a row
- When Lep has been rude to me in the past. Also, I have declined assignments when male leps are stubborn and don't want to stop being flirtatious with me. Sometimes I have to declined assignments if leps first language is not Spanish because of high probability of misunderstanding.
- When Med Facility has not provide any information.
- When my health is at risk during Covid and lack of PPE
- when my mental and physical health be at risk
- When my work time is over to go home. when time conflict with other interpreting appointment at same time.
- when not available
- When patient is a family member, friend or neighbor.
- When patient is a relative or close friend
- When patient was very controversial and difficult to please.
- When patient was very controversial and difficult to please.
- When simultaneous interpretation is more than 20% of the session.
- When the appt was too emotionally draining and I was feeling burnt out.
- When the assignment is too far or too early
- When the call has a conflict of interests or when the nature of the call could make me jeopardize impartiality.
- When the discussion of an appointment is controversial
- When the family of the patient is in great disagreement day in and day out (inpatient) and the providers show understanding but nothing changes.
- When the goal was to pray with a patient and I didn't know the prayers to be able to keep up with the flow.
- When the health crisis is beyond the nurse practitioner's knowledge and requires urgent care.
- When the LEP speaks Spanish, but it's not their native language and it impacts communication
- When the location is too far; when there is a time conflict with other assignments
- When the patient and I don't speak the same dialect.
- When the patient is friend or relative or when the patient is very rude
- when the patient is my family or friend
- When the patient that I will interpret for is someone who is an acquaintance of mine.|When the patient is has been rude or aggressive with me.
- when the patient was my relative
- When the provider is not an employee of our company.
- When the system sent the information after the encounter was supposed to have been held.
- when there is a bad connection
- When there is conflict of interest with the patient. More common in small cities.
- When there is time conflict with work-related or personal reason
- When there's a conflict of interest.
- When there's another assignment assigned or if I'm sick or not available for the time / day specified.
- When they call me for individual education plan (iep), I decline since I am only trained as a medical interpreter.
- When ut is a family member or someone Im too close to
- When working with Chaplains, sometimes I decline the assignment when there is a religious conflict. (Prayers, religious rituals or ceremonies)
- When, as an interpreter, I believe the patient might be uncomfortable given the reason for the medical Apointment and the relationship with the interpreter.
- Whenever I get a call out of my professional scope I decline them.
- Whenever I get sick or emergency pops up of my family concerns.
- Where cps is involved
- Where nursing is difficult to work with or issue with other staff.
- Where there is a lot of technical language like training for workers in a industrial complex or facility.
- · working with two agencies
- wrong language, court, rude lep, emergency
- Wrong language.

### Appendix I(2). What is the reason you cannot decline an assignment/call? (Q.30.c)

- I have not declined so far.
- According to the company policies if someone works as dedicated shifts they need to answer all the calls.
- All appointments/assignments are important.
- All assugnment/call is welcome unless the client is being disrespectful...
- Another interpreter is never at hand.
- As a trained medical interpreter, once I accept a shift, that means I accept the challenge of taking each
  encounter seriously and professionally, and work as ethically as possible. I do have the option to decline a
  specific encounter for personal conflict with the subject matter, but I have not taken that option personally in
  my career.
- Assignment calls are most likely always longer calls, and I prefer them than having shorter calls, Metrics
- At the HD you cannot decline an assignment since ever one is assigned an area to cover.
- Because ""the needs of the patient come first"", not mine.
- Because companies policies
- Because I am staff so I go to work and have to show up for my shift
- Because I have a limited amount of rejected calls per month
- Because I interpret where I am needed
- Because I'd lose my job and without a job I cannot buy food nor pay rent.||I can only decline 2 calls a day. 1
  more and I'm instantly fired. No work rights whatsoever, no one cares. I'm just a number, I have no voice.
  That's the life of a ""contractor"".
- Because I'm an employee not a contractor
- Because is part of my job assignment helping Spanish speaking
- Because it affects patient care and advocacy
- Because it's my department and I'm supposed to do it.
- Because the assignment can require an in-person interpreter for a particular length of time and I am the only in-person interpreter that can be available for all of that length of time.
- Because the company I work for has a dedicated schedule and needs my services, it is forbidden under their policy to reject calls; otherwise, I could be penalized (suspended). The other company I work for as a freelancer only suggests its interpreters to avoid rejecting calls if possible.
- Because we all should be prepared for all types of calls that we received.
- Blacklisted
- Can decline only if I cannot be objective, not for any of the above reasons.
- Companies don't give you that option . You always have to take the call
- Companies don't give you that option . You always have to take the call
- Company does not allow that. Can theoretically transfer the call but if too frequent may be penalized.
- Company policy (11 responses)
- Company policy requires interpreters to accept all assignments, and declining could impact performance evaluations or job opportunities.
- Company's expectation.
- Company's instruction. Interpreters can have their day unpaid or their account disconnected without notice if management believes interpreters have been rejecting calls.
- Company's rules
- contract restrictions
- Coordinators have directly threatened to stop assigning me to jobs if I decline an assignment. As a result, the burden often falls on me, the interpreter, to find another interpreter to take over my assignment so that I don't disturb the peace of the coordinator.||One instance stands out where I was assigned to an online job very last minute without being notified in advance. The norm would be receiving an SMS informing me of the assignment, but I did not receive anything. Later, a coordinator called, accusing me of neglecting the assignment and threatening that I would lose my job. I found this situation unfair and unprofessional, as I had no knowledge of being assigned in the first place. I am not a child and do not appreciate being threatened in such a manner.||Throughout my career, I have tried to change no more than five assignments due to real inconveniences, and only once was I able to do so without being met with threats or pushback. These experiences highlight the lack of flexibility and understanding interpreters often face, even when legitimate issues arise.
- Customer service
- customer service
- Customer service agents just want ""qualified"" interpreters, QA is often absent, and it is up to me to professionalize my practice. When I do try to decline an assignment, I find the agency just circles the call

back to me eventually, because no one else will take it. This means I am constantly learning, but occasionally taking assignments beyond my scope of practice (e.g. court-related). Because of this, and the fact phone interpreting isn't paying all my bills, I am pursuing further certification through court, since the shaky ethical grounds some agencies operate on leaves me little choice.

- Decrease in performance
- Department policy
- do not have enough info to decline before appt time
- Don't always know who is requiesting interpreter.
- Due to the nature of on-demand calls, I don't know who will be on my next call unless it is scheduled beforehand.
- emergency only
- emergency only
- Employer says so.
- Every call should be taken
- Freelance. There often is no one else available to complete the assignment and would create tremendous inconvenience to provider and patient.
- Given very little or no information about the patient or situation.
- Have not been given
- Have to take all calls in hospital.no choice in the matter.
- Having another appointment, sickness, Family issue
- I am a staff interpreter for a school district, interpreting and translating IS my job.
- I am a staff interpreter.
- I am a stationary interpreter; it is expected from me to be know the vocabulary and understand the procedures.
- I am able to interpret any assignment
- I am here to help the LEP.
- I am hospital interpreter
- I am in-house interpreter
- I am the interpreter in the clinic.
- I am the only certified interpreter on staff, and although I do have a coworker that has received training in medical interpreting, and has experience doing so, it is up to one of us to help.
- I am the only in-person staff interpreter, so I must accept all assignments. However I was given permission to decline ISO rooms for my own personal health reasons. For other freelance work I can pick and choose.
- I am the only interpreter for this clinic
- I am the only one in my hospital
- I am the only on-staff interpreter at my hospital. If I were to turn down an assignment, the encounter would have to be completed with a phone or video interpreter. If I truly must refuse a request (due to a conflict of interest, for example), then there is no choice but to use phone/video.
- I believe it has consequences
- I can be reported, if I'm in the line I should and I'm expected to service any call.
- I can get fired
- I can not answer calls but cannot hung up on a call.
- I can't decline an assignment for a particular provider or patient as I work interpreting shifts.
- I DO TAKE WHAT IS AVAILABLE
- I don't decline sessions
- I don't have enough information when the call shows up. But I do everything in my power to remain unbiased.
- I don't have previous information about the patient.
- I don't have the option to decline calls
- I don't have to decline any
- I don't know the name of the client.
- I don't know.
- I don't work that many hours
- I feel it would be difficult to decline an appointment for CARES appt (child abuse investigations), because we (interpreters) are expected to get them done regardless of how comfortable or prepared we feel. ||Also, I would appreciate the option to decline an appointment if patient was requesting an abortion to be done. I would not like to be a participant. I haven't been in this situation but if I found myself in this situation I would ask to be replaced.
- I feel responsible for the assignment to be taken and accomplished as an interpreter

- I have a moral duty to care for anyone that walks in the door seeking help. In my thirty years working in the
  healthcare setting I have never felt the need to decline an assignment or a call to assist with a patient or
  physician issue.
- I have never been in the situation
- I have no way of knowing what the call will be about and whom I will be interpreting for
- I have to accept a call due to the company policy
- I have to get them scheduled or get them transferred or help them or answer their questions. I have to send a message to the doctor on every call that I receive or schedule an appointment or soft transfer them to a specialist. I have to work every call that I get. Over 80% of my call are Spanish speakers from every country in the world that speaks Spanish.
- I just cannot have that access, I have to take calls as they come
- I just receive everything as is without any option to decline
- i know the case of the patient very well, or the patient doesn't understand but my dialect.
- I must take all incoming calls when I am logged in. I may transfer a call if there's conflict of interest.
- I never know what the call would be about before accepting the call, and declining a call directly impacts my payment as I am committed to service every call as needed.
- I only log in when I believe I am ready and prepared for the interpretation. My job is to interpret with accuracy and I don't have any preference when it comes to providers or patients, for me they all are very respected and I have to provide my services to my clients.
- I receive calls without the ability to choose which ones to answer-they simply come in. Once I am on a call, I must follow through. As an interpreter, it's essential for me to remain unaffected by the subject matter. My role is to be a neutral medium between two people, ensuring that I provide an unbiased and accurate interpretation.
- I take calls
- I wanted to decline abortion clinic calls. Voyce said NO, on the basis of principle of IMPARYIALITY. However, Certified Languages International gave me the option to refuse interpreting in abortion settings.
- I was called to a NICU case that reminded me of my own experience, and I felt emotional about it in the pre-session huddle with the social worker, so I excused myself and messaged the coordinator. He sent a different interpreter instead.||There was another time when I was exhausted after a long team meeting interpreting for a patient's parent and her team of doctors when I asked my coworker to interpret for the next meeting with the same parent. I was exhausted and I thought my interpreting quality was starting to decline. I think the first meeting had been either 90 minutes or 2 hours, and it was regarding a very critical case.
- I will affect my adherence and I might lose my job.
- I will get fired if I do so.
- I work by myself
- I work for a hospital and I can't choose my assignments
- I work for a large hospital. It does, not look profesional
- I work in a call center setting, whatever call I get, I need to handle.
- I work in a hospital and my role is to interpret in all areas
- I work most in-person, onsite doing QME evaluations. The nature of the job is the interpreter arrives to the assignment with little to no information and has to interpret to the best of their ability. These appointments are scheduled months in advance and to decline it would mean the interpreter doesn't get paid because they provided no services as per their own request. Apart from that, declining an assignment after arriving to it or with little to no warning in advance would cause a delay in the claimant's case, who has been waiting months for their appointment and has to now wait more months for a rescheduled appointment again.
- I would have bad adherence and I'll be removed from shift program
- I would never decline an assignment but in rare instances colleagues have done so based on personal trauma, past or ongoing, as it relates to the assignment...||I personally am never comfortable interpreting for spiritual care or chaplaincy sessions. I am not religious and honestly feel that I should not be required to always complete these assignments. I am not familiar enough with the 'jargon' and feel that I shouldn't have to be. Religion is extremely personal and I'm not pleased in being expected to interpret for sessions that encompass different beliefs and preferences than my own. I would like to strictly interpret for medical sessions per my training and experience.
- If I am not familiar with the subject and/or the patient does not cooperate with the treatment.
- If I decline an assignment they throttle my offers and I get less opportunities for work for a while. It's better to take anything that comes to me.

- If I was the only one I took care of everything, When I was working during the day shift and other interpreters were available I could ask someone else to take certain requests.
- If it is within 24 hour there are consequences, and a report/investigation is open on why you dropped the assignment. I always check 3 days ahead to make sure I don't any type of conflicts and request the nature of the assignment if is not been shared with me, but it was a lesson I had to learn because I was not told about the consequences.
- If you decline calls you might get fired.
- I'm a staff interpreter, it's in our contract
- Im always willing to take any assignments
- I'm an employee and whatever comes during my session I have to interpret whether I like or not.
- Im at a hospital and as long as it is during my shift, I must take the assignment.
- I'm the only ASL interpreter. In order to decline an assignment, I have to make arrangements for a contractor to come.
- I'm the only in-person staff interpreter and I'm frequently called on in cases where providers prefer inperson to remote interpreting. ||I can ask for some accommodations--time to do essential terminology research, breaks when needed in sensitive conversations such as palliative care or end-of-life situations, prior notice that I may need frequent explanation from provider in order to provide an accurate interpretation.
- I'm the only interpreter/ translator in my district
- I'm VRI medical interpreter and calls received are 99.99% medical calls, therefore, I believe there is no
  excuse for me to decline. It is expected of me to accept calls that come in. There are consequences for
  declining calls.
- In 5 and a half years of healthcare interpreting career, I fortunately have never encountered a situation where there's a potential conflict of interest.
- In Health Care setting the provider, or would most likely submit a complaint. It is quite astonishing that
- In the emergency room you can't deny any services
- internal policies
- Interpreters can only decline assignments if the encounter is a trigger for the interpreter or if it's conflict of
  interest. For example, a patient comes in for physical abuse and the interpreter has suffered from abuse, or
  if the interpreter knows the patient.
- Is it explicitly stated in your standards of practice that an interpreter has the right to refuse to interpret in a specific setting? Despite their hard work, many interpreters struggle to make ends meet, often barely able to put food on the table. As a result, numerous professionals leave the field or transition into becoming interpreter trainers. While the profession may appear noble from the outside, the reality is that it is often a highly stressful and thankless job.
- It could lead to termination
- It counts as a missed call and it's counted against my performance when it comes to having priority to choosing the shifts I work
- It is a rule from the employer, the only exception is conflict of interest (i.e knowing a patient outside the interpreting environment)
- It is an expectation to complete ALL assignments assigned to each interpreter at the hospital where I work (this includes seeing patients with COVID-19 and TB). We, medical interpreters, are true frontline healthcare workers.
- It is mandatory to be available to receive all types of calls and to not refuse service.
- It is my job and duty as a staff interpreter
- It will affect my performance as its the company's rule!
- It would be seen as unprofessional and not being a team player.
- It's difficult if I don't have an emergency situation (health). Difficult to hold a staff and give back the assignment.
- its my job
- It's my job and duties
- It's not allowed. We also have to answer a call within 10 seconds and we are only given 30 seconds between calls. It's back to back, a call center, where we are constantly monitored. It's inhumane.
- It's not part of the formal expectations of the department
- Loss of income to the LSP... poor customer service to decline any call.... Company policy forbids rejecting any call.. I'm expected to cover anything and everything.
- Maybe shame from other coworkers |It is not a common practice in our hospital
- Most of the time I am not advised about the nature of the specialty of a call.
- Must take all calls

- My calls answered percentage goes down after s few missed calls you get kick off the platform and in the long run it counts against you when the company does performance reviews
- My company never told me I could decline calls.
- My job is to play that role.
- Negative climate
- Negatively impacts metrics/evaluation
- Never an option.
- Never experienced that situation, but I am sure that if there is a need to decline an appointment due to the situational examples provided above, my current agency would allow me to do that without facing consequences.
- No need to do so.
- No one else is available.
- No other coverage available if I decline.
- No protocols stablished, no clear rules, no procedures stablished.
- None. Only if its not my language pair.
- not allow to
- Not allowed by company
- Not allowed to skip requests
- Not allowed, they want us to answer every call
- not disclosed.
- Often only interpreter
- Often times details are not given
- Organizational pressures due to purposeful understaffing.
- Overnight shift, I am the only interpreter,
- Patient care.|All interpreters in the team need to take sessions as available, regardless of what provider requests it.
- Penalties. If staff interpreter, getting fired. If freelance interpreter, getting less calls or docked pay.
- Performance would decline
- personal policy
- Public clinic
- Reflects as poor performance
- Rejecting a call is a reason for termination.
- Rejecting calls goes against company policy and can result in termination
- Reprimanded
- salaried employee
- SHOULD BE ABLE TO INTERPRET IN ALL SETTINGS AND CIRCUMSTANCES.
- Sometimes, after you are on site and learn more about the circumstances, it's impossible to abandon the
  patient. Technically, I probably could, but it would appear highly unprofessional and potentially put the
  patient or client at risk.
- staff interpreters can only decline if there is a major conflict between the interpreter and patient
- That's the policy of the company I work for
- The company does not allow to decline any calls.
- The company I work for limits that option
- The company locks your account if you decline calls, making you unable to receive more calls, if that's a repeated offence they deactivate your credentials.
- The company would stop sending me calls overall if I decline calls
- The system is set up to just take the calls without prior knowledge
- There are not specified type of assignment.
- There is no one else available
- There isn't a reason they just always say you can't decline any call
- There isn't another in-person interpreter in the building that can assist, since there was only one interpreter
  in the ED evening and night shift.
- They do not allow it.
- They don't allow me.
- they say that mi assignament has ben already budgeted, and that I can cnacell or decline when there is no other solution, but they expect that I know all about everything medically speaking, the truth is that I don't And I just repeat what they say, and also I can find my self shocked for the nature of the encounter or for

the information I learned, so is difficult to keep going and not having mistakes when I'm procesing something that caught me off guard .

- They told me that for the company is bad.
- They won't let me
- This will affect my performance assessment.
- Time constraints within 24 hours
- understaffed
- Unless it's a conflict of interest you will be written up as refusing the assignment or not prepared for work.
- Usually they say ""you are allowed to reject a call if you have any conflict with the call, however there's no
  option to transfer the call to someone else and if you decline, they punish you (when they clearly said to are
  not suppose to face any of that)|They may block your account/block your access to the platform or even
  give you a 0 in your QA audit.|Not fair at all.
- We always have information about the calls and there is really not a reason for it. And if i was to have an issue I would feel comfortable talking to management.
- We are a rotating interpreters. There would be no one in person to relieve you of duty. Also, many nurses and staff have a bad attitude about interpreters declining a ""job"".
- We are all professionals able to handle all calls
- We are always ready to serve
- We are considered highly qualified, would look bad to decline; fortunately have not felt I've needed to.
- We are expected to go where we are assigned. If there ever were an occasion to decline, we might be able
  to once or twice but as far as I know we wouldn't be able to decline any assignment at any location for any
  reason on a regular basis. I think we would be expected to work through and resolve whatever issue there
  might be.
- We are mandated to take every single call. They say if you absolutely need to decline it, you have to provide a reason to your manager but it is frowned upon, even if it is the end of our shift. So we do not feel comfortable ever declining a call, even when we are mentally exhausted. It will reflect on our metrics which dictate whether or not we get a raise that year.
- We are not allowed to decline calls in my language service company or it would effect our performance review
- we are not allowed to unless its a legal call
- We are simply not given the option despite ethical implications.
- We can decline the call only if it is out of the realm of our expertise or there is an ethical conflict (ie knowing the patient), but by then you are already connected and actively working the appointment
- We cannot decline a call
- we cannot decline or hang up on calls due to personal reasons, we can try our best to connect the clients to another interpreter but we need to at least try and stay on the call as long as possible and follow our protocols. I can decline in-person assignments if needed.
- We have to come mentally prepared for anything.
- we have to service the call and not let any personal conflicts get in the way of our job
- We must accept all calls per our company 's policy.
- We never get to know the nature of the call before we pick it up. Also, if we decline a call, we get punished with either fewer calls, or a cut in our paystub.
- Well we choose the assignment.
- We're assigned to them by a dispatcher
- We're not allowed per company policy. Except for specific calls or lack of proper training (court). But not in case of personal conflict or feeling unprepared. We must try to provide services.
- We've been train to take any type of call
- When calls come in we are only told if its an emergency. For all other calls we are given no information not the chance to reject it. In some cases, we're allowed to disconnect the call (agressive costumer, or sensitive topic like sexual abuse)
- When I am on call, my responsibility is to do my best to interpret all the calls I receive. This is the company policy. I could withdraw in case of conflict of interest but it basically never happened.
- When you are logged in, the calls come through automatically.
- Will be reprimanded or logged out of portal
- Will not get further assignments.
- Workflow
- Working in hospitals we were force to take any and every assignment! St Joseph Hospital Stuart Health
  was very abusive on their practices as far as assigned an i or 4 hour shifts one after another. Plus we
  needed to go and knock on the door for rounds instead of getting the RN !!! Again not considering our right

to declined! You are scheduled like it or not! Contact me to explain my schedule please at: sandyvmaloney@gmail.com

- Yes
- You are supposed to take every single call
- You can for bookings but for ad-hoc OPI work, once you have received the call you are supposed to take it and complete it. You can't just walk off a call because that would be seen as unprofessional. In my opinion, this is biased. The system should allow for this for freelancer, non-shift intepreters (we should be able to identify the caller before accepting a call, we should have the choice to take it or leave it). However, this is not the case.
- You must accept all calls within seconds and with no information or you do not get the chance to be assigned the job

### Appendix I(3). "Other" Comments to Q.33.1: Typical Break Duration

- 30
- 30
- .5-2 Hours
- 0 minutes
- 0.5 hour to 1.5 hours
- 1 hour (4 responses)
- 1 hour to get to the next job.
- 15 min + 1 hour
- 15 min break during 8 h shift
- 15 min or 30 for lunch
- 15 minute break and 30 minute lunch(unpaid)
- 15 minute break for every 4 hours of shift, additional short breaks depending on situation
- 15 minutes every 3 hours
- 15-20
- 15-20 minutes
- 15-30
- 15-30 minutes
- 15-60
- 1hr, 2 15min breaks, and 1 30min lunch break
- 2 15 minute breaks and 1 30- minute lunch break
- 2 15 mins breaks during my shift
- 2, 15 minute breaks in an 8 hr day
- 30 60 minutes break is normal. That gives me time to travel between Providers.
- 30 min (8 responses)
- 30 min break every 2 hours
- 30 min unpaid lunch break
- 30 minute lunch and 5-15 minute breaks as needed
- 30 minute lunch break
- 30 minute lunch break
- 30 minutes between assignments
- 30 minutes for travel
- 30 minutes minimum
- 30 minutes to one hour
- 30 minutes to several hours
- 30 seconds
- 30 seconds
- 30-45 mins
- 30-60 unpaid minutes
- 40 min during the day
- 5 min per hour
- 5 min per hour worked
- 5 minutes per shift hour. Breaks are not limited when working on-demand.
- 5 minutes per worked hour
- 50 minutes, 5 minutes per hour worked
- 5-10 every hour worked
- 6 minutes per every scheduled and worked hour
- 6 minutes per hour
- 6 minutes per hour. I can take its all at once or in between calls. 48 minutes in total.
- A meal break is 30 minutes. As a per diem contractor, I am not asked to complete admin tasks between appointments, so during that time I am available on call but not working.
- Again, is this only about healthcare interpreting????? Sometimes I have 15 minutes between court dockets, sometimes I have hours.
- All depends on the day. Sometimes 15 minutes, sometimes an hour or more
- all that I want, lam a freelancer
- Am not a remote interpreter

- As a freelance, I incorporate my breaks when accepting the assignments. Meaning, I typically don't take overlapping assignments.
- As a freelancer, it varies depending on my accepted assignments.
- · As an independent contractor, I manage my time and breaks between apointments
- As I please
- As long as i want
- As long as I want because I'm a contractor with pre-scheduled assignments. I make my schedule.
- As needed
- At least 1 hour
- back to back session ofen happened to us as Mandarin terp
- between 15 to 30 min
- between scheduled appointments
- Break up to 15 min for every 4 hours of work is paid. If I'm taking a break longer than 15 min it is unpaid
- Breaks happen by virtue of scheduling gaps between assignments. Otherwise, no breaks are allowed within an in-person assignment time.
- Breaks occur as time and patient load allow.
- Call volume isn't that high, so I end up taking time off though I don't need it.
- Can be 5mins between assignments and we have 30mins to an hour for lunch per shift
- depending on my workload of each day, sometimes I have quick brain breaks & sometimes I have full several minute breaks
- Depending on the day, I could have 2 hours between visits
- Depending on the demand in the hospital
- depending on the load of patient per day
- Depending on the workflow at the clinic; breaks can last for an hour or a few minutes. There is no pattern
- Depends (Usually 5-15 mins)
- Depends 5-45 mins
- depends how tired I am, anywhere between 15-45 mins. Sometimes I just need time to cry or snack and freshen up for the next round of calls.
- Depends if is in the same place, location.
- Depends of the day. Formal 30 minutes break if working more than 6 hours.
- Depends on appointments scheduled
- Depends on assignments taken
- Depends on assingment and what is going on
- · depends on availability and traveling time
- Depends on cancelations, or sometimes availability.
- Depends on scheduling for that day; sometimes I have to wait around for hours for next assignment, unpaid, in a city I am only vaguely familiar with; other times I have to jump into my car and drive expediently to the next assignment.
- Depends on the assignment schedule
- Depends on the day, varies greatly
- Depends on the length
- Depends on the length of the assignment
- Depends on the lull between assigned appts
- Depends on the situation or the time
- Depends on the workload
- depends on when the next call comes in.
- Depends on workflow
- Depends what time the next appointment starts
- Depends when first appt ends and next one starts in my shift
- Doesn't apply to me as I work in-person only, and even if those assignments are back to back, i drive between those assignments and commute time is a kind of a break for me
- Drive time
- Due to my job situation, I usually have no more than one 2-3 hour interpretation appointment in a day, so this is N/A for me.
- During night shift as the only interpreter, i don't get a designated 30 min lunch like in day shift but i do get plenty of downtime between assignments.
- Freelance Interpreter
- have not been told how long we are permitted, I take time I need which can vary from 5 min 15 min

- Highly variable
- Honestly is not necessarily a break. I think driving from one appointment to another one is what I consider a
  break, since it automatically becomes a mental, emotional and physical change of circumstances and
  scenario.
- Hours or days
- I accept and schedule my assignments based on my availability. I try to schedule in a meal break time or bring snacks.
- I am allotted a 15 minute break in the AM / 15 minute break in the PM there are also brief breaks between appointments depending on how long each encounter takes
- I am generally scheduled for one appointment at a time
- I am older, and work very part time. So I may often have an hour or more between assignments.
- i can take a 30 minute unpaid lunch and two 15 minute breaks in the day.
- I control my own schedule, when I log off, I do not get calls.
- I decide whether to schedule appointmets back to back or take time in between them
- I do not take breaks
- I do not take scheduled breaks, as the natural flow of calls provides me with breaks between assignments.
- I don't take breaks between calls, I take breaks when I need to go to the bathroom, have lunch or take my
  medication
- I don't take breaks, but they happen naturally instead. What I don't like is that it doesn't cross anyone's mind, that and interpreter may need a break after 6 hours of work and observing several shift changes.
- I don't work that often. Rarely do I have back to back assignments.
- I have a total of 24 minutes of break time that I can use at my discredtion throughout the whole shift.
- I have two 15 minute breaks and 1 30 minute break and can take additional 5 min breaks depending on the length/nature of the call
- I log on and off whenever I can/want. As an example, I am logged on now while I am taking this survey.
- I make my own schedule
- I may have hours between assignments.
- I only work occasionally; I do not have multiple assignments in a day.
- I only work remote with prescheduled appointments, I do not work at a call center that automatically sends me a stream of calls.
- I pick and choose my calls
- I rarely do remote interpreter assignments, and I never have them back-to-back.
- I rarely have back-to-back interpreting assignments.
- I rarely take a break. I often have back-to-back appointments. When I am not interpreting I do Resource
  Assistance.
- I schedule appointments with a lot of time between them for travel time or in case appointments run late
- I take a 15 min break in the morning and the afternoon during my entire shift
- I take a break when I can. Some days are non-stop; other days, breaks are common
- I take my first 15 minutes break after logging in at least 2-3 hours.
- I take the time I need, I make sure to schedule with the breaks I need. Unpaid time
- I typically space out my visits to allow time for breaks/refocus
- I usually do not take breaks unless I have a call that last one hour or more. Otherwise I take 1-2 minute break to take a glass of water or go to restroom.
- I usually take 30 minutes (unpaid) for a lunch break.
- I work as a freelance interpreter, i have to take break myself, as the assignments are in different hospitals, i have to take assignments with time breaks so that i can reach there.
- I work by appointment only
- I work OPI and VRI as a free-lance. I am free to take a break as soon as my call is over.
- If I have two assignments at the same location, the time between them can vary greatly. Most times, my assignments are at different locations I must drive to.
- If on remote calls, less than a minute. If in person it ranges widely between 0 and 20 minutes
- In an 8 hr shift, we are entitled to a 15 minute paid SCHEDULED break for every 4 hours worked and a 30 minute unpaid SHCEDULED break in the middle. These breaks are scheduled and can only be taken at that scheduled time. Otherwise, we are to be logged in and taking back to back calls for hours and any additional breaks are frowned upon. When we do take a quick extra 5 minute break, we come back to our desktop and there is a team lead there watching us and asking why we took a break. We only get 30 seconds in-between calls..
- In an 8 hr shift, we have 2 15 min paid breaks and a 30 minute unpaid break.

- It all depends on the time of the assignments as it could be back-to-back and sometimes there may be a large gap in between.
- it can vary from 15 minutes to 1 hr or more, depending on the availability
- It could be ranged from 5 mintues to 1 hour or 2 in beteween depending on the schedule
- It depends of the reason of the break
- It depends on how I feel and work volume. Breaks are unpaid.
- It depends on length snd exhauston of call.
- it depends on my agenda (work for different companies)
- It depends on the call volume of that day.
- It depends on the day and workload.
- it depends on the day, but typically somewhere between 30 minutes and an hour
- It depends on the day, sometimes I have back-to-back assignments and can only take a break after a couple of assignments
- It depends on the load of the day
- It depends on the schedule
- It depends what appts I decided to take and how I organize my schedule. It can be several minutes to an hour or more.
- It depends where the assignment is. Sometimes I have to travel to other assignments.
- it depends. not more than 10-15 if in person and there's space i my schedule. usually no more than 5 minutes between calls on video. i take more if it's a long stretch of video.
- It depends. Usually natural down time is built in while waiting for the calls, but I can take time away after a challenging or a long session
- It doesn't apply
- It doesn't apply to me. If I take an assignment, I don't take break.
- it just depends
- It ranges from seconds to hours depending on the time of the day.
- It varies sometimes it's 3-5 minutes, other times it can be 15 minutes.
- It varies a lot, from no time to more than 15 minutes.
- It varies according to schedule
- It varies as some of our centers have a higher Spanish population and some of our Health Centers have more providers in office. When our interpreters aren't interpreting they are taking calls or working on tasks.
- It varies between 1-4 minutes and at least one 15 minute break aside from 30 minute lunch.
- It varies depending on the assignment for the day
- It varies depending on the demand of requests
- It varies on the clinic I am working in, when the need is great, we almost never have down time and in other clinics I may have 15 minutes between sessions.
- It varies widely but is usually 15 minutes or longer, including travel time between assignments.
- It varies. My scheduling team usually makes sure interpreters have adequate breaks. We can request adjustments when necessary.
- It varies. 0-30min. Depends on cancellations.
- It's 5 minutes per shift hour.
- It's up to me. I often have 2-4 hours between IPI assignments
- Live in a rural area, drive times are typically my breaks
- Lunch time 30 min
- Lunch time is usually 30 minutes
- Maybe I misunderstand the question. But, I am allowed 15 minute breaks per 4 hours worked.
- M-F Daytime Staff interpreters are given 1/2 unpaid enforced lunch break, for clinic pts, if they No Show, we may use that time as we wish, but we must be available for reassignment if pt care requires it.
- Must of my appointment are scheduled therefore, and do not need any specific break.
- My agencies provide guarantees of being paid for 2 hours with additional compensation in 10-15 minute increments. Most clients want me to work without any breaks.
- My break is my drive time, 20 min 1 hr
- My employer follows labor laws with a reasonable amount of flexibility based on the workload flow
- no breaks
- No breaks between calls when logged on, I am freelancer.
- None
- None, only if it is a long one or it is time for a meal, or I have something else to do.
- NONE. I cannot take breaks after each call because they are unpaid and I have a limit.

- Not working
- on demand here so whenever I need to, I usually break 15-45 minutes to guickly meal
- On my shift days, I am obligated to work 8.5 hours and there are no scheduled breaks. However, I am free
  to take a break during downtime between scheduled appointments, and I can advocate for breaks if I need
  them during a busy day. Also, while I am only obligated to stay on shift for 8.5 hours, I frequently work
  longer if in the middle of an appointment that goes long. Emergency situations also need coverage and
  cause me to extend my shift until a replacement is found.
- one 15 mins break in 4 hrs
- One 30 mins unpaid. And one 15 mins paid break. + 5 mins training break.
- Pre scheduled does not apply
- Pre-scheduled
- Question 33 is not applicable (NA) in my case. I work one appointment a day; I have another job in the
  afternoons.
- Since I select my assignments, I decide how long to wait between assignments to ensure I have enough travel time to arrive at my next assignment.
- Since I cover an assigned area I can also have time for breaks, when I don't have calls.
- Since I mostly do face to face interpreting the break time is my driving time to the next assignment.
- Sometimes 1 to 2hrs max.
- sometimes no break, at times 30-1 hour break (depends on call flow)
- Sometimes no breaks and sometimes 1 hour break other times 10 minutes
- Sometimes there's time for breaks during assignments but if the appts are scheduled close together, there isn't time. Or if the patients arrive late, and provider still works them in, which happens frequently, then there's no time for a break.
- sometines depende the traveling time from one appointment to another, that's my break
- Spacing between jobs varies, according to how many are scheduled in a day.
- Standard breaks are fixed depending on the hours I work. For a shift from 10
- Subject to scheduling typically greater than 1 he between all assignments
- Take however long of a break you have between clinics
- That varies due to time of day
- The time I decide I need, I am a frelancer.
- The will be assigned between assignments so they don't influence my other assignments.
- There is 1 15 min break if shift is more than 3 hours and 30 seconds between calls, company allows for occasional breaks for less than 5 min but it is frowned upon
- There is no official time nor anything in writing about this (ex. A handbook/booklet that would guide interpreters at the hospital where I work)
- There is sometimes hours or days between my interpreting assignments.
- Two 15 mins breaks a day
- Two 15 minute breaks in a 8 hr shift
- Two breaks of 15 minutes each, paid. One lunchbreak for 30 minutes unpaid.
- Unfortunately when I take shifts, there's not even a second between calls when it's back to back, not even to breath, or drink water, nevertheless, we can have a 4
- Usually 2 15 min breaks
- Usually enough time scheduled to travel between locations. But lunch break usually between 20-30 mins.
- Usually only take 1-3 appointments in a day so there is considerable down time
- Usually the time to drive to the next appointment
- Usually time to drive to next appointment. Sometimes is one appointment after the other.
- Usually time to drive to next appointment. Sometimes is one appointment after the other.
- Variable. We have our allowed 30 minute lunch plus two 15 minute breaks. Downtime between encounters
  is incidental-- such as if we need to wait for the arrival of a provider or patient. If we do not have an appt
  scheduled, however, we are expected to fill that time productively with remote interpretation and admin
  tasks. Breaks between remote calls last no more than a few minutes.
- Variable--sometimes none, sometimes half an hour and everything in between; it depends on the day's schedule.
- varies depending on the day...many times the ""break"" is running/driving to another appointment
- We do not have an overload of LEP patients so we'll typically have break time to breathe after interpreting.
- We have 48 minutes in total to take breaks we can use this time as we want to.
- We have 48 minutes in total to take breaks we can use this time as we want to.
- We have 9 hrs shift including 3 prescheduled mandatory breaks (15-30-15 mins) which is unpaid
- we have a interpreter of the date calendar. half day shifts and the other half you do your regular job.

- We take 2 15 minutes breaks in 8 hrs shift, however we r allowed to take breaks at will when having hard/sad encounters to debrief
- we work on an on call system, so sometimes none, but we can request 15 minute breaks which are respected
- When I drive from one assignment to the next
- When working 11 hours we have 2 20 minutes breaks and 30 minutes Lunch (all of them unpaid)
- While driving to a different location for another appointment. between 20'-1 hour
- Wildly variable. As short as 20 minutes to as long as 5 or 6 hours.

# Appendix I(4). "Other" Comments to Q.33.2: Ability to Take a Break after an Emotionally Hard Session

- Yes, but my payment could be reduced if I don't comply with the company's 10% break time per shift policy.
- As a contractor you can log in and out as is convenient for you, no paid time at all.
- Can take a break, but usually not leave
- Can Use VTO Volunteer time off if available
- Depending on the breaks used.
- depends on the call. have not had to.
- Depends on the work load.
- Doesn't apply for me
- Don't know
- Don't know, never experienced.
- Don't know. It depends on each case.
- During an 8-hour shift, I get two paid 15-min breaks and one unpaid 30-min lunch break. I have 3-hour sessions with no break; I do not dare ask for a 10-min break.
- Exceptionally I think I could but I never have
- Flexible
- freelancer
- Freelancing
- Have never been in that situation
- Have never thought of doing so.
- Haven't experienced that's
- I am a contractor. I can log off whenever I want.
- I am a free-lance, I can log out when I feel overwhelmed. But I have to finish the call fiirst.
- I am a freelancer that is self employed, not applicable
- I am allowed to take a break but not finish my shift earlier after an emotionally hard session/call
- I am an independent contractor. This has never happened.
- I am freelancer and control my schedule
- I am self employed and don't have defined shifts. I usually schedule myself downtime between assignments, especially if I anticipate heavy content
- I can communicate with the team, about the session, and I will be guided to our best options to resolve this
  conflict.
- I can log off, and not get paid for that downtime--assuming the calls aren't back to back in such a continuous manner that I can't even take a bathroom break. Sometimes, I just have to push through, whether I want to or not.
- I can make my own decisions.
- I can take a break if I haven't used all my break time before.
- I can take break any time. I just don't get paid.
- I can, but I am not paid for the minutes I don't interpret
- I can, but I have learnt with therapy how to manage those emotions and continue working.
- I can, but it is unpaid. Works sganist me, I feel.
- I control my time. I rarely have assignments that are emotionally hard. Mostly mentally hard in certain contexts.
- I could it's usually not needed. I'd have to clear it with my supervisor so they can accommodate patients. He is very understanding.
- I do not have a shift
- I don have that experience encounter yet.
- I dont
- I don't know
- i don't know
- I don't know
- I guess I could cancel my other appointments if I have a hard one
- I have not been in a situation in which I feel the need to make such a request.
- I have not encounter this situation
- I have not encountered this kind of situation
- I have the option to let my lead know that I need to take a break, but I have never used that option.
- I have to call my supervisor or director and submit my request for a break.

- I haven't had any experience
- I haven't left job due to emotional difficulties although I have had a few jobs that emotionally draining. I kept on going
- I haven't left job due to emotional difficulties although I have had a few jobs that emotionally draining. I kept on going
- I never asked, but if a clock out earlies then the hours I may miss have to be compensated before the month ends.
- I never do, but I'm sure you can. It has never happened to me.
- I really don't know
- I think so. I'm pretty sure others have done it. I think it affects attendance though, so it adds up and if you have to many you will receive corrective action.
- I think we would be flexible with our staff if they asked for it but this does not really occur.
- I would say yes if needed
- If I do not have other assignments scheduled I can. I am not allowed to give back other jobs without penalty.
- If I'm at my desk, I can take about 5 minutes between telephone interpreting encounters to get water or use the bathroom as a break. If I'm going between in-person assignments, the walk between rooms or buildings also adds an extra break. We are usually allowed 10 minutes to get to the next appointment, and we can also ask for an extra break if needed and the coordinator will always say yes.
- If no other assignments follow but I try not to let it affect me.
- I'm an independent contractor, so I can manage my time when remotely, but I'm not able to take breaks in an in-person session.
- I'm honestly not sure since I've never felt the need for that. Also, I don't think interpreters should be allowed to do that. Empathy is an integral part of our job but to be so emotionally impacted that we can't do our job shows a certain level of unprofessionalism and lack of proper training.
- I'm not sure, it has never happened to me.
- it depends
- It depends on the assignment and setting.
- It depends on what else I have scheduled.
- It depends, but normally, no.
- It depends. It would need to be cleared by manager / director.
- It has never happened to me.
- It is up to me. I am an independent contractor and I make my own schedule
- It never happened
- I've never encountered this situation
- I've never had to do that.
- I've never needed to, but I believe I could.
- Leaving early is unpaid time.
- log in whenever am free am willing to
- Maybe... depends on the situation
- Must consult with supervisor before taking break or leaving
- My appointments are not back to back
- Never encountered that
- No, since my appointments are scheduled ahead of time I must go on to my next patient
- None applicable
- Normally take a break but have to communicate with supervisor. It's approved most of the time
- Not always, if we leave early we're not paid.
- Not if I scheduled additional assignments that same day.
- not sure
- Not sure
- Not sure how to answer this question. If the workload is heavy (high census or too busy), I feel I must stay
  until the end of shift.
- not sure, never encountered this situation
- Not typically, but if I needed to, I would feel comfortable asking for that
- Not Working
- occasionally for extenuating circumstances when a replacement is available
- on a case-by-case basis with the Client's permission and explicit approval.
- Only if approved by a supervisor.

- Only with permission from the business direction, and it's not easy to have access to him
- Possibly if I request it to schedulers and managers.
- Probably a short one.
- RELEASED EARLY.
- Staff interpreter for a school district, therefore, I have to work my full shift; however if I ever feel I need to leave I would have to use my sick/personal days/hours
- Technically yes, but it will be unpaid.
- That would be ideal, but I've never actually done it.
- The company says that we can take a break under 5 min in such situations but I do not feel that I can because it will put extra strain on my colleges and the company frowns upon it.
- Theoretically yes, but you might not get paid.
- There is no official guideline in writing at the hospital where I work about this
- · They aren't emotionally hard
- They say yes but always some negative comment about it
- They state that you are allowed, but that's not true.
- This answer is similar to the prior one.
- This doesn't really apply to me because I rarely work in ""shifts.""
- This has never happened to me but I would hope that I could leave it I was emotionally distraught by a situation
- This is a relatively new concept and practice that we have pushed to get with some amount of success.
   Interpreters are encouraged to practice self-care, debrief with a co-worker, and sure, if we are totally distraught, we would probably be allowed to take time off and use our personal time off to compensate our pay, this is the limiting factor for newer interpreters who have less vacation and may not want to use their sick time for this.
- Transferring available
- Unsure.
- We are allowed to take breaks after any emotionally hard session/call. We are also given two 15 min breaks. We can leave work early, but if we do not have any remaining paid time off, then we will not be paid for leaving early. However, it you have Paid time off, we can leave early.
- We are given the opportunity and encouraged to do so of the assignment os too heavy but for the most part
  we talk talk among fellow interpreter who've also interpreted for rhe same case and we seem to find some
  peace in our peer support.
- we can take time after this but not usually leave from shift.
- While there is no policy for this, I know that the agency would support me if I should need to leave. I would have to remain until coverage could be found.
- Work environment makes it difficult
- Yes but I don't get paid for the rest of my shift which means I just have to keep going otherwise I can't buy food to eat nor pay rent.
- yes but not convinient as you are normally penalized after a couple times
- Yes but unpaid
- Yes we are allowed to. However, we have high demand in the Spanish interpreter line
- Yes, because I manage my hours. No calls, no pay.
- Yes, but breaks are unpaid.
- Yes, but I have never done it.
- Yes, but I have to hit a minute quota by month. If I keep dropping early or taking long breaks I'll lag behind.
- Yes, but it is counted negatively against you. Not particular to our department it is a Hospital wide punishment its called and Occurrence
- Yes, but not all the time
- Yes, but not often as it's frowned upon
- Yes, but will have to take the ETO.
- Yes, i can choose to not work whenever. I don't work in shifts
- Yes, if permission granted and the schedule allows
- Yes, so they say, but it is frowned upon. We are expected to unwind in 30 seconds before the next call comes in.
- You can ask for absence
- You can if you saved your break time, if you already used it, you can't otherwise it will affect your adherence.
- You would not get paid for that time

## Appendix J(1). "Other" Comments to Q.35: Organizational Support

#### Question 35. What kind of support does your employer/contracting organization (company) offer?

- a lot of resources to study and train
- ALL OF THE ABOVE
- Although these services are ""offered"", there's rarely time to take advantage of any of them during a work shift.
- As a freelance I have to provide my own support.
- As a freelancer, I don't have access to the services at the end of the list above.
- But I don't think they update that information very often
- chape
- · Check all that apply is not working.
- CMS tips
- Company do provide short healthcare topic-based trainings but no certificates
- Contact the company for support
- Continue education is very limited- once a a year.
- Debriefing with colleagues (without including any PHIs) used to be allowed but has been forbidden for the past year.
- Debriefs and discussion were usually ad hoc within our interpreter department
- depends on agencies
- EAP
- FLEXIBLE, OFFERS MANY ASSIGNMENT, RESPECTFUL, WARM, POLITE, FRIENDLY.
- free terminology videos, but i don't get any kind of credit or certificate
- Freelance
- Handouts if I request them. I had received thank you notes, birthday present, gift cards, snacks, baked goods
- I am a freelancer for my own business and hold all my own contracts.
- I am referring only to the main company I do OPI for here
- I am staff so I get all the regular benefits any person in any field would usually get for benefits
- I can talk to other interpreters about challenges whenever I want. It isn't as if my clients ""offer" that.
- I don't know
- I don't know. Aside from technical support, I've never asked for any help.
- I don't work for a interpreter services.
- I have noticed that most of the trainings are paid and very expensive, especially when considering our income
- I hire interpreters for other languages
- I make those decisions before I accept any assignments.
- i only work for one company
- I purchase books for the office have composed a glossary for the interpreters to add information when they
  encounter a new situation.
- I receive informal support from my mentor
- I work on a volunteer basis and I am the only interpreter at the clinic. I started volunteering recently.
- I work through many breaks and lunches because the Spanish line queue is high. I do not get paid extra for
  working the Spanish line. Whenever there is an emotional call and I ask to take a walk or go get some
  coffee the answer is, ""This would go against your adherence requirements and I cannot excuse it.""
- I'm a freelancer so I make sure to provide me self with the marked above
- I'm kind of new so I'm not sure yet if there is other type of support that my company offer but I'd like to know
- In theory, all of these are offered. In practice, access to most of these resources is limited and frustrating to acquire.
- It is up to me. I am an independent contractor. My main agency has great interpreters and we are all free and encouraged to talk to one another. the owner is a great gal who is always checking on us, making sure we are ok
- It's all about how much money they can make.
- Leadership facilitates and highly considers my input for improving Language Access
- Mechanism to report, we send a message but almost never receive an answer.
- Mental Health days
- Most companies that offer these, really demand a lot from interpreters.

- Much of the glossaries in different specialties have been created by us incluido g our supervisor.
- Never face that matter
- No agency is sending me work.
- No support is offered, due to the nature of the job. It is freelance.
- None
- None
- None, as I work as an Independent Contractor
- none of the above support is offered
- not that i am aware of
- Not Working
- Nothing that I know of
- Nothing they could care less not taking into consideration our minds!
- · one organization sends out periodic information about free continuing ed opportunities
- Our staff interpreters also have access to all patient materials created here that are we also translate into Spanish, in additional to being able to get from any of our providers any patient materials they may be using already in Spanish if they want them.
- Paid time off
- Recently they granted us access to an app
- Technically contractors aren't given resources
- The agency for which I do most of my medical and shift work provides no benefits such as paid trainings, etc. The schedulers are supportive and generally available should I need scheduling support (i.e., a job is going long and I can not make it to my next appointment on time). However, when I need support due to challenging work, I call a trusted colleague to debrief. There is no official mechanism in place at the agency for this.
- The problem with big organizations is that they appoint individuals to play the role of ""interpreter services manager"" with LITTLE or NO knowledge about the interpreting/translating profession.
- the training content is poorly made and taught by incompetent trainers
- There are benefits offered but no time allotted to use them (counseling services in an EAP, and teams chat/team leads to discuss calls) but there are not 30 seconds between calls and any delay is a negative impact on metrics
- There are weekly and monthly team meetings. However, there is no 101 time with direct supervisor to
  discuss challenging cases nor a time designated to discuss as a team specific case challenges. I see the
  value in this, how it would truly help the team.
- These are not offered to us since we are a vendor/independent contractor for the hospitals/clinics
- They compensate me for expenses related to training from outside the company
- They do have links to third party testing sites, I believe they offer practice tests
- They have education oportunities, but they're not offered to everyone
- They just reply automated messages and pretend to help with most of your requests, which remain with no update even for months.
- This kind of ""support"" is offered only in the onboarding process, it is not continuous, I think it should be continuous!
- This question and the below questions will be answered based on my own company's policy
- Tuition reimbursement for CEU classes & certifications
- Usually 30 min I need to drive from between facilities
- Very little is offered in terms of interpreter support. All avenues of communication between interpreters where we could debrief with each other and support each other have been shut down.
- We can use our own medical coverage for health/mental health which of course incurs a cost; we can reach out to a colleague to vent/debrief if someone is available.
- We have 1
- Webinars, newsletters
- Wellness wagon
- With the two companies I work they do not provide any support.

# Appendix J(2). "Other" Comments to Q.35.1: Organization's Interpreting Equipment Procedure

### Question 35.1. What is the organization's procedure related to interpreting equipment?

- All equipment is provided.
- company computer, headset and cell phone
- · Company provides 2 monitors, headset and camera
- Costs are charged to department after obtaining approval.
- Hospital based.
- I am an in-person interpreter.
- I am responsible for the computer and any equipment necessary for the job
- My employer provides all the tools needed.
- My organization provides 100% equipment: laptops for video appts, cell phones for daily patient care work, desktop computers and iPads.
- No equipment needed
- No equipment needed. I'm part of the onsite team of interpreters. They just privide a phone to receive calls and or texts when requests come in.
- No remote interpreting. Just over the phone. No headsets needed.
- not sure
- Organization provides equipment.
- organization provides headsets and microphones
- organization provides headsets, steno pads, pens etc. for my interpreting needs
- Other working materials are provided by the organization
- The all differ.
- The company provided all the necessary equipment.
- The company provides equipment for vri but not for opi
- The hospital only provides interpretation support when no in-person Interpreter is available to the different medical departments
- The org provides simul devices for me to use and carry.
- The organization provides me with a headset and work computer which includes a camera at no cost
- The organization provides with interpreting for several people who needs interpreting.
- The company assigns me a computer, monitor, etc. They gave me a head set when I started three and 1/2 years ago. If I want to replace it I have to buy it myself and the cost is \$300 dollars.
- We are only provided with our computers or laptops or office or personal work phones for phone call and/or video visits, in quiet rooms reserved for those encounters, however, most encounters are in person.
- We have pocket talkers
- Work onsite with desk top

## Appendix J(3). "Other" Comments to Q.35.2: Organization's Computer Usage Procedure

#### Question 35.2. What is the organization's procedure related to computers?

- As an onsite interpreter, we use the computers available at the hospital.
- Computer, phone, and tablet provided by employer
- · Computers are not used for interpreting.
- Hospital based
- I interpret remotely on my personal tablet/computer/phone if needed but the organization has computer station for us to use
- I work at the organization and do not incur in device expenses.
- In the hospital setting I provide interpretation services in person or telephonically when someone calls our office to do a conference call with an ambulatory patient
- not sure
- Organization provides both laptop and phone
- school district provides laptop and desktop for my interpreting/translation needs
- Tablet and laptop are provided by organization.
- The company provided all the necessary equipment.
- The organization provides all equipment required by law for interpretation services
- the organization provides phone and computer
- We have assigned cubicles within our office space with desktops and phones. There is 1 designated computer, phone, and headset for OPI. Several iPads for VRI.
- We interpret in person
- Working within their call center so all equipment and internet is provided

# Appendix J(4). "Other" Comments to Q.35.3: Organization's Internet Connection Procedure

### 35.3. What is the organization's procedure related to Internet connection?

- At the hospital, they pay for the equipment. When I'm providing interpretation at my home office, I pay for the internet/phone and equipment.
- client provides for internet connection
- Hospital based
- I am a full-time inpatient interpreter.
- I do a hybrid of home work and clinic work internet paid in-clinic I pay at home.
- I do not work remotely.
- I only interpret from my organization's premises
- I use the work computers but I pay for my mobile device which I also use
- I work at the organization and do not incur in Internet connections.
- I work on site
- I work on site at a hospital where I have a desk and a phone, I work in-person for most of the day and answer phone calls (interpret calls) when not working in-person
- I work on site at clinic/ hospital
- if i work from home i pay for my own connection. my 40 hrs are primarily inside the hospital and i have my own office, hospital purchased computer and headset and camera.
- If I work in person, the Co. pays for all service. If I work from home using their equipment, I pay for my own internet service.
- I'm an independent contractor, not an employee
- not applicable
- not sure
- Organization allows full use of network with valid employee credentials while onsite
- Paid in full for in-clinic work, internet for working from home is individual's responsibility
- Pays part
- Staff interpreter in person
- The connection is in-house.
- The organization pays for internet connection at the office only. It does not when I work from home.
- Use the hospital internet
- While in the hospital we have internet
- Within facilities, internet is paid for. If I were to work remote one day I'd pay the cost of my internet.
- Work from home day I pay for internet connection
- Work from home day I pay for internet connection
- work onsite does not apply
- Working from office at hospital
- Working within their call center so all equipment and internet is provided

### Appendix K(1). "Other" Comments to Q.36.a: Benefits Offered

#### Question 36.a. What benefits does your employer/contracting organization offer?

- · 2 personal days per year
- 401 K
- 403B
- Access to affordable medical care.
- Access to Employee Pharmacy, Parking lots (we pay), Employee Gym (we pay), onsite banking, cafeteria,
   5 Conference days/year (40 hours if fulltime, 20 hours if parttime), Bereavement pay, Jury-duty pay for full/parttime staff.
- Access to tuition reimbursement or cont.ed. is difficult to navigate. Flexibility in schedule is laughable.
- All of these benefits only apply to our full-time employees. Per diem interpreters do not qualify for most of these
- Allow trading workforce between interpreters within 48 h note
- ASAP assignments get a higher rate
- Benefits according to country's legislation (Peru)
- Ronus
- CEU reimbursement up to a specific amount
- Dependent care assistance, FMLA, maternity leave, etc.
- Disability insurance, life insurance, 403B
- Discount at cafeteria and gift shop; can bill cafeteria and gift shop purchases to paycheck; HSA/FSA; Medical, dental, vision coverage. PTO, paid family and medical leave, leaves of absence. Paid basic life/AD&D (buy-up option). Paid short-term and long-term disability (buy-up option). Wellness benefits. ID theft protection, pet insurance, employee discount programs. Education benefits including opportunity to be eligible for 100% of tuition, books and fees paid for specific educational degrees. Other programs may qualify for up to \$5,250 prepaid or in the form of tuition reimbursement each calendar year. Student Loan Repayment Program.
- EAP, E&O professional insurance, partial milage reimbursement, short & long term disability, life insurance, dental insurance, vision insurance
- Earned time off
- Free \$700 FSA; yearly salary increases; paid lunch break
- Full time employees only and the benefit is based on state law. Health insurance is preventive care ONLY
- Healthcare Insurance Stipend
- Higher rates outside the pre-scheduled shift.
- Hsa fsa
- I do not qualify for most of the benefits the full-time interpreters do since I'm PRN.
- I work for a company in my country that offers bennefits but the bare minimum required by the law
- Interpreters are represented by a union at the University of California
- Less than 30USD for medical insurance with the montly payment if you reach centain amount of minutes
- long and short term disability
- MOST OF THE ABOVE
- None
- Only to F/T employees
- Our interpreter team has a fixed schedule however of time off is needed for personal medical appt or other
  personal reasons, our supervisor is supportive and allows us the needed time, she also allows us to make
  up the missed time by working weekend or coming in late or earl (this is optional);
- Overtime is paid, but actively discouraged and allowed only to a certain language groups
- Overtime only in emergency/crucial situations and paid time (a certain amount of hours per calendar year) for continuing education. The hospital also offers various community resources free of cost or at discounted rates (ex. Gym membership, pet insurance)
- Overtime used to be offered and paid accordingly for many years. Policy change had forbidden us from working any overtime hour(s) for the past 8 months.
- Pay differential for shifts, On Call pay differential
- pays wellness fund
- Since I am partime I don't qualify for insurance or time off
- The company I work for offers benefits to Full time. I am part time so I do not qualify for benefits

- the company offers PTO (personal time off). It acquires over time. The limit is 305 hours. During the pandemic I donated three weeks of leave to other employees who didn't have any leave. Recently, for no reason, they did a use it or loose it thing that I didn't know about. They just disappeared almost 200 hours.
- The healthcare insurance it's like a bonus if we meet a goal.
- There is a yearly bonus if you have a Certification
- Tuition assistance for educational degree and certificate courses and student loan repayment assistance. No tuition reimbursement for continuing education courses offered
- Wellness, paid breaks, bonus, etc.
- Yearly pay increase based on performance

### Appendix K(2). "Other" Comments to Q.38: How are you primarily paid?

- 1 hour minimum with increments of .25 after the hour
- 40 hr per week
- 40 hrs work week pay by the hr.
- All staff members are volunteers in this clinic (e.g. medical staff, interpreters, etc)
- Base salary for 30 hours and get paid for any extra hours worked
- Each appt is paid based on the time scheduled. 2 hour minimum is preferred.
- Fixed hourly pay
- Fixed hourly pay, forty hours a week.
- Fixed hours per week + more hours if needed.
- For in person work, I am paid a two hour minimum. For VRI work, I am paid a one hour minimum.
- For my VRI/OPI job, it's paid per minute on call; for in-person job it is minimum 2 hours.
- Full time employee 40 hours per week
- Full time staff interpreters are supposed to maintain a minimum amount of hours worked per week to maintain full time status or risk Losing it.
- get paid per hour for full time position and minimum 2 hours assignments
- Get pay per hour and get pay per unit
- Hourly
- hourly based pay
- Hourly full time
- Hourly full-time (40 hours) employee
- hourly paid 20 hours per week
- hourly pay and I work according to get shift. I get paid for all my time on the clock
- Hourly pay with 1-hour minimum for remote assignments, 2-hour minimum for on-site assignments
- Hourly pay, fixed 40 hours/week.
- Hourly with fixed 40 hr per week schedule.
- hourly, per minute, depends on agencies and assignments
- I am a full/time employee with a fixed schedule and get paid hourly. I am scheduled 40 hours a week and I cannot go below 30 to stay as full-time.
- I am a staff interpret with a 40 hour per week salary.
- I am a volunteer interpreter.
- I am a volunteer without compensation.
- I am a W-2 w/hourly pay and self-employed where I charge 2 to 3 hrs minimum with mileage this varies depending how long the assignment is and where.
- I am able to work on shift basis (depending on schedule) or on-demand (paid by minute) by choice
- I am an hourly paid employee of a regional trauma and burn center with 886 beds and a 190 bed children's hospital.
- I am contracted for 10 hours of work per week which is not enough to survive on
- I am dcurrently working as a volunteer
- I am full-time hourly with standard 40-hour week year-round, however, if called in on short notice, and I
  decide to help, we have a 4-hour minimum, but if helping out with advanced notice, for a single case, we
  have a 2-hour minimum.
- I am paid an hourly rate for 8-hours a day from Monday through Fridays (40 hours/week)
- I am paid hourly whether I am interpreting or in my other roll at the hospital. My hourly rate is more than the interpreter hourly rate.
- I am paid per-minute but I can also take shifts.
- I don't have a main company. Most companies agree to 2-hour minimum pay (sometimes 1 hour if OPI)
- I get hourly pay
- I get paid \$8.5 per hours
- I get pay hourly for a total of 32 hrs /week
- I get pay hourly for a total of 32 hrs /week
- I got paid hourly per the number of hours I work during the week
- I have a fixed annual salary, but I get paid an hourly fee if I work extra time
- I have a fixed schedule and am a mon-exempt employee.
- I have a hourly pay with a 6-hour minimum.
- i have a weekly salary.
- I have an horly paid with 40 hours weekly

- I have an hourly pay for 40 hours per week
- I have an hourly pay with a 1-hour minimum. I am a bilingual healthcare worker. I am NOT paid extra for interpreting.
- I have an hourly pay with a 6-hour minimum
- I paid \$40 dollars per call during the week, \$54 on weekends
- I volunteer
- I volunteer at a free clinic. When I have helped out in the nursing program at the tech school doing simulations with the nursing students I was paid a set amount per hour(about three hours)
- I volunteer at my organization center.
- I was a volunteer
- I work 5 hours shift if I login 90 prevent of the time I will be paid for 5 hour . If not it is hourly based
- I work forty hours a week and being paid hourly
- If over the phone, it on a minute rate, but if in person, it is with a minimum of 2 hrs and expenses for mileage, parking
- I'm paid for the full hours I work (excluding unpaid-break-time), whether I receive calls or not, on a weekly basis at the fixed hourly rate.
- It varies. Per-minute pay, Two-hour minimum, half-day rate, full-day rate.
- It's not a fixed salary it's a fixed hourly rate (that rate will change for afterhours/weekend/holiday/overtime though)
- Mileage is paid in addition to the hourly rate.
- Mostly based on hourly rate.
- Not employed at this moment
- On call
- · Paid an hourly for guarenteed 20 hrs with full benefits
- paid per our 35 minimum hours
- Per minute and 2hr minimum
- Primarily paid as an independent contractor
- Since I'm a supervisor, I have a fixed salary, but our interpreters have an hourly pay.
- Staff interpreting hourly pay, healthcare freelance interpreter minute pay, court nterpreting 2 hour minimum
- The hospital pays for the number of hours I work there or at any of their clinics. For workman's companies either they pay me directly or the attorney that hires me pays me directly.
- They paid per assignment or phone call.
- Volunteer
- Volunteer
- VRI/VRS---hourly pay with no minimum; Community work--2 hour minimum

# Appendix K(3). "Other" Comments to Q.38.1: Annual Salary Range

- \$110,000
- \$145,000
- \$96,000, I live in the San Francisco Bay Area and while this is a very nice salary, cost of living is extremely high and interpreters are among the lowest paid professional healthcare title in the hospital.
- 110,000
- 110k
- 93,000
- 98,000. Plus bonuses
- 99,000
- I am an hourly employee with a 40-hour-a-week position.
- I have an hourly fixed rate, 8 hours per day, plus 30-min lunch break which is not paid.
- over \$100,000
- Over 90,000
- Over 90K
- Over 90k but I am Management for Language Access

# Appendix K(4). "Other" Comments to Q.38.2: Hourly Rate Range

- 55
- 61.8
- \$65 / hour
- \$65-90 per hour
- Greater than \$41 an hour
- over \$50/nr
- Per minute
- Varies greatly between companies from \$12/hr (inshouse) to \$45/hr (Lexi)

# Appendix K(5). "Other" Comments to Q.38.3: Rate Range per 2-hour Assignment

- \$120.00
- 180
- \$120 or \$110 or \$180 per 2 hours
- \$120 or more
- \$120 per 2-hour assignment
- \$130/assignment
- \$140 per assignment
- \$150 per assignment
- \$200 per assignment
- \$40 x 2 hours plus mileage
- \$65/hr base rate at 2 hr min would be \$130 minimum assignment
  - **>** \$100
- >100
- 110 BUT CONSIDERING SHORTLY 120.
- 120.00 to 250.00
- 90-125
- I do not discuss my pay, it depends on the assignment since I take varied ones in different fields.

### Appendix K(6). Specific Payment Options (Q.38.8)

Question 38.8. If in the previous question you responded Yes to any of the options, please explain how your pay differs in certain circumstances compared to your standard rate. When is it higher or lower? How does the higher pay compare to the U.S. standard of "overtime pay" being 50% higher than a regular rate (e.g., if a regular rate is \$20 per hour, then an overtime rate is \$30 per hour).

- 1.5
- \$21
- 30
- 40
- **\$60**
- 1.5x pay on national holidays
- I am paid a fixed salary, therefore, while in the hospital and clocked in, the pay is the same.|- If I am asked to work beyond my shift, there is an extra 50% of the fee per hour.|- If I have to work on a holiday, there is an extra 50% of the fee per hour.
- When I have to commute to an assignment, I get travel time at the California Personal Vehicle
  Reimbursement rate.||- Cancellations less that 24 hrs are charged in full||- After hrs rates are \$20 over my
  regular fee.||- Do not work on Saturday, Sunday or Holidays.|
- \$0.70 per mile for the mileage
- \$22 per hour
- \$28 per hr
- \$30 Per hour
- \$35 FIRST HOUR, THEN \$30/HOUR
- \$35/ hr hospital, \$35- \$55/ hr freelance
- \$45/hr
- \$5.5 per logged hour. 40h/week.
- 0.60 USD/min from 07h-22h any day|0.65 USD/min from 22:01 06:59 any day|no over time pay|no holiday pay|
- I am paid per minute it does not matter if Im am on hold or not. |2. I am payed by the minute on call. |3. The nighttime rate is 10 cents higher than my current rate. An increase of 20% 23%.
- 1.25x hourly rate 5 pm-8 am and weekends|1.5x for standardized testing sight translation|2x for legal, remote simultaneous, conference, and certain other specialty assignments|2-hour minimum for legal
  - o for Holiday and overtime |Overnight bump (like \$2 or \$3 hourly increase)
- 1.5 time for OT
- 1.5 times rate after regular hours (which are 9-5)
- 15% additional from 8pm to 8am
- 24 hour cancelation policy
- 24hr cancellation fee
- 25\$ stipend for each interpreting session. Paid in addition to base hourly pay.
- 25-40% higher pay
- 30-40
- 4 on available, 7 on call
- 50% higher on holidays
- 50% higher on national holidays
- 50% more outside 8-5|Mileage according to IRS 0.70 per mile
- 50% overtime and holiday |7% shift differential for nights and weekends
- 75% of scheduled time for late cancellations
- 8am- 5pm CST|Normal rate|5:01pm CST 7:59am CST|After Hours Rate|1.25x the normal rate|Working longer than 8hours|1.5x the applicable rate|Holidays|1.25x the normal rate |<48 hours request |(Stat; Urgent request; same day request)|\$5.00 more per hour |
- A bit more in midnight shift.
- A regular rate is 3.5 usd per hour (logged). 15 seconds between calls. 3 minutes paid break per hour (logged). 1 hour unpaid launch break.
- after 1:00 pm and evenings \$1 extra|weekends \$2 extra|overtime 50% extra|main holidays \$2 extra
- after 11pm pay is different
- After 5:pm and during weekends my per hour compensation is increased by 20%, however I must contact agency to obtain approval of over-time

- After 6 pm is 5 dollars more. It is not 50% more. Same on weekends.
- After 6pm, there is an extra \$5 same for weekends and holidays
- After business hour pay rate
- After hours is overtime (1.5)
- After hours, weekend and holidays I am paid more. |If canceled withing 24 hours, I get paid. |If the LEP is proficient and just wants me to jump in as needed, I get paid. ||
- After normal business hours pay is increased. Also higher pay for spur of the moment after hours and weekend pay. Pay is only a couple dollars extra. Not exactly respectable.
- All fees are previously presented in contract.
- all good
- am only paid per call \$0.36/minute
- An additional \$1 for shift differential on weekend and after 8 hrs. Pay and a half on holidays
- Anything outside of 8am-5pm Monday through Friday is considered a higher pay. It's a \$5 dollar differential.
   As mentioned above I'm an independent contractor, not an employee. ||Most questions are designed for employees and not making a clear difference.
- Appointments varies in length, if is for only one hour, and is cancel 2 hours previous to the start time is paid one hour. If is longer, let's say 4 hours appointment, only pays one hour if cancel within 2 hours of the start time or is a no show. But if is cancel before 2 hours is not paid.
- As a contractor, I'm paid a cancellation fee. As in-house interpreter, I get paid by the hour, whether or not I'm in a call.
- As a free-lance interpreter is a \$1.00 extra if I work in the middle of the night
- As a hospital employee, my rate is lower than my hourly rate as a contractor.||I would say that interpreters are not paid as they should.
- As a hospital staff I have a fixed per hour rate, and as a freelance, I have a 2 hour minimum fixed pay rate.
- At my agency- any interpretation I do- need to be off my work time
- At my day job I am on contract and I am paid a flat rate for time worked. There is a 2 hour minimum fee for any interpreting work. When I am doing freelance healthcare work, I have a day rate, evening rate, weekend/holiday rate, mental health rate (that's my speciality), and an emergency on call rate.
- At night they pay more and weekends.
- Base rate of \$65/ hr for standard hours (M-F 8-5). |+\$10/hr differential for all ""after hours" including holidays, weekends, etc.
- Before 8 am and after 5 pm, we are paid time and a half.|Working weekends or on a holiday means you are also getting paid time and a half.
- Before 8am and after 5pm are paid at slightly higher hourly rate
- between calls it is just the standard hourly rate I currently earn during the shift.
- breaks are paid at the same rate
- Call response rate is slightly less than time-and-a-half, with a two-hour minimum.
- cancelation based on how much time I am notified before appointment, can be between 24 and 4 hours depending on clinic. Travel time based on how far clinic is located from my home.
- Cancelation fee is half of a standard hourly rate. If the appointment is of. 2 hrs or more you only get paid half of 1 standard hourly rate.
- Cancelation fee only if the cancelation is within the hour of the appt.|Weekends appts are 2 hours minimun
- Cancellation fee (\$20) is lower than my hourly rate (\$35).
- Cancellation fee if less than 24h
- cancellation fee=\$20.00
- Cancellation pay is equal to 1-hour of interpreting \$50
- CANCELLATIONS I work for several companies. The worst cancellation policy is no pay for cancellations.
   One company pays 1 hour for appointments canceled within 2 hours of the start time, but nothing for appointments canceled due to clinic closures/inclement weather. Another company pays half the scheduled duration if canceled the same day.||
- Correct, if I work overtime (over 40 hours per week) the overtime is paide at x1.5 rate (50% higher)
- Day of or 24 hr cancelation is paid in full
- Department of Children and Family has a maximum hight rate of \$35 per hour.
- depend on agencies
- Depends on if I am language coaching or if the assignment is really far
- Differentials for evening, nights and weekends as well as holiday pay.
- Don't know.
- don't understand

- During in-person assignments, I get paid if travel milage is over 30 miles, and stand-by if the patient or doctor show up late or no show, and cancellation fee if the appointment is cancel within 24 hours.
- During my ""shift"" I get paid and hourly rate, if I work any overtime, I get paid per minute rate.
- During normal business hours, I am paid a standard rate.||If I accept a weekend on call shift, I am paid \$2.00/hr to be on stand-by and then, if called, I am paid \$25.00 above my standard rate. These are emergency room on-call shifts.||If I work non-business hours (from 5PM to 8AM) I am paid \$7.50/hour above my standard rate.||For in person work I am paid travel time at the same rate as my site time.|
- During weekends, minimum rate is 2 hours.
- Each minute over 40 h or work is paid 1. 5.
- Early morning and evenings higher rate
- Early morning gs or late appointments | Emergency appointments
- Early morning gs or late appointments | Emergency appointments
- Either a 1 or 2 hour minimum for cancelations
- Even that the rate of pay differs for the evening and weekend hours, the difference is negligible
- evening rate is 10% higher with weekends at \$2 more per hour. This is lower than our overtime rate which is 1.5x our regular hourly rate.
- Evening weekend rate is typically about \$5 higher than the standard day rate. Travel is only paid if the location is more than 20 miles away from our larger city, we are paid double time for Holidays.
- Extra Pay is just \$2 hourly.
- for holidays we get paid time and a half. if we stay after 330pm, we get paid I believe a \$1 more. If we are short on staff and offer to work an extra shift, sometimes we are paid premium pay.
- For long travel distances (over 20 miles) I am paid 50-100% of my rate, and for cancellations less than 2 hours I'm paid my full rate
- from 5pm to 8am regular + 1/2
- Full rate pay if an assignment that is being cancelled less than 24 hours.
- Higher
- Higher before or after working hours(8am-5pm)Also, higher on weekends and holidays. Not 50% higher.
- Higher for 5 pm 7am, additionally higher if weekend and holidays
- Higher for emergency (same day) assignments and with some agencies out of normal working hours. 25% higher.
- Higher for mental health cases: \$38 vs. \$32 for medical interpreting
- Higher for overtime and holidays.
- Higher if after 8 hrs worked
- Higher pay for app before 8 am or after 5 pm|Also for weekends and holidays
- Higher pay for overtime, late hours, weekends and holidays.
- Higher pay if assignment starts before 7am or ends after 5 pm same goes for weekends and holidays
- Higher pay: Paid holidays 1.5, shift differential, overtime pay
- Higher rate is applicable before 8 am and after 6 pm, and on weekends and holidays. I believe it is 2% higher.
- Higher, if it's more technical and difficult such as legal, IT, contract, simultaneous;
- Holiday pay higher by 50 percent.|Shift differential pay
- holiday pay is double time. As long as we're logged into the system, we're paid whether calls come in or not.
- Holidays and night shifts|
- Holidays are much slower, so I make far less than I would ordinarily. I may have to rely on an agency with lower pay and higher call volume.
- Holidays pay rate is 1.5 times the usual pay rate
- Honestly, I have maintain my same rates over 10 years, because there are lots of interpreters that work for less money, despite the fact they are not certified and as experienced as I am. That make it difficult to increase my rate, otherwise they won't request my services. Agencies prefer low cost vs. quality, punctuality and reliable work/ethics.
- Hourly rate of \$24.50, includes 30 seconds between calls.
- How my travel time fee differs??? I don't know.||How my cancellation fee differs??? I don't know.
- I add a flat \$25 fee if I have to interpret over the weekend.
- I am a full time employee
- I am a full-time employee
- I am a full-time employee paid hourly. So I get paid for the time that I'm logged in, regardless of calls. But we are back to back constantly, with no breathing room in-between calls. It's a fixed schedule, 40 hours a week, in order to have company benefits. If I work on a holiday, I get paid time and a half.

- I am a full-time Medical Assistant for Intermountain Healthcare. I am compensated hourly but I am NOT paid extra for interpreting.
- I am a registered nurse and certified health care interpreter and receive no compensation for it
- I am a schedule worker, and paid the Hours I am Hired a day
- I am a staff interpreter. I log into VRI between assignments if there is 90 minutes between assignments. I
  am paid between calls.
- I am a W-2 w/hourly pay and self-employed where I charge 2 to 3 hrs minimum with mileage this varies depending how long the assignment is and where.
- I am am hourly Interpreter covering 8 hours during the day. If we work late evening hours or weekends we are paid more.
- I am an OPI and VRI interpreter. The agency I work for as an OPI pays me for the time I am logged in regardless of being on call or just waiting. The agency I work for as a VRI pays me per job with a minimum of 1 hour and a 4 hour cancellation policy. There is also a after 5:00 PM and weekend differential.
- I am given a pay increase for travel time and paid a reduced rate if an appointment is canceled at the last minute.
- I am not allowed to work overtime, unless it's pre-approved. I work most holidays, only about half of them are eligible for holiday pay. I am a scheduler on the Spanish line. I do get some English calls that sneak through. I am not paid any extra for working the Spanish line.
- I am not only an interpreter. I am a case manager as well. My salary is not all for interpreting
- I am not paid for the early arrival time to the assignment, no overtime paid and pay is same holiday or not.
- I am not paid when I am not in a call, I am paid for call minutes
- I am not sure I understand the previous question.
- I am not sure to understand. The previous question was 38.3,. with no option to respond ""yes"" or ""nos, and this one is 38.8. Could questions be missing?
- I am only paid 18.21 an hour
- I am only paid for actually working on a telephonic call. If I have a scheduled in person call and it is cancelled less than 24 hours, I get paid for one hour. I charge the over time on 15 minutes increments on an a in person call.
- I am only paid for the minutes in which I'm on a call. If I don't receive any call for 15 minutes, I don't get paid, even if I'm logged in.
- I am only paid for the time i am in a call regardless of the time i am logged in the portal
- I am only paid for time spent on a call, not the time I'm logged in and ready to receive calls
- I am only paid for when I am clocked in for hours. I do not get paid for on call basis
- I am only paid travel time (depending on the agency) if my assignment is greater than a certain distance from a fixed location. ||I am only paid a cancellation fee (my 2-hour assignment minimum) if cancelled within 24 hours of the assignment. ||In St. Louis, it is common to have normal pay from 8a-5p, 1.5x pay from 5p-12a, and 2x pay from 12a-8a. ||If the assignment is a recognized national holiday, pay is usually doubled.
- I am only played for the amount of minutes spend on actual calls.
- I am paid \$32 per hour plus participate in clinic wide bonuses. I work for a nonprofit and am limited to 40 hours per week. OT is paid at legal rate of 1.5 per hour.
- I am paid a ""weekend differential"" and time and a half for holidays.
- I am paid a 24 late cancellation fee at my 2 hour minimum
- I am paid a cancellation fee 24-hr minimum in advance.
- I am paid a cancellation fee for a minimum of 2 hours if the agency or Dr cancelled the assignment.
- I am paid a cancellation fee of \$50 if I learn of the cancellation in advance. If I show up and learn of the cancellation, I am paid my 2-hour minimum fee.
- I am paid a cancellation fee only if client cancellation within 24hours.
- I am paid a fixed fee for every hour logged in
- I am paid a no-show fee if I ask for it before I accept the assignment. I have been told that I can't be paid a cancellation fee because I'm not certified.
- I am paid a regular rate of \$35, but if there is a cancelation or no-show, the rate goes down to \$25.
- i am paid a salary regardless how much time I spend interpreting. i am a full time interpreter with a healthcare organization.
- I am paid a set rate per minute of actual calls while logged in. I am not paid overtime if I work more than 40 hours, not paid for holidays if I work a holiday, not paid for any webinar or trainining time that may be required during a time of day I would typically be logged in taking actual calls. No merit raises or cost of living raises.
- I am paid a standard rate/ hour for an 8 hour shift, whether I'm actively interpreting or not.

- I am paid a travel time fee by some of the companies but not all ||I am paid a cancellation fee if cancelled less than 24 hours by most companies |
- I am paid an hourly rate regardless of how many calls come in.
- I am paid by every minute i interpretate (0.010 cents)
- I am paid by the hour as a full-time employee.
- I am paid certain amount by day. On holidays I get paid less even though law in my country requires them to pay 3rd times but since they report the bare minimum I get actually paid less
- I am paid for logged in hours weather I get calls or not.
- I am paid for part of the appointment time if it is a short-notice cancellation
- I am paid for the time between calls during my shift, I get paid a regular rate per hour. ||My pay differs depending on the time of the day. If I am logged during my shift I get paid a rate, and outside I get paid a freelance rate.
- I am paid for the time that I am clocked in which includes two, 15 minute breaks and a minimum of 30 seconds in between each call over an 8-hour shift. A 30 minute lunch is unpaid.
- I am paid for the two hours if the appointment is canceled without 48 hours notification.
- I am paid hourly per shift to be on a line to take on demand calls. I am paid the same rate whether I take calls or not during that time.
- I am paid hourly regardless of how many calls I have taken.
- I am paid hourly, regardless of the amount of actual interpretatation, with paid breaks. There's also 1.5 time overtime pay, if I work over 40 hours.
- I am paid if cancellation occurs on same day, or within 24 hours
- I am paid mileage by one of the companies I work for. I am paid two hours for cancellations within 48 hours.
- I am paid more before 9am and after 6pm and during weekend and holidays
- I am paid more on weekends.
- I am paid my normal rate from the time I clock in to the time I clock out, regardless of what calls I interpret in between. For holidays we are paid time and a half but it does not include all federal holidays, only a select few. As a part-timer I can work max 29.75 hours a week, unless we are in high need, then I can work up to 39.75 hours a week, so I will never reach overtime.
- I am paid only for duration of call. I paid 7 cents increase during graveyard shift 9pm to 4am
- I am paid only for time during actual calls and I don't get any pay if I am logged in in between calls. In fact,
  my OPI organization does not pay for the first minute of the call and rounds down the fraction seconds! I
  don't do VRI with them because they pay the same rate as OPI but with strict requirements of dress,
  background and light.
- I am paid only for time during actual calls per minute.
- I am paid only for time during actual calls when I am logged in.
- I am paid per hour regardless of whether calls come to me or not. But in my language, it is always busy, pretty much back to back calls.
- I am paid per minute for each call. There is no difference in pay.
- I am paid roundtrip mileage over 15 miles from my home (IRS rate)||I am paid a cancellation fee of 1 hour (Zoom) or 2 hours (in person).
- I am paid so much per mile to and from a destination.||I am paid the same rate per hour for a cancellation if it happened within 47 hours.
- I am paid travel time when distance is greater than 60 miles round trip.
- I am pay by the hours of work.
- I am payed per minute worked. If I don't work, I don't get paid.|No benefits
- I an getting any over time rate, no extra holiday rate
- I answered NO because I don't do remote interpreting for a remote interpreting company, but rather remote interpreting for different clients and or LSCs..
- I answered Yes to one question, but 38.8 doesn't seem to apply in this case.
- I bill for portal-to-portal travel time at my hourly rate. I bill for cancellations less than 48 hours, for the requested time + planned portal-to-portal travel time. Urgent requests (requests made with less than 12-hours notice) for work on weekends, holidays, or night assignments between 7pm to 7am are billed at 1.5 my hourly rate (time and a half). These are all standard for interpreters in my state (NH).
- I can log in on demand in which for which I get paid for the minutes the call lasts or I work shifts that get paid in full wiht or without calls.
- I charge more for Ukrainian jobs, and for forensic interpreting in the legal offices
- I charge time and a half for emergency calls 5pm- 8am and weekends and holidays||48 hour cancellation notice needed for regularly scheduled assignments.
- I charge travel time or mileage to some customers

- I did a remote job only once and it was a holiday. They paid me double
- I do get paid a ""holiday rate"" if schedualed.
- I do not get paid for overtime, only the time I actually worked on the call.
- I don't get overtime hours
- I don't have any overpayment. On holidays, my pay will vary based on the call flow.
- I don't know
- I don't know
- i dont know exactly.
- I don't think I understood this question very well. My rate/pay doesn't change, it's not higher or lower depending on the circumstances.
- I don't typically accumulate enough OT to be aware of this rate
- I don't understand the question
- I don't understand the question
- I don't understand this inquiry.
- I get \$2 more after business hours
- I get a 24 hour cancelation fee....My 2 hour minimum
- I get a cancellation I get paid \$25 if canceled within 8hrs from the appointment time even if I was scheduled for a 6 hrs appointment. I lose a whole day of work when that happens. With other companies that pay at \$35 you get paid half of one hour for the entire assignment even if it is a 6hr appointment
- I get a premium if requested for an assignment under 24 hr request. I am paid for mileage and travel time depending on the distance. I am paid higher for weekends and holidays. I am paid \$65/hr with a 2 hr min.
- I get holiday, overtime, weekend and night pay.
- I get mileage paid. Distances are different from each others. My price is constant. I charge more for Portuguese than Spanish because I have a certification and it is more difficult to find a certified interpreter to do it.
- I get paid \$110/2 h as freelance for agencies, plus mileage at the IRS rate. As independent contractor with the hospital system, I get paid \$50/h plus travel time at the same rate and mileage at the IRS rate. I also get \$5/h extra for evening hours until 11 PM and \$8/h for night hours (11 PM 7 AM).
- I get paid \$19 an hour. Company refuses to give me a pay rate. 3 years with this company
- I get paid \$27 an hour at a hospital. I work 10 hours a week. My position at a hospital is a limited hours position, so I don't get any benefits nor overtime nor paid time off, etc. I get paid \$50/hr for a 1-2hr minimum (depending on the agency) as a freelance interpreter.
- I get paid \$9 per hour regardless if on a call or not. all I have to do is pick the hours that I wish to work for that weeks. the only rule is to work a minimum of 6 hours per week
- I get paid a differential if I work a weekend shift, or a holiday shift and if I work over-time
- I get paid a full amount when the appointment was canceled the same day
- I get paid a shift differential as well as time and a half for Overtime and/or holiday pay
- I get paid a weekend and after hours differential as well as time and a half for any overtime or holiday time
  worked
- I get paid for 8 hours a day. If my last encounter goes long, I can ask my manager to approve a longer work day. She will then pay me ""flat time"" (rounded up to an hour) for any time I work past my 8 hours. However, it is fully my decision whether I want to work more than 8 hours. If an encounter is going long, I can say, ""this is the end of my shift. Please continue this interaction with a phone/video interpreter.""
- I get paid for assignment if it was canceled last minute. But not all agencies pay mileage, even if I had already traveled for the assignment. I do feel that weekends and holidays should be days where Interpreters should be allowed to charge more, also if the assignment is requested after work hours or prior to work hours, so anything before 9 AM or anything after 5 PM should be paid at a higher rate. The issue is a lot of agencies do not want to honor the Interpreter's rate. They choose to go with bilingual individuals that charge a much lower rate.
- I get paid for minutes per call + an hourly rate.
- I get paid for overtime and holidays
- I get paid for the production that I make daily.
- I get paid full fee is given less than 24-hour notice.
- I get paid hourly regardless if there's a call or not.
- I get paid if cancellation is less than 24 hours of assignment time.
- I get paid if I wait and the client does not show up. For example if my pay is \$30 I get paid \$15. The same is for cancellations.
- I get paid if the appt is cancelled 2 hours before the actual appt.
- I get paid mileage to the client's home with some of my contracts.

- I get paid overtime, holidays, sick days, continuing education days all according to the law and company policy. Overtime is time and a 1/2.
- I get paid same rate only while active on calls.
- I get paid standard hourly rate.
- I get paid travel if it's more than 30 miles from my house, cancellation pay if they cancel within 24 hours of assignment. Get paid in increments of 15 minutes if assignment goes past the two hours after getting ok from the company to stay longer.
- I get pay a flat rate
- I have 48 hours cancellation policy for schduled assignments.
- I have a cancellation policy, under 24 hours before appt = 100% fee charged.
- I have a dedicated schedule of 8 hours. At 6 dólar per hour. If a call takes longer than my dedicated schedule. I get payed by the minute at 0.21 cents a minute. I also can schedule additional hours at a the same rate as a regular hour.
- I have a fixed annual salary divided into 26 equal payments
- I have a fixed rate of \$8,50. If my shift ends and the last call continues they pay me \$0,14 per minute of the call
- I have a fixed salary per year.
- I have a fixed salary, however if I work on holidays the higher rate kicks in.
- I have a fixed salary. When I don't have in person assignments I take calls.
- I have a set standard pay. I do not do over time but I am paid for travel if I need to assist in other hospital
  affiliated locations
- I have contracts with 2 other interpreting agencies outside of my regular staff interpreter job. I am always paid at my regular job for 32 hours per week at a rate of about \$35.80 per hour. At my job through an on call agency I make \$40.00 per hour and I get paid a 2 hour minimum plus mileage. If an appointment is cancelled and I arrive at the location, I still get paid my regular rate. So if I only had one appointment scheduled and they cancelled and I drove there. Then I would make \$80 for that visit plus mileage. At my 3rd job, I work remotely from home. I work this job whenever I feel like logging in to work. I am only paid for the time that I am interpreting on the phone. I get paid .50cents per minute of talk time only. I just started working for this company. So I can negotiate my salary in the future.
- I have my own set rate for both in person and remote assignments, but many of my local job sources (ie universities, corporations) employ their own rate sheet, some with differentials for time of day/day of week/holiday. Some assignments have billable travel and mileage and some do not.
- I have never been paid overtime, even If I work over 12 hours a day, there's no increase, it does not even matter if I have already worked for the company over 2 years, the same rate remains all the time. (With an unanswered and unattended request of a raise.)
- I have no idea what this question is referring to.
- I have no idea what this question is referring to.
- I have standard pay fee
- I invoice in full, if late cancelled, ei: less than 24 hours before the assignment agreed starting time.
- I just get paid my standard 2 hours minimum if the in-person assignment gets cancelled in less than 24 hours.
- I marked yes for overtime since the institution provides it to interpreters, as a Manager, I do not get paid for overtime, but I have the same access to reimbursement for education or CEs, and recertification.
- I only get paid as per call basis, no overtime,
- I only get paid for the actual minutes I'm talking, while ON a call.
- I only get paid for the time I am actually in a call. Nothing else.
- I only get paid if I work. I get paid if the appointment gets cancelled. I get paid if the patient declined the interpreter. I get double paid if the appointment is requested in the last 24 hrs
- I receive a higher rate on nights and weekends, usually \$5 or \$10 more than the usual base rate.
- I receive bonuses for work outside of my normal shift
- I received paid travel time and cancellation fee.
- I still get paid the agreed payment e.g. 45 per hour 2 hours minimum. That if a patient doesn't show up there isn't an opportunity to cover for longer hours therefore no option to get paid more than the 2 hours.
- I usually get paid \$40-45 per hour with a 2 hour minimum. I recently sent a request for \$50 per hour for inperson ||I get paid in most cases in 15 min increments after the minimum but only after the overtime is approved by company|Other companies pay exactly what is reported.
- I will have an extra pay for holidays
- I won't take any assignment during holidays unless there is an increase pay incentive.

- I work by assignment, 14 dollars per hour. If the assignment is cancelled 24 hours before, of if it is cancelled once the interpreted is logged in, I get paid for 15 minutes. For simultaneous interpretation, the fee is 25 per hour. I should report the duration of the assignment in hour quarters, i.e., if the meeting started at 10, it was scheduled until 11, but it ended at 10:31, the reported end time would be 10:45, and I get paid accordingly.
- I work full days so I get paid for a full day either 8 hour shift or a set fee for a full day.
- i work full time job as a medical assistant for the same clinic that i interpreter so i work 40 hours a week i get pay for that not to interpreter
- I work with several agencies and these rate changes as well as my base rates vary from agency to agency: with some I have no changes (I am always paid the same rate regardless of time of day and whether it is a holiday), with others I have negotiated higher rates.||My base rates with most of my agencies for medical interpreting are as follows:|\$35/hour with a 2-hour minimum for consecutive|\$60/hour with a 2-hour minimum for simultaneous.||One agency I occasionally work with for medical interpreting offers 150% my rate for weekends and holidays. Another that I occasionally work with I have established a \$45/hour consecutive rate and a \$75/hour simultaneous rate for evenings, weekends, and holidays. The agency that sends me the bulk of the medical work that I do does not offer any rate changes for these times. I have received offers from them for holidays and told them that I would be available at 1.5x my rate, but they have always denied the term.
- I'am mostly working freelance, ""independent contractor"" which means only hite time in call is paid, nothing else matters on this scheme. Some jobs offer an hourly rate which pay for per hour logged in, in any case it's precarious and overtime seems to be a privilege and there is no rate increase whatsoever.
- If a am on hold I am paid for that time
- If a prescheduled call is cancelled or is a no-show, I am still paid my per minute rate.
- If an appointment is cancelled within 24 hours, I am paid for the appointment anyway at my regular rate.
- If an appointment is cancelled within the 24 hours preceding the assigned time, or if the patient/provider is a no-show, I get paid in full the established rate, but not the mileage.
- If an assignment is cancelled with less that 24 hours notice I get paid the minimum rate in full.
- If an assignment is cancelled within a 24-hour window of the assignment time, I'm paid the minimum number of hours for that assignment.
- If an assignment is more then 2hrs drive one way, I charge different, I also have a 24hrs policy no show/;late cancellation
- If cancellation is within 24 hours, assignment is still paid.
- If cancelled is less than 24h before the assignment, I am paid 100%. No compensation if cancelled earlier than 24h
- If client cancels within 24 hours I am still paid the 2 hour minimum for the assignment
- If client cancels, I'm still paid.
- If clinic location is more than 10 miles, additional fee as travel fee will be added for the services. If appointment got cancelled on the same day, it will be paid as one hour rate.
- If during a shift, no matter how many calls I shall get, I get payed for 10 dollars per hour. But the offer to have the possibility to have a shift for me is getting more scarce each week.
- If holiday is pay and a half. Overtime pay sometimes is offered sometimes interpreters are barred from taking overtime according to business needs. Overtime pay only after 40 hours (meaning that part time interpreters that work 20 hours, do overtime without extra pay.) Many companies are not hiring full time interpreters or dismissing them in lieu of part time, not to pay overtime and benefits. In my humble opinion, full time VRI interpreters or Remote interpreters should work full time but 6 hours shifts, not 8, as VRI Brutal in terms of PTSD, Vicarious trauma, and seating for long hours without being able to transfer a long call, use the restroom.
- If i get to work overtime then I will get paid time and a half.
- If I go to an appointment and it gets canceled, I get one hour compensation
- If I have or request a shift, I get paid a certain amount per hour logged in. But if I decide to just log in I do not get pay for it, just get paid per minute interpreting. So as a freelancer the payment can vary if the call flow is not so good, so I depend on the call flow to earn more. And this also changes if its a holiday season where calls are not incmoing so much and they do not offer shifts because the call flow will be low. Some other companies just have a per minute rate but setting the interperter with a schedule to be online in such hours.
- If I have to travel out of town, my company will pay me mileage for travel. If the appointment is canceled in less than 24 hours, I'll get paid for that appointment
- If I login and patient doesn't arrive I get \$30 for what would have been anywhere from 60-240 minutes.
- If I select work shifts, I am paid by the hours I am connected. If I work as freelance, I am paid by interpreted
  minute.

- If I work on a Holliday, I make 2-3 \$ more per hour with most companies
- If I work on a paid holiday it is time and a 1/2. (It is paid even if I do not work it) Nights have overnight suplement.
- If I'm at a clinic and patient is a no show I get paid the cancellation fee.
- If i'm working fixed schedule, I get paid even if i get 0 calls
- If in a month I work more than 10 hours my rate goes from 0.50 to 0.65 cents per minute
- If it is a holiday or a day close to a holiday the amount of calls go way down. If i don't recieve calls then i am not working, the clock doesn't run and i don't get the time that i was waiting for calls. It's higher at the begining of the weeks and at the beginin of the months.
- If it is a national holiday then all our shifts are canceled resulting into no pay for the said day.
- If job canceled without 33 hrs notice, will pay full 2 hrs.|If get to the site office or Dr or patient canceled would get full pay.|Normal some jobs needs parking and mileage, prior to accepting will negotiate.|Every 15 mins increments.
- If my travel time exceed 20 miles, I'm paid miles and travel time. |My rate only increases \$2 when the assignment is a rush/on call one.
- If Round Trip exceeds 45 miles I get paid mileage. If the patient is a no show I will get paid.
- If the cancellation is 24 hours
- if the cancellation is a same day cancellation (within 24hrs) still paid for assignment which has a minimum of 2 hours
- If the client cancels with less than 24 hours notice, I get paid. On rare occasion I am approved for mileage reimbursement
- If the client is a ""no show"" I get paid mileage.
- If the patient no-shows I still get paid my minimum call in rate of one hour
- If the. assignment is cancelled 48 hrs before the day, then I will still get paid the \$40/hr, with a 2 hr minimum. Travel fees are always paid accordingly to the IRS webpage. 0.70/mile.
- If there is a late cancellation I will be paid my full fee
- If working on weekend/holiday is required, I would expect standard time and a half.
- I'm not sure how to compare the pay.
- I'm not sure if I understand this question correctly. I'm paid \$30/hr if between 8am and 5pm. If I take an assignment that starts before 8am or is after 5pm, or is on Saturday or Sunday, I'm paid \$35/hr. If I get an assignment day of (""emergency rate""), the rate is \$40/hr. ||I'm not sure what a ""stand by"" fee is. I get paid whether or not the confirmed assignment takes place. For example, if I show up and the patient doesn't show up, or if when I get there we find that the patient had canceled the appointment, I still get paid my 2-hour rate plus mileage. ||If the agency alerts me that the assignment had been canceled, I would only get paid for that assignment if it was within 4 hours of the start time.
- I'm not sure what the overtime rate is, but holidays are time-and-a-half.
- I'm only paid for minutes in calls, I get no overtime (I have no fixed schedule) nor extra pay for holidays. It's always the same \$0.12 rate per minute.
- I'm only paid for the minutes on a call. It would be helpful if companies paid interpreters to work after hours, holidays or weekends but that is not the case. ||Interpreters who have both the CMI/CHI and keep their certification renewed should be paid at a higher per minute/per hour rate.||If you want your interpreters to work after hours/weekends or holidays should be pay them to meet their expectations.
- I'm only paid for the time spent on active calls, calculated on a per-minute basis.
- I'm only paid for the time that I'm actively interpreting. The time between calls is unpaid. During high volume of calls I'm paid \$0.02 over my base rate. This is normally during Monday and Thursday between 8:30am 10:45am & 12:30pm 3:00pm CST
- I'm only paid when I'm active taking calls, If i don't get any calls, I don't get paid anything.
- I'm paid a regular rate and 1.5 rate if I work on holidays\ observed holiday, usually it happens 1-2 times a year
- I'm paid an hourly-rate. So my payment does not vary. It's always the same rate per hour.
- I'm paid hourly for the hours I work during the week and is does not matter if I'm on a call or not on a call.
- I'm paid if concellation is within 12 hours of assignment time.
- Im paid more outside of business hours and on weekends
- I'm paid one extra dollar for Evening and/or weekend work.|Overtime used to be paid at 150% of regular rate when it used to be allowed (not anymore). I'm paid my regular rate throughout my 8-hour shift whether calls come in or not. Usually calls are back to back, with a 30-seconds ""wrap time" between the end of a call and the next one ringing in.
- I'm salaried so I get paid regardless of calls

- In a Legal setting I get paid by the hour, if there is travel of more that 15 miles from home 50% of interprreting hourly rate for travel time round trip.
- In my new employment I not getting paid for interpreting. I was not hired to interpret.
- In one company I can take shifts and I'm paid per hour during that shift, otherwise I can log in as freelance and be paid per-minute, in the other company I work for, I'm forced to take shifts and comply with a schedule but I'm only paid per minute, and breaks are not paid.
- In person appointment are paid if canceled in less than 24 hours
- In some agencies I get travel time paid at a lower rate \$18. |Cancellation fee is paid only if the client cancels within 12 hours of the encounter.
- In the hospital the pay rate is the same as my colleagues. As far as workman's comp hearings through the legal system, I tell the attorney what my company's professional fee structure is and if they use my company then that's what they agree to pay.
- Incentive pay when there is high demand but low supply of interpreters.
- Interpreters that work outside the US are paid way less that the ones who are US based, the companies
  offer the rates as they see fit, some of them offer a decent rate other simply offer really low rates that sadly
  don't match with the reality in Latam countries.
- It depends on job offers. Some weeks I only get 3-4 hours job offer. Sometimes it is more than 4 hours a week but less than 15 hours.
- it depends on the initial negotiation at the hiring time
- It depends on the subcontracted company I am grateful, though, that one of my major language companies gave me an above-industry standard rate of (\$.70 USD per minute of call or an equivalent = USD 42.00 per hour) for any type of social crisis call and setting. Two companies pay me \$60.USD per hour for LEGAL Call pre-arranged scheduled calls. They respected my contribution having suggested and offered another dialect that I committed to interpreting for 1 of our 175 tribal Southeast Asian or Austronesian dialects in the Northern Luzon provinces back home in the Philippines which is in ILOCANO (spoken in the Northern Luzon Ilocos Sur/Ilocos Norte and Isabela provinces); aside from the national mother tongue in TAGALOG/FILIPINO the country's premier language. As we all know as linguists we can be invited or offered Simultaneous or Conference Calls local or international onsite or virtually online events for which it is a different higher rate offered.
- It depends on the type of assignment. Legal assignments are paid at a higher rate.
- it doesnt change
- It doesn't change
- It doesn't change.
- It doesn't it's a fixed rated regardless of the day or time of the day.
- It has the same fours years. With the inflation, it doesn't worth much now.
- It is 50% higher for overtime.
- It is a standard \$30.00 an hour.
- It is higher if I work an evening or night shift, or on a Sunday (I am paid an additional ""differential"" per hour), and it is time and half on Holidays-
- it is higher if you work on the weekend or swing/night shift.
- It is lower if we experience a low call volume. It could be higher than the hourly rate offered if we interpret a 60 minute call.
- It is standard overtime pay
- It varies by assignment: social sevices pays less than medical and still less than legal/court.
- It's simple, more pay for more time in calls so it depends on the call flow to get the higher quantity of minutes interpreted
- It's the same always
- It's 50% higher before 8:00am and after 5:00pm.
- its just 5% more to my regular hourly pay
- just a couple dollars more
- JUST THE MINUM RETAINER FEE OR LATE CANCELATION FEE
- Late cancellation
- My basic pay is \$5 per hour no matter the day, even if it is on a holiday.
- My company pays you the hourly rate doesn't matter if your in a call or not
- My full-time pay is the same but the 50% increment applies for overtime.|My part-time job:|1. Pays the 2-hour minimum for cancellation below 24 hours of booked time if the duration booked is between 15 Minutes and 4 Hours, if beyond 4 hours, the payment of 3 hours applies.|2. Public holidays, weekends and hours before 8:00 AM or after 5:00 PM are paid with 50% rate increment|3. Any request made to be performed in less than 24 hours is paid with 100% increment|4. If the request is made in less than 24 hours (Rush) on a

public holyday, weekend or outside (08:00 AM - 5:00 PM time) the pay increase is 150%. |5. On demand calls are paid per minutes with 15 minutes minimum

- My overtime rate is higher than my standard rate, and sometimes, surges in volume raise my rate.
- My pay compensation is lower, because we are strongly discouraged from working OT and extra holidays.
   If I could, I would work 80 hours a week, but they don't allow it.
- · My pay doesn't differ.
- My pay is \$21 due to been CHI Spanish but it all depends on experience on the rate of my job I don't know the minimum or highest rate in my department they don't disclose that information.
- My pay is flat rate
- My pay is higher after 5:00pm and on weekends.
- My pay is higher when it is overtime and on national holidays.
- My pay is much higher (>\$40/hour) when I work for an agency during my time off.|My pay is @\$26.50 when I work for the healthcare institution-hospitall
- My pay is that of a manager and not an interpreter. At my workplace interpreters earn less than \$30 per hour.
- My pay rate is the same no changes between time, week day or national holiday.
- My rate because I'm in Colombia is less than half of the payment of an US based interpreter or Europe based interpreter. While you can make more than 20\$ and hour there, here in Latin America they pay us 5-7\$.
- My rate because I'm in Colombia is less than half of the payment of an US based interpreter or Europe based interpreter. While you can make more than 20\$ and hour there, here in Latin America they pay us 5-7\$.
- My rate changes for evenings and weekends
- My rate differs according to:||1. The agency that contracts me,|2. The language I am interpreting for which are Portuguese and Spanish.|
- My rate fluctuates based on client, type of assignment (legal, medical, educational, etc.), and whether it is consecutive or simultaneous.
- My rate is \$50.00 per hour. I get pay 2 hours minimum each assignment.
- my rate is 26 per hour then overtime is 33
- My rate is about \$5,50 per hour
- My rate is differ from company to company as well setting to setting.
- My rate stays the same whether I am on video or in person. In a day at my hospital I work in person, remote and on phone calls during my 8 hr. shift.
- My rates are increased when I work after business hours or on weekends, as well as when I receive sameday requests for scheduled calls.
- My regular rate for M-F 9-5 is \$75/hour, nights (5p-8a) and weekends my rate is \$80/hour, holiday pay is
  double day rate. |If cancelled with less than 24 hour notice I'm paid 100% of contracted rate|I'm typically
  paid the NJ mileage rate for travel |
- My standard rate applies 8-5 Monday Friday. After hours, holidays and weekends and same day rates are at a higher rate (\$25 more). I am paid the full scheduled rate if the appointment cancels under 24 hours, and/or no shows.
- N/A not sure how to answer this
- Night pay is higher
- Night shift premiums
- Nights amd wewkwnds and holiday differential
- nights, weekends, and holidays are paid at a slightly higher rate, though I am not sure the exact breakdown
  of said shifts. Overtime is paid at 50% extra per hour.
- No difference
- No difference
- no OT
- No overtime pay
- No overtime pay|No shows = 1 hr pay with mileage
- No pay if no show and only 1 hr not 2hr min no parking no gas / mileage reimbursement
- Normal rate of pay is over \$35 as an hourly employee with over 25 years as a tenured interpreter. I also do MOC (Manager on call duties) 7 days a month and that entails an additional pay, also when I am called in to interpret there is an additional 4 hours of minimum pay for the on-call work.
- Nothing is higher or lower. It is all the same.
- Off peak hours and weekends are paid 5-10% more to my hourly rate; Holidays worked are paid time and a half

- Off-shift differential (evenings and weekends and holidays)
- On occasion I accept appointments that are quite far. The company pays extra for the cost of driving. Also, if the appointment is cancelled less than 24 hrs in advance, I still get paid.
- On Saturday with a couple of companies I charge a min of 2 Hours
- On site interpreting pay is 2 hour rate|Telephone interpreting pay is every quarter of an hour
- On-call shift are paid higher hourly(45) rate if You actually are called into work. If you are just on call and no call in you get paid a very small hourly (3) rate for having pager on. Holiday pay is paid at time and half.
- One company pays me .65 cents per mile when a job is15 or more miles 1 way from home.
- only being paid by minute interpreted
- OT and Holidays are paid as an hour and a half
- OT is time & 1/2. There is a shift % percentage differential for nights and weekends
- Our pay is lower compared to the US standard. Over time is 50%
- Over 40 hours a week, I get pay 1.5 times an hour. We are discouraged to work overtime
- Over 40 hours is overtime (rate x 1.5)
- Over time and holidays are time and a half
- Overnight and weekend pay get additional \$1-2 per hour.
- Overtime and holiday pay is double.
- Overtime is 50% adding to my usual rate. This same amount is for Major holidays.
- Overtime is 50% higher.
- Overtime is 50% more and second shift gets a \$3/H differential payment.
- Overtime is higher pay.
- Overtime is paid as time and a half. Evening and night shifts have a 10% and 15% differential added. Holidays worked are paid as time and a half.
- Overtime is time and a half.
- Overtime offers are very limited. Holiday pay, implied getting paid 8 hours for the holiday and working a 12 hour holiday shift if you are assigned to work that holiday.
- Overtime or Holiday is 50% higher.
- overtime paid based on the agreement or on the local law
- overtime pay 1 and a half for holidays |regular rate for 40-hour workweek |
- Overtime pay is 1.5 of base pay; shift differentials are offered for evening/weekend shifts;
- Overtime rate is time and half. Second/third and weekend differential.
- Overtimes are paid by 1.5 my regular rate
- Paid a cancelation fee only if the appointment was canceled less than 4 hrs before the appointment time.
- Paid a fixed hourly rate
- Paid for Availabel time|Double pay for national holidays in my country
- Paid for minutes interpreted.
- Paid if appt not canceled 24 hrs in advance. I am paid milage.
- Paid milage. If cancelled less than 24 hours receive 2 hours of pay
- Paid only for duration of video call for healthcare|Paid 1-hour minimum for video call for court||Both healthcare and court assignments that ate in-person pay a 2-hour minimum
- Paid per minute and only while on ca
- Pay differs for overtime, holidays, nights and weekends. Interpreters get paid \$3 more for night shifts and \$2 more on weekends.
- Pay increases yearly with merit increases. Night and weekend shifts offer a pay differential. Holidays offer time and a half pay.
- Pay is higher for later shifts, holidays and weekends
- pay is higher on weekends and holidays. I'm not sure how much more the pay
- Pay is more if I work weekends or evenings or part of the night shift (I start at 6am). I must work a minor
  holiday and a major holiday, I get time and a half. I'm paid an hourly rate regardless of the number of calls I
  take.
- pay is the same including no shows and late cancelations
- Pay is too low.
- Pay rate is always the same.
- Pay rates I have received as a proposal have no variables
- Pay remains the same whether or not I take calls.
- Pay scale is the same all year round.
- payrate is always the same regardless of the day and or holiday and no overtime
- Per above. Shift differential if applicable

- PTO
- Rate is higher before 9 and after 5:00 and on weekends.
- Rate is the same between calls as when waiting for a call. This doesn't really apply though as Spanish is for the most part back to back calls always. Holidays are paid time and a half
- Regular daytime working hours 8AM to 5 PM pay standard rate, and 5PM to 8AM next day pay overnights rate.
- Regular daytime working hours 8AM to 5 PM pay standard rate, and 5PM to 8AM next day pay overnights
  rate.
- Regular rate \$15 and Overtime additional \$7.
- Sadly it stays the same.
- Salary as a management level employee
- same
- Same
- Same as US standard of overtime pay.
- SAME RATE, I AM AN INDEPENDENT CONTRACTOR, I AM NOT PAID OVERTIME.
- Saturdays are paid more to fill need for more interpreters
- Shift differential for evening appts, downtime pay and travel time
- Shift differential of increased pay. Holidays are 1.5 times pay.
- Shift differentials (weekends, holidays, overtime)
- Shift differentials|OT x time x 1.5|Guarenteed 2.5 hour minimum|On call stipend
- Simultaneous highest rate|In-person consecutive 2-hr minimum|OPI/VRI per interpreting minute
- Since I am frelancer, I get paid equally, there is only one platform that has random surge times that pays 0.5 more than ususal during the surge, lately it has been from 2 to 4 hours a day, but most of the days, there is no surge.
- Since I work shifts, I get paid for the scheduled hours whether I'm in a call or not. as long as I'm online/available, I get paid for said shift(s)
- Some agencies pay a 2 hour cancellation fee. If the assignment is cancel 2 hours before starting time. This is criminal.
- Some agencies pay extra for after hours and holidays but not all.
- Some days they offer \$0.03 more per minute, not holidays, only when they want to.
- some jobs offer portal to portal, some offer mileage|weekends are \$5 more|holidays are time & half
- Sometimes mileage is compensated in part.
- Sometimes, the holiday rate is higher than a regular rate. The Over time rate is higher as well.
- Standard labor law rate in california for overtime. After 12 hours it is double time. Overtime is up to 12 hours.
- Standard OT pay, though not usually assigned but based on patient need case by case.
- Standard overtime pay applies
- Standard Pay--Regular Hour Pay-- 8:00 am to 4:30 pm M-F|Non-Standard Pay--Non--Regular Hour Pay--After 4:30 pm M-F
- standard rate from 8-6 extra pay from 7-7, weekends and holidays
- Surge rate is about 5 cents higher
- The cancelation fee I get paid is only applicable to cancelations within 24 hrs from the start time of the appointment.
- The cancellation fee is the 2 hrs minimum paid amount
- The company pays me \$20 per hour on a standard 2 hour minimum assignment. If time runs over I'm paid in increments of 15 minutes based on the \$20 rate.
- The L&I appointments don't pay for no shows or last minute cancellations/rescheduling. The other
  appointments do pay a percentage for those cases, not the full amount for the time the interpreter was
  scheduled for, though.
- The only differential is when an appointment is canceled it is payed at 25, but regular appointments is at 35.
- The OPI service I work for offers different pay based on the demand of interpreters. This can be during specific ranged of hours, and it will be notified beforehand if I choose to work during that time. They will indicate pay as ""during this time period pay will increase from \$0.42 to \$0.60 per minute"" or something along the lines.
- The pay differential is only based on the company.
- The pay rate only differs if working by hour or by shift.
- The pay would be if it was a dedicated shift and 45 cents a minute if it's a on-demand call.

- The payment differs only if I work shifts. Usually the rate is approximately 50% lower on shifts than on demand.
- the per minute pay are the same at any time.
- The rate goes down only. Full time employees work during national holidays with no extra pay and sometimes they will be given the day off -against their will- and UNPAID |Also, an employee has to fulfill the 40 hours per week to start getting paid more for overtime (\$20 regular hour is \$30 overtime). So if you work after hours but the day before you had some time off, these after hours will be treated as regular hours even if late at night
- The rate is higher if the shift starts before 06 am or after 6 pm. Interpreters are expected to work on national holidays, and the day is paid double. Common rates range between 7 and 8 dollars per hour. A seasoned interpreter with seniority may make 10 dollars per hour, but that's rarely the case,
- The rate is higher, when the interpretations go beyond my scheduled time, If my encounter extends beyond my schedule, and nobody replaces me, I continue interpreting, earning an extra payment. of 50%. more.
- the same as no cancellation
- The usual. Overtime paid after 40 hours worked in one week. Premium amounts are paid for evening and weekend hours. Time and a half paid for hours worked during holidays.
- There are times when each of us works on-call, and if we get called on the on-call hours there's a premium of \$4.00. If you're on call but don't get a call to go in, you get the \$4.00 only.
- There is a different fee for what is considered ""after-hours"" (past 5pm)|That said, it is MUCH less than the US standard ""overtime"" pay. ||There is no difference in pay if I go over my expected interpreting time.
- There is a differential for working nights shifts and weekends it's \$1 or \$2 more an hour.
- There is a fixed rate for any hours scheduled ahead of time, if you log in without having anything scheduled then any calls you get are paid per minute.
- There is a shift differential since I work weekends.
- There is an overnight/weekend differential but I don't accept those assignments
- There is evening time differential|Holiday pay|Over time after 40 hrs
- There is higher pay going from day shifts-mixed-night shifts, with night shifts being the better paid position.
- There is no difference to my agreed rate per minute. However, if I'm logged in for an hour, for example, but
  I only have a 10 minute call, I will be paid for 10 minutes, not for the time I made myself available to the
  company.
- There is no overtime pay per se as I have a fixed salary. I earn bonuses by doing good work, and for taking in extra days work during busy times. It is usually a fixed rate per day. However my employer keeps reducing the full day rate.
- there is no variation in the standard rate of pay within any one company. There are variations between companies, though, so I prioritize companies that pay better.
- There is not overtime paid by the agency
- There is often additional pay incentive for ""early-bird"" (before 7am) assignments.
- this is through a cooperative of interpreters, and is for all kind of settings, not just medical, mostly his for
  government-public health programs, and conference at the university, and some jobs are for medical
  conditions but in educational centeras like autism or kids and adolsecents inpatient clinics, where they have
  school programs, legal affairs, medical, and life in general.
- Time and 1/2
- Time and a half for holidays
- time and a half for holidays extra pay for weekends and after 6pm
- time and a half for OT
- Time and a half for overtime.
- Time and a half for overtime |\$1.50 extra per hour for pm, holiday or weekend |
- Time and a half, for emergency calls Double time for holidays, travel time at hourly rate.cancellation within 48 hrs is 2 hrs.
- Time and half before 8:00 a.m. after 5:00 p.m. and nights weekends, holiday is double. Portal to portal drive time hourly rate is negotiable in addition to mileage. 48 hour cancellation applied.
- To my knowledge, there is no overtime or holiday pay since payment is made for the full hours on shift whether calls are received or not during the shift (the company works 24/7).
- Travel fee & cancel less 24hrs
- travel fee sometimes 12.5/hour|24 hr cancellation min of 2 hours
- Travel time applies for some agencies if assignment out of the county of residence
- Travel time is paid by mileage.
- Two hour minimum plus whatever fraction of the next hour.
- Two hrs. Min.

- U.S. standard of ""overtime pay"" being 50% higher than a regular rate (e.g., if a regular rate is \$20 per hour, then an overtime rate is \$30 per hour).
- Un employed
- Unfortunatellyin our State there is one Health Care Insurance which is not paying 1 hr min, but 15 min min which is very anfare since we have to travel between Appts
- Unfortunately, if it's an appointment that was scheduled to be for three hours and it is canceled within the 24 hour gap. I only get paid for an hour. I feel that is unfair because if I reserved my time in my calendar for three hour gap, I should be reimbursed those three hours within the 24 hour cancellation agencies should be honest about it and pay interpreters
- Usually, my rate is just the same no matter what. If the appointment has been canceled in less than 24 hours, I would be paid the same amount as if I worked that time.
- Very low pay for a job that needs to be done accurately.
- Wait time paid up to 10 minutes|Driving time except first and last drive|Driving time if appointment is in a different city |Gas mileage|Canceled appointments on the day of interpretation get 1 hour rate pay |
- We are not paid by interpreting session, we are full-time employees paid for other duties as assigned as well.
- we are paid 7 dollars per hour ... overtime 12 dollars
- We are paid a cancellation fee if we are given less than 24 hr notice|Appointments outside of office hours (7am - 5pm), and weekends are paid more
- We are paid for working the Holiday and an 8 hour Holiday paid time off.
- We are paid over time if we work over 40 hours. Pay rate is 1.5X the normal pay rate. We are also paid that if you work a holiday.
- We are paid the assigned shift hours regardless of cancellations, travel or standby time. Night shifts has an extra fee and holidays are paid double. Overtime being 50%higher than regular rate
- We are paid time and a half for holidays
- We are underpaid and overworked
- We get paid a differential for different shifts (i.e. swing shift, nights, weekends, holidays) |Overtime is also paid, but only after 40 hour work week has been met, not if you stay longer than your scheduled shift. |Also, I am not sure what those numbers are, they're a bit confusing.
- We get paid a dollar more for weekend and evening shifts.|We get paid time and a half for overtime.|We get paid holidays and PTO accrual.
- We get paid a set additional amount for certain clinic locations that are far away, each time we go to those specific clinics. Travel amount is between \$10-\$50, but the \$50 travel is for a clinic that is located in a different city.
- We get pm and overnight differentials, overtime over 40 hours (time and a half) holidays we earn double time.
- We get shift differential. This means that after 5:30pm- 11 you get x amount more. Then from 11- 6 you get xy more than that. The same occurs on weekends. Weekends have weekend differential + afternoon and night differential.
- We get standard overtime pay for any hours or partial hours worked over our 8 hour scheduled shift. We get 1.5x our hourly pay for working company-designated holidays.
- We get to charge for late cancelations that are made less then 24 hours. We can't charge the regular rate but we can charge the 28.57% of our regular rate.
- We have a 24-hour cancellation rate. I get paid the minimum two-hour rate if client cancellation is less than 24 hours from appointment time.
- We have a fix a rate of hourly pay and we get a merit increase annually upon the Manager yearly assessment
- We have surge times. Days where we can get an extra 0,5 cents per minute. It varies and we don't have it every day.
- We have three main shifts that cover the 24-hours: A, B, C. B-shift gets .75 cents/hour evening shift differential, and C-shift people get \$1/hour night shift differential. For overtime we get 50% more, and then for paid holidays, all get paid the eight hours of holiday-pay but if you work 4 or 6 or any amount less than 8 hours you get paid the 8 plus the amount worked, e.g., you worked 4 hours on a paid holiday, you will get paid for 12 hours. B and C shifts will still get their corresponding differential plus the holiday pay.
- Weekend and nights versus daytime or weekdays. Difference is low, in the area of 8% additional for nights or weekends
- Weekends and after business hours are \$0.08 more per minute
- · Weekends slightly higher rate.
- We're paid time and half on holidays and for overtime

- when an appointment is cancelled within 24 hours, I'm paid for 1 hour. only one agency pay cancellation
  extra fee. |travel compensation is paid after certain millage (only after driving 15 miles per trip
- When I am working as a freelancer for my OPI company, they only pay once you pick up a call. |I get paid .45 cents per minute
- When I did work in the hospital and was called off my regular Physical Therapy duties to interpret in a different part of the hospital I would get a pay differential
- When I work ER assignments, my pay increases, but it is significantly less than the U.S. standard for overtime pay being 50% higher than the regular rate. Specifically, only 24% of my regular rate is added to my hourly pay for these assignments.||Additionally, I am not paid overtime for hours worked beyond the standard 8-hour shift. Even if I stay more than 8 hours in a hospital setting, I continue to receive the same hourly rate as my regular assignment pay, without any increase for overtime.
- When is overtime, it is paid time and a half
- When I've worked on-call, additional hours to my 40 hr week, I got paid time and a half with a 2 hr minimum.
- When our staff do remote interpreting, they are asked to work their entire shift at a VRI booth. They are paid their normal hourly rate that they would as in-person.
- when scheduled if canceled it is paid
- When the call flow is low, you cannot get that many calls to receive the payment you would have wanted to receive that day per talking minute
- When there is a third party agency involved.
- Why should an interpreter be on demand and not compensated for the time spent logged in? Are certified interpreters truly valued so little?
- within 24 hours cancellation, just pay as regular rate for 2 hours minimum.
- Work hours are 8-5 on weekdays. Other than those , reimbursement is higher.||
- Working on Holiday will get 1.5 higher than regular rate.
- Working shift basis is statistically more beneficial for me as it guarantees income. I am still paid for idle time
  if I am scheduled, compared to being paid only for actual talk time when working on-demand. The pay if I
  spend an hour working on-shift is about 60% versus spending an hour interpreting per-minute.

## Appendix K(7). "Other" Comments to Q.39: Pay Change during the Career

## Question 39. How did your pay change since the time you started interpreting in healthcare settings?

- I AM AN INDEPENDENT CONTRACTOR.
- My pay increased slightly.
- After becoming CHI certified recently, I was able to convince most of my clients to pay \$40 per hour, and the rest to pay at least \$30 per hour. It can be challenging to negotiate a good rate for non-legal Spanish interpretation, but the CHI credential made that a little easier.
- Again depending on the subcontrated company local or international can be a local public or private agency/NGO - they hardly increase at all even after 5-7 years s of having been with them ranging between (\$25.00 - \$30.00 per hour) most Canadian language company in Ontario, Winnipeg do while in Alberta I'm paid higher for any type of call @ \$70.00 CAD per hour.
- Always been
- As a freelance interpreter my pay has matched the average. But it's not much. It has increased from \$35 to \$45 to \$50 per hour with a 2 hour minimum over the last 20 years.
- · Circumstances were as a medical assistant pay increased nothing to do with interpreting
- Depends on cost of living and normally goes up.
- Didn't work as an interpreter. I was a volunteer
- Doesn't seem to matter. It's what you advocate for or what the company says. Globo, when hiring, says you must give them the best ""margins"" if you want to work. Akorbi says work will be contingent on clients needs and resources.
- Fixed pay
- Has increased by not enough to meet expectations
- I am paid the same rate for healthcare and any other setting.
- I became certified so my rates changed to a certified rate. The certified rate is much lower than I expected
  it to be.
- I didn't have any pay increase.
- I do not know
- I do not receive any payment. I am a volunteer interpreter.
- I first started being paid 3.50 USD an hour fixed. Now, I'm being paid 0,16 USD per minute interpreted
- I get pay for my othe work. Intepreting is part of my job/ extra
- I must point out that interpreter rates have not truly increased in real terms. While there may be a slight mathematical improvement, when you factor in the rise in the cost of living, rates have effectively stagnated or even declined. So-called non-profit organizations often work tirelessly to protect the interests of language business intermediaries, leaving interpreters without essential benefits hey. Interpreters don't get paid vacation, profit sharing, or bonuses.
- I started for the company that paid less then got hired by the 3 that pay more. All off them pay by the minute on actual calls.
- I volunteer
- I volunteer at my organization center.
- I was paid very well hourly when I was an independent interpreter but weren't given enough hours now my hour rate is less but I am guaranty 40 hours per week
- I'm exclusively a volunteer
- In 13 years of interpreting for the same healthcare organization my pay has increased, but not in a reasonable way that meets my expectations, nor the current trends in salaries.
- In the new company I got higher rate
- It als slowly increased with more recent alignment with market value
- It changed quite a bit in over 20 years of work because I am now a Senior Healthcare Interpreter, but it
  does not meet my standards
- It has not increased that much
- It increased 0.2 cents
- it increased minimally
- my pay as a staff interpreter for a school district increases according to my steps/ negotiations
- My pay has increased but not enough to feel it due to rising cost of living and inflation.
- my pay has increased but not nearly enough to keep pace with the cost of leaving. I know we are
  underpaid compared to other healthcare interpreters in the area. but we have high job satisfaction with our
  department so we stay

- My pay has increased slightly
- My pay increase but not enough to meet my expectations
- My pay increase somewhat
- My pay increased as I became certified and as time has passed.
- My pay increased as I obtained certifications
- My pay increased but cost of living also increased, so it is basically the same.
- My pay increased but has not kept well with inflation I'm in the lower number of my range should be on the top
- My pay increased each time I started working at a new company. If I had stayed with the same company all
  of these years, my pay would have hardly increased.
- My pay increased just a little bit. I asked for a pay raise several times but I never got an answer.
- My pay increased reasonably but only with taking opportunities outside of direct interpreting
- My pay increased very significantly from US\$0.03 to US\$0.50 since I started in the interpreting setting
- My pay increased when I obtained CHI certification.
- My pay increased with one agency my request once I obtained CCHI certification
- My pay increases by 3% each year and I have been given a few cost of living wage adjustments.
- My pay is close to what I made 20 years ago in the Pasco, WA. I was paid \$25 an hour and now I am nationally certified and make a few cents more.
- My pay is good because it's above average in the place I live, however I do more tasks at work than just interpret which aren't reflected in my pay (coordinate arts, I am the only Spanish interpreter, etc).
- My pay is the same or less due to devaluation of my local currency + starving rates. I was getting paid 4.5 USD an hour then in the new company I work for is 0.16 USD per minute.
- My pay structure changed to basic lower hourly rate plus significantly lower per minute rate for any interpreted minutes within the shift hours.
- My pay varies depending in the company. Some pay significantly less for the same services.
- My pay was increased when I became CCHI certified, and is only increased with new certifications.
- My pay was just raised after 3 years but I had to ask for it.
- My rate has increased with years of certification and experience
- My workload increased, and therefore my income (total take-home pay) increased as well.
- One company gave me a \$10 increase (\$45), other company has stayed the same (\$40)
- One company increased my payment per minute only after I complained that it has been the same since I started to work for them, and it increased a few cents. The other the payment remained the same since the beginning. This is only over the phone. In person I charged higher per hour plus mileage and parking if applied
- One company--pay remained the same, but changed from 2-hr minimum to 1-hr minimum, so earnings decreased. Other companies--increased, but not enough to keep up with inflation.
- Only remote.
- Our pay lags behind cost living
- Pay increased but I work more and no benefits.
- Pay stay the same
- Previous over-the-phone interpreter experience for healthcare settings was in a Latin American country
- Some increment per year
- The first 15 years I was a contract interpreter with a varied rate depending on settings and on urgency/ time of day and no change in base rate. The past 5 years I have been paid a lesser hourly rate since I'm an employee with guaranteed hours. As an employee my income has decreased due to high inflation and only the occasional, conditional, very low raises that do not compensate for inflation
- THE PAY INCREASE IS NOT BAD BUT WITH INFLATION ITS HARD TO KEEP UP
- The payment rate remain the same, but I get decreased pay due to in-person work transition to VRI/OPI, which is paid per minute on call.
- There is no any standard pay scale. Mostly organization doesn't want to pay but always talking about the commitments, timely manner and quality. Don't like to listen about early increments. I just telling my coordinators, sir, please think, the dishwasher gets paid \$22 per hour.
- this is my first job as an interpreter
- This one is hard because it increased to meet expectations because I found other agencies, but the one that gives me more jobs, I had an increased insignificantly
- Very little increase
- We are not actually paid enough as it is a poorly paid industry no matter where you work. My pay increased but it is still very low for my training and experience and skills. No one cares about a masters nor about certification.

- When I started in 1991, we got paid less than the cleaning crew, then we complained and got a little over that, then we complained again when we found out the ASL interpreters made 4 to 5 times as much as we did, they said they would match us to their entry level Social Workers, Recently, pre-pandemic with the Black Lives Matter movement and NYS labor laws changes coming to the minimum wage of \$15/hr and regarding transparency in pay, and some union unrest and renegotiations in other nearby hospitals we decided to complain again. We asked why were we classified as secretarial when we needed to know so much medical information, we asked and got to be classified as clinical and rewrote our job descriptions. We got more for entry level Spanish Interpreters, but ASL still makes two times as much as we do, so we are still a stratified department
- With my private work (i.e., workman's comp hearings, etc.), my pay has increased significantly through the years.
- Yearly increases

## Appendix K(8). "Other" Comments to Q.40: Pay Frequency

## 40. How often are you paid? (If you work for multiple companies, please respond from the point of view of your main company.)

- · Varies depending on the company.
- 30-60 days
- 45 days after a closed assingment
- 45 days after invoicing
- 45-60 days
- About 3-4 weeks after turning in time sheets
- After 45 days
- After submitting the invoice. In 2 weeks
- All the Above
- Although currently I'am being paid twice a month, it's only the 2nd company that offers that, most offer montly payment.
- As a W-2 it's by-weekly and monthly with my 1099 contracts.
- byweekly and per month
- Clients have net 30 to pay my invoices.
- Currently, I am not employed
- Depends on the companies policy. But most pay within two months time.
- depends on the company, i get paid twice a month in one, once a month in other comany, and one month after in other company (i.e. the work I did in January I get paid by late February)
- Depends on the contracts. 2 weeks is most standard but often net 45 or net 60.
- Depends, some agencies pay 30 days after, others 45, others 60.
- Each agency has a different payment schedule. After a month or two.
- Every 30-60 days.
- every 45 days of each completed case/assignment
- Every 45 days!!!!
- Every 45 to 60 days
- Every 90 days
- First, my pay decreased, because I left an administrative job to be a freelance translator and interpreter (including in healthcare settings). Then, I went back to work as an Executive Assistant (unrelated to interpreting) and my annual income doubled. However, I was bored in that job, so I took a full-time role as a healthcare interpreter, taking a 50% pay cut annually. After that, I felt burned out at that hospital, because I had to do so many translation projects as a side gig to make enough money, so I left the full-time job and did freelance translations and worked per diem as a healthcare interpreter at a different hospital. With this switch, my pay stayed about the same, since the new hospital offered better pay and I had time to do high-paying written translation jobs. After that, I became a full-time employee at the hospital, and now I only do some written translation jobs on the side; with this recent change to being a full-time healthcare interpreter, my income increased by about 20%.
- For some companies between 30-45 days after the assignment and couple twice a month.
- Getting paid is net 40days. Which is HORRIBLE and even then it's late. No onen in the company cares to pay the interpreters on a timely manner.
- I am currently volunteering.
- I am without a iob
- I bill directly as an independent contractor. Some vendors issue payment immediately upon receipt and I
  get paid within 5 days, some pay invoices at the end of the month, others process them every 60 days.
   Sometimes I have to chase late payments for multiple months and, occasionally, write off an invoice as a
  loss due to repeated attempts to get payment with no response.
- I bill the agencies I work with after each assignment and get paid between 30 to 60 days.
- I don't work for interpreter services.
- I volunteer at my organization center.
- I was a volunteer
- I work as a volunteer interpreter.
- In every following month. For example, for the month of January, I get paid on the 15th of March.
- In the hospital, I am paid biweekly. With my private work the companies pay me within a net-30 window.
- it depends on companies. Some are twice a month and some are once a month

- It depends on invoicing cycles. Between 30 and 45 days.
- It depends on job I have accomplished. Sometimes remote agencies who offer me a job and I service but they never pay for time I interpreted. Then after several attempts collecting, I have to file as uncollected invoice on my tax report.
- It depends on the agency. One pays biweekly, another twice a month, another once a month...
- It varies
- · it varies by agency all of the above
- It varies with each agency
- My pay increased due to my performance (high score percentage during the whole year). There are annual reviews at the date of your anniversary. Such annual reviews started 2 years ago. I got 2 raises (2023 & 2024); was hired in 2021. My CoreCHI was not considered at that time, and there was no raise in 2022.
- Not paid, I volunteer
- once a month or 45 days
- once a month with a 30 days delay
- Payment is received after 30+ days per assignment.
- Some assignments bill internally and pay either weekly or biweekly. I am responsible for billing the others and I typically bill every six weeks, and get paid anywhere from 1-3 months later
- some companies twice a month, once a mon, it depends on the agency
- Sometimes once a month other times every 45 days.
- Typically it's once a month but they do not offer a steady day for payments. That means that I can get paid on the 10th, or on the 20th, depending on how fast I submit my invoice and how fast they process the payment.
- upon sending in my bill, usually within a week or two and if billing direct to a client, 30 days to 60 days
- Volunteer
- volunteer onlly
- weekly and monthly
- when I submit invoices
- When the client agency pays! Month after or more