

<b>PARTICIPANT INFORMATION FORM</b>
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We would like to learn a little more about you. We will not use your name with this information. If you do not want to answer a question, you can skip it and move to the next item. All of your answers will be kept confidential. **DO NOT WRITE YOUR NAME ON ANY PART OF THIS FORM.** Please let us know if you have any questions.

**1. Are you...?**

- Male  
 Female

**2. What is your current age?**

- 20 - 29  
 30 - 39  
 40 - 49  
 50 - 59  
 60 - 69  
 70

**3. What is your ethnicity?**

- Hispanic or Latino  
 Not Hispanic or Latino

**4. What is your race? (Check all that apply)**

- White  
 Black or African-American  
 Asian  
 Native Hawaiian/Pacific Islander  
 American Indian/Alaska Native

**4. What is your connection with the Patient Navigator Program?**

- Health care provider within clinic system →  
 Health care provider outside of clinic system →  
 Social service support provider within clinic system  
 Social service support provider outside of clinic system  
 Administrator within clinic system  
 Health education services provider  
 Translator  
 Clinical trials liaison  
 Other (please specify): \_\_\_\_\_

Are you a:

- PCP  
 Specialist  
 Other type of health care provider (please specify):  
 \_\_\_\_\_

**5. How often have you worked with the Patient Navigator program? (Please check one)**

- Less than 3 times  
 Between 3 - 6 times  
 More than 6 times  
 I don't know/I'm not sure

**THANKS FOR YOUR HELP!**