

**Self-Queriers Survey: Module 12**  
**Number of questions: 3**

**Demographic Information**

We are collecting demographic information so that we can describe the different kinds of organizations participating in this survey.

**Q 12.1.** What types of medical services does your organization provide (if applicable)?

Text box

Survey Page Break

**Q 12.2.** What types of health care products does your organization produce or distribute (if applicable)?

Text box

Survey Page Break

**Q 12.3.** In which jurisdiction is your organization located? (If your organization is located in more than one state, please list the state in which your organization's headquarters is located.)

Alabama  
Alaska  
American Samoa  
Arizona  
Arkansas  
California  
Colorado  
Connecticut  
Delaware  
District of Columbia  
Florida  
Georgia  
Guam  
Hawaii  
Idaho  
Illinois  
Indiana  
Iowa  
Kansas  
Kentucky  
Louisiana

Maine  
Maryland  
Massachusetts  
Michigan  
Minnesota  
Mississippi  
Missouri  
Montana  
Nebraska  
Nevada  
New Hampshire  
New Jersey  
New Mexico  
New York  
North Carolina  
North Dakota  
Northern Mariana Islands  
Ohio  
Oklahoma  
Oregon  
Pennsylvania  
Puerto Rico  
Rhode Island  
South Carolina  
South Dakota  
Tennessee  
Texas  
Utah  
Vermont  
Virgin Islands  
Virginia  
Washington  
West Virginia  
Wisconsin  
Wyoming  
Other (Please Specify) \_\_\_\_\_

Piping logic:

Survey will be directed to Module 13 next.