



Appendix 2.11

Documentation Sample Script and Question Prompts

Sample Script*

Prompt: “The next set of questions asks about whether or not you have a disability. We are asking these questions to ensure we are helpful and meeting the needs of our patients.”

1. Are you deaf or have serious difficulty hearing? (**deaf/hearing disability**)
2. Are you blind or do you have difficulty seeing, even when wearing glasses? (**blind/visually disability**)
3. Do you have serious difficulty walking or climbing stairs? (**mobility disability**)
4. Do you have difficulty remembering or concentrating? (**cognitive disability**)
5. Do you have difficulty dressing or bathing? (**manual dexterity disability or Activities of Daily Living disability**)
6. Using your usual language, do you have difficulty communicating (for example, understanding or being understood)? (**communication disability**)
7. Due to a disability, do you need any additional assistance or accommodations during your visit? (**other disability**)

A patient asks why this information is being collected or has concerns about answering the questions.

Q: Why is this information being collected?

A: “We ask this question to patients at the clinic to learn more about our patient population and the accommodations that our patients with disabilities might need, such as large print documents for patients with visual disabilities, or height-adjustable exam tables for patients with mobility disabilities. This allows us to identify ways to best meet the needs of all of our patients. However, you can choose not to answer this question if you prefer.”

*The above questions reference the Patient Centered Questionnaire. The script should be adapted depending on what questionnaire your clinic is using.