Official use only:	Language of Administration:
Study ID:	☐ English
Date:	☐ Other:
CLIENT OPINION F	OMB# xxxx-xxxx Exp. Date mm/dd/yyyy
Navigation to Chronic Disease Prevention and Ea	arly Intervention
The Patient Navigator Program is funded by the H	ealth Resources and Services Administration
(HRSA) to help people with their health care. We v	want to learn whether the Patient Navigator
Program was helpful to you so we can make the pr	ogram better.
 Answers from everyone who completes 	
•	will know what answers are from you.
•	you choose to not respond, it will not affect
 Your input will help us improve the prog help! 	ram. Your views are importantthanks for you
Please answer each question below by marking a	an 'X' next to the best answer. For example,
What is your gende	•
Male	
igwedge Female	
Patient Navigators help people with different by you received from the Patient Navigator and w	
If you did not need help with an activity just n with that."	nark the box or say, "I did not need help
1. Did the Patient Navigator help you make	appointments for visits to the doctor,
medical tests, or other health care?	
☐ Not at all ☐ A little	
Somewhat	
A lot	
I did not need help with that	
2. Did the Patient Navigator help you arrang	ge transportation to your appointments?
Not at all	
A little	
Somewhat	
A lot	

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-xxxx. Public reporting burden for this collection of information is estimated to average xx hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.

I did not need help with that

3.	Did the Patient Navigator help you get medical equipment or prescriptions?
	☐ Not at all
	☐ A little
	Somewhat
	☐ A lot
	I did not need help with that
4.	Did the Patient Navigator help you find ways to pay for health care?
	☐ Not at all
	☐ A little
	Somewhat
	☐ A lot
	I did not need help with that
5.	Did the Patient Navigator help you learn about services available in your community, such as housing, utilities, food, or childcare?
	Not at all
	A little
	Somewhat
	A lot
	I did not need help with that
6.	Did the Patient Navigator help you to speak with or understand your doctors?
	Not at all
	☐ A little
	Somewhat
	A lot
	I did not need help with that
7.	Did the Patient Navigator help you learn about the need for cancer screening tests and routine checkups?
	☐ Not at all
	☐ A little
	Somewhat
	☐ A lot
	I did not need help with that

8.	Did the Patient Navigator help and encourage you to reach for the health goals set by your doctor?
	☐ Not at all
	☐ A little
	Somewhat
	A lot
	I did not need help with that
9.	Some clinics have connections with Clinical Trials. If you were referred to a Clinica Trial, did the Patient Navigator help you get information about it?
	Not at all
	A little
	Somewhat
	A lot
	I did not need help with that
	 . Did the Patient Navigator give you the information or help you needed? Never Sometimes Usually
	Always
11	. Did the Patient Navigator explain things in a way that was easy to understand?
	Never
	Sometimes
	Usually
	Always
12	.Did the Patient Navigator listen carefully to you?
	Never
	Sometimes
	Usually
	Always

13. Using any number from 0 to 10, where 0 is the worst experience possible and10 is the best experience possible, what number would you use to rate your experience with the Patient Navigator Program?	
 □ 0 Worst experience possible □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 	
10 Best experience possible	
14.Before you enrolled in the Patient Navigator Program, when was the last time you had seen a doctor or nurse?	
☐ Within the last year	
☐ 1 to 3 years ago	
3 to 5 years ago	
5 years ago or more	
I had never seen a doctor or nurse	
OPTIONAL: If you would like to tell us more	
15. How has the Patient Navigator Program been most useful to you?	
16. What parts of the Patient Navigator Program have been least helpful?	
17. What would you change about the Patient Navigator Program if you could?	

Official use only:	Language of Administration:
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Study ID: Date:	
CLIENT OPINIC Navigation to Cancer Services The Patient Navigator Program is funde	OMB# xxxx-xxxx Exp. Date mm/dd/yyyy ed by the Health Resources and Services Administration
(HRSA) to help people with their health	care. We want to learn whether the Patient Navigator
Program was helpful to you so we can n	
 Your name will not be reported 	completes the survey will be given to HRSA. ed. No one will know what answers are from you. ou wish. If you choose to not respond, it will not affect
•	ve the program. Your views are importantthanks for you
What is y ☐ Male ☑ Fema	y marking an 'X' next to the best answer. For example, your gender? Ile different things. We want to know what kind of help
you received from the Patient Navig	ator and what you thought about it.
If you did not need help with an acti with that."	vity just mark the box or say, "I did not need help
Did the Patient Navigator help y medical tests, or other health c	you make appointments for visits to the doctor, are related to cancer?
 Not at all A little Somewhat A lot I did not need help with that 	
2. Did the Patient Navigator help y appointments?	ou arrange transportation to your cancer-related
Not at all A little Somewhat	

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A lot

I did not need help with that

3.	Did the Patient Navigator help you get cancer-related medical equipment or prescriptions?
	☐ Not at all
	A little
	Somewhat
	A lot
	I did not need help with that
4.	Did the Patient Navigator help you find ways to pay for cancer-related health care?
	☐ Not at all
	☐ A little
	Somewhat
	A lot
	I did not need help with that
5.	Did the Patient Navigator help you learn about services available in your community, such as housing, utilities, food, or childcare?
	Not at all
	A little
	Somewhat
	☐ A lot
	I did not need help with that
6.	Did the Patient Navigator help you to speak with or understand your doctors?
	☐ Not at all
	☐ A little
	Somewhat
	☐ A lot
	I did not need help with that
7.	Did the Patient Navigator help you learn about the need for cancer screening tests and routine checkups?
	☐ Not at all
	☐ A little
	Somewhat
	☐ A lot
	I did not need help with that

8.	Did the Patient Navigator help and encourage you to reach for the health goals set by your doctor?
	☐ Not at all
	☐ A little
	Somewhat
	☐ A lot
	I did not need help with that
9.	Some clinics have connections with Clinical Trials. If you were referred to a Clinical Trial, did the Patient Navigator help you get information about it?
	☐ Not at all
	☐ A little
	Somewhat
	☐ A lot
	I did not need help with that
10. We'd also like to learn what it was like working with a Patient Navigator Did the Patient Navigator give you the information or help you needed?	
	☐ Never
	Sometimes
	Usually
	Always
11.	Did the Patient Navigator explain things in a way that was easy to understand?
	☐ Never
	Sometimes
	Usually
	Always
12.	Did the Patient Navigator listen carefully to you?
	☐ Never
	Sometimes
	Usually
	Always

13. Using any number from 0 to 10, where 0 is the worst experience possible and 10 is the best experience possible, what number would you use to rate your experience with the Patient Navigator Program?		
0 1 2 3 4 5 6 7 8	Worst experience possible	
<u> </u>	Best experience possible	
OPTIONAL: If you would like to tell us more		
14. How h	as the Patient Navigator Program been most useful to you?	
15. What parts of the Patient Navigator Program have been least helpful?		
16. What v	would you change about the Patient Navigator Program if you could?	