Table S1. Patient-reported Clinicians' Cultural Sensitivity Survey (CCSS; Final 29 items)[1]
The following items represent a first generation survey of clinicians' cultural sensitivity that was field tested in a sample of over 500 Latino general medicine patients.

Instructions: The next set of questions are about experiences talking with your doctor(s) at [clinic name] over the past 12 months. If you see more than one doctor at [clinic name], please tell us, on average, how often they did the following (response options for all items: 1=never; 2=rarely; 3=sometimes; 4=usually; 5=always):

General Scales

I. Sensitivity to Cultural Beliefs and Practices

Complementary and alternative medicine

1. How often did doctors ask if you use alternative medicines?
2. How often did doctors ask you about whether you use any traditional or home remedies?

Mind-body connections

3. How often did doctors ask if your personal life was affecting your health such as worries you might have or stress?
4. How often did doctors ask how your health was affecting your life?

Causal attribution of health problem

5. How often did doctors seem interested in what you thought might be causing your health problem?
6. How often did doctors really listen to what you thought was causing your health problem?

Preventive care

7. How often did doctors talk to you about ways to stay healthy?
8. How often did doctors talk to you about the importance of preventing health problems before you get sick?

Family involvement

9. How often did doctors ask if you wanted to include a family member or a friend during your medical visit?
10. How often did doctors ask if you wanted to talk to your family or friends before making a decision about your treatment?

Modesty

11. How often did doctors take a few moments to put you at ease before examining you?
12. How often did doctors make you feel comfortable enough to talk about health concerns that might be embarrassing?

Use of prescription medications

13. How often did doctors ask if you might have concerns about taking prescription medicines?

Spirituality

14. How often did doctors ask if you had any religious or spiritual beliefs that might influence your health or health care?

II. Discrimination

MD Discrimination due to education

15. How often did doctors make negative assumptions about your level of education?
16. How often did doctors assume that you would not understand their explanations?

MD Discrimination due to race/ethnicity

17. How often did doctors pay less attention to you because of your race or ethnicity?
18. How often did you feel discriminated against by doctors because of your race or ethnicity?

Staff discrimination due to race/ethnicity

19. How often did you feel discriminated against by office staff because of your race or ethnicity?
20. How often did office staff make negative assumptions about you because of your race or ethnicity?

Group-specific Scales

III. For limited English proficient persons

Sensitivity to language needs

21. How often did doctors ask what language you wanted to speak in?
22. How often did doctors ask if you needed an interpreter?
23. How often did office staff ask you if you needed an interpreter?

Discrimination due to language needs

24. How often did you feel discriminated against by doctors because you do not speak English very well or fluently?
25. *How often did you feel ignored by office staff because you do not speak English very well or fluently?*
26. *How often did you feel discriminated against by office staff because you do not speak English very well or fluently?*

IV. For immigrants

Sensitivity to immigrant status

27. How often did doctors take into account how being an immigrant might affect your health?
28. How often did doctors take into account that being an immigrant may make you feel tense or isolated?
29. How often did doctors take into account that as an immigrant you may be less familiar with the health care system in the U.S.?

[1] Bold font indicates a domain and italicized font indicates a sub-domain.

Table S2. Reliability, Item-Scale Correlations, and Means for Patient-reported Clinicians' Cultural Sensitivity Survey (CCSS) Measures among Latinos

Domain Scale[1]	Definition (Item # from Table 3): Frequency with which….	Range of item-scale correlations (English and Spanish versions)	Cronbach's α (English and Spanish versions)	Scale Scores			
				Total Sample N=501 Mean (SD)	English N=155 Mean (SD)	Spanish N=346 Mean (SD)	*p*-value for English vs. Spanish
Cultural Sensitivity Scales-General							
Sensitivity to Cultural Beliefs and Practices							
Complementary and alternative medicine (+)	Doctors asked if patient used alternative medicines (1) and if patient used traditional or home remedies (2)	.68 (.71 -.67)	.80 (.83, .80)	1.84 (1.19)	1.86 (1.14)	1.83 (1.21)	0.776
Mind-body connections (+)	Doctors asked if patient's personal life was affecting their health (3) and how patient's health was affecting their life (4)	.68 (.68, .67)	.81 (.81, .80)	2.65 (1.39)	2.94 (1.36)	2.52 (1.38)	0.002
Causal attribution of health problem (+)	Doctors seemed interested in what patient thought might be causing health problem (5) and really listened to what patient thought was causing health problem (6)	.76 (.74, .77)	.86 (.85, .87)	3.75 (1.25)	3.93 (1.16)	3.67 (1.29)	0.030
Preventive care (+)	Doctors talked to patient about ways to stay healthy (7) and the importance of preventing health problems before getting sick (8)	.57 (.64, .56)	.71 (.78, .70)	3.58 (1.20)	3.66 (1.05)	3.54 (1.26)	0.298

Domain Scale[1]	Definition (Item # from Table 3): Frequency with which….	Range of item-scale correlations (English and Spanish versions)	Cronbach's α (English and Spanish versions)	Scale Scores Total Sample N=501 Mean (SD)	English N=155 Mean (SD)	Spanish N=346 Mean (SD)	*p*-value for English vs. Spanish
Family involvement (+)	Doctors asked if patient wanted to include a family member or a friend during a visit (9) and if patient wanted to talk to a family member or friends before making a treatment decision (10)	.70 (.69, .72)	.82 (.81, .84)	1.97 (1.31)	1.80 (1.23)	2.04 (1.34)	0.084
Modesty (+)	Doctors took a few moments to put the patient at ease before examination (11) and made patient feel comfortable enough to talk about health concerns that might be embarrassing (12)	.57 (.55, .57)	.72 (.71, .73)	3.63 (1.33)	4.03 (1.12)	3.45 (1.38)	< .001
Use of prescription medications (+)	Doctors asked if patient might have concerns about taking prescription medications (13)	na	na	2.28 (1.52)	2.43 (1.49)	2.22 (1.53)	0.177
Spirituality (+)	Doctors asked if patient had any religious or spiritual beliefs that might influence their health or health care (14)	na	na	1.28 (0.78)	1.23 (0.69)	1.30 (0.81)	0.359
Discrimination							
Discrimination due to education (-)	Doctors made negative assumptions about patient's level of education (15) and assumed that patient would not understand their explanations (16)	.41 (.65, .34)	.54 (.76, .47)	1.38 (0.71)	1.23 (0.62)	1.44 (0.73)	0.002
Discrimination due to race/ethnicity (-)	Doctors paid less attention to patient (17) and discriminated against patient because of their race or ethnicity (18)	.56 (.58, .56)	.70 (.70, .70)	1.18 (0.49)	1.15 (0.42)	1.19 (0.53)	0.361

Domain Scale[1]	Definition (Item # from Table 3): Frequency with which….	Range of item-scale correlations (English and Spanish versions)	Cronbach's α (English and Spanish versions)	Scale Scores Total Sample N=501 Mean (SD)	English N=155 Mean (SD)	Spanish N=346 Mean (SD)	*p*-value for English vs. Spanish
Staff discrimination due to race/ethnicity (-)	Office staff discriminated against patient (19) and made negative assumptions about patient because of their race/ethnicity (20)	.64 (.79, .59)	.77 (.88, .73)	1.21 (0.57)	1.14 (0.52)	1.24 (0.58)	0.090
Cultural Sensitivity Scales-Group-specific							
For limited English proficient persons (N=273)							
Sensitivity to language needs (+)	Doctors asked what language patient wanted to speak in (21) and if patient needed an interpreter (22); office staff asked if patient needed an interpreter (23)	.43 - .55	.69	2.70 (1.27)	na	2.72 (1.27)	na
Discrimination due to language needs (-)	Doctors discriminated against patient (24), office staff ignored patient (25), and office staff discriminated against patient because patient does not speak English very well or fluently (26)	.49 - .66	.76	1.20 (0.5)	na	1.19 (0.5)	na
For recent immigrants (N=76)							
Sensitivity to immigrant status[2] (+)	Doctors took into account how being an immigrant might affect patient's health (27), that being an immigrant might make patient feel tense or isolated (28), that as an immigrant, patient may be less familiar with U.S. health care system (29)	.34 - .62	.68	1.72 (0.99)	na	1.72 (1.0)	na

[1] (+) indicates higher score = greater cultural sensitivity; (-) indicates higher score = less cultural sensitivity; response options for all items were never, rarely, sometimes, usually, always
[2] Scored only for those who have lived in U.S. for 10 years or less

Table S3. Standardized factor loadings from confirmatory factor analysis model for the Patient-reported Clinicians' Cultural Sensitivity Scales (CCSS) – General

Item / Factor How often did…	Complementary & alternative medicine	Mind-body connections	Causal attribution of health problem	Preventive care	Family involvement	Modesty	MD Discrimination due to education	MD Discrimination due to race/ethnicity	Staff discrimination due to race/ethnicity
1. Doctors ask if you use alternative medicines?	0.78	--	--	--	--	--	--	--	--
2. Doctors ask you whether you use any traditional or home remedies?	0.91	--	--	--	--	--	--	--	--
3. Doctors ask if your personal life was affecting your health, such as worries you might have or stress?	--	0.77	--	--	--	--	--	--	--
4. Doctors ask how your health was affecting your life?	--	0.89	--	--	--	--	--	--	--
5. Doctors seem interested in what you thought might be causing your health problem?	--	--	0.89	--	--	--	--	--	--
6. Doctors really listen to what you thought was causing your health problem?	--	--	0.84	--	--	--	--	--	--
7. Doctors talk to you about ways to stay healthy?	--	--	--	0.76	--	--	--	--	--
8. Doctors talk to you about the importance of preventing health problems before you get sick?	--	--	--	0.77	--	--	--	--	--
9. Doctors ask if you wanted to include a family member or a friend during your medical visit?	--	--	--	--	0.76	--	--	--	--
10. Doctors ask if you wanted to talk to your family or friends before making a decision about your treatment?	--	--	--	--	0.85	--	--	--	--
11. Doctors take a few moments to put you at ease before examining you?	--	--	--	--	--	0.78	--	--	--
12. Doctors make you feel comfortable enough to talk about health concerns that might be embarrassing?	--	--	--	--	--	0.74	--	--	--
15. Doctors make negative assumptions about your level of education?	--	--	--	--	--	--	0.75	--	--
16. Doctors assume that you would not understand their explanations?	--	--	--	--	--	--	0.58	--	--
17. Doctors pay less attention to you because of your race or	--	--	--	--	--	--	--	0.74	--

ethnicity?									
18. You feel discriminated against by doctors because of your race or ethnicity?	--	--	--	--	--	--	--	0.80	--
19. You feel discriminated against by office staff because of your race or ethnicity?	--	--	--	--	--	--	--	--	0.86
20. Office staff makes negative assumptions about you because of your race or ethnicity?	--	--	--	--	--	--	--	--	0.77

Notes: Group-specific CCSS scales (9 items specific to limited English proficient or immigrant subgroups) were not included in the factor analyses. The sample consisted of N=505 respondents, who were asked to respond to 26 items related to cultural sensitivity. Initial exploratory factor analysis (EFA) models with ML factor extraction and Harris-Kaiser oblique rotation were fit to the data. Of the initial 26 items, 3 were dropped because of a high rate of missing values due to their being viewed by respondents as non-applicable. This resulted in one single-item factor, which was also dropped. In subsequent EFA models, 4 additional items were dropped because of low factor loadings. Subsequently, a confirmatory factor analysis (CFA) model with 9 factors was fit to the EM covariance matrix of the 18 retained items; each item loaded on only one factor, all item residual covariances were fixed to equal zero, and all inter-factor covariances were freely estimated. The model fit the data well: $\chi^2(99) = 122.06$, $p = .06$. The standardized factor loadings (Table A4) and inter-factor correlations (Table A5) from the CFA model are presented. Factor analyses resulted in dropping of the same items from the general cultural sensitivity scales as the mutlitrait scaling analyses.

Table S4 Inter-factor correlations from confirmatory factor analysis model for the Patient-reported Clinicians' Cultural Sensitivity Scales (CCSS) – General

I would give this a unique table number – not 5a and 5b, but 5 and 6

Scale	1	2	3	4	5	6	7	8	9
1. Complementary & alternative medicine	1.0	0.42	0.26	0.35	0.36	0.32	0.11	-0.07	-0.01
2. Mind-body connections	--	1.00	0.55	0.64	0.39	0.55	0.00	-0.09	-0.06
3. Causal attribution of health problem	--	--	1.00	0.76	0.37	0.78	-0.12	-0.29	-0.20
4. Preventive care	--	--	--	1.00	0.38	0.77	-0.01	-0.27	-0.21
5. Family involvement	--	--	--	--	1.00	0.45	0.20	0.05	-0.10
6. Modesty	--	--	--	--	--	1.00	-0.05	-0.25	-0.11
7. MD Discrimination due to education	--	--	--	--	--	--	1.00	0.54	0.41
8. MD Discrimination due to race/ethnicity	--	--	--	--	--	--	--	1.00	0.57
9. Staff discrimination due to race/ethnicity	--	--	--	--	--	--	--	--	1.00