Initial Contact Date: ___________________________

How did the participant learn about Navigator’s Availability: ___________________________

Referred to by someone else:
- [ ] friend
- [ ] family
- [ ] healthcare provider
- [ ] other

Other: (no names) ___________________________

Gender:
- [ ] Female
- [ ] Male

Client’s Deceased / Date: ___________________________

Client’s Year of Birth:
- [ ] 1920 - 1929
- [ ] 1930 - 1939
- [ ] 1940 - 1949
- [ ] 1950 - 1959
- [ ] 1960 - 1969
- [ ] 1970 - 1979
- [ ] 1980 - 1989
- [ ] 1990 - 1999
- [ ] 2000 - 2009

Client’s Race/Ethnicity
- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Black or African American
- [ ] Hispanic or Latino
- [ ] Islander
- [ ] Multiracial
- [ ] Native Hawaiian or Other Pacific
- [ ] White

Navigatee’s Cancer Status (check all that apply):
- [ ] Not diagnosed with cancer
- [ ] Breast cancer - Diagnosed < 1 year ago ........................................
- [ ] Breast cancer - Diagnosed > 5 years ago ........................................
- [ ] Breast cancer - Diagnosed 1 to 5 years ago ..................................
- [ ] Breast cancer - Inflammatory ......................................................
- [ ] Breast cancer - Triple Negative ....................................................
- [ ] Cervix cancer - Diagnosed < 1 year ago ........................................
- [ ] Cervix cancer - Diagnosed > 5 years ago ........................................
- [ ] Cervix cancer - Diagnosed 1 to 5 years ago ..................................
- [ ] Colorectal cancer - Diagnosed < 1 year ago ...................................
- [ ] Colorectal cancer - Diagnosed > 5 years ago ..................................
- [ ] Colorectal cancer - Diagnosed 1 to 5 years ago ................................
- [ ] Family History - Breast Cancer
- [ ] Family History - Cervix Cancer
- [ ] Family History - Colorectal Cancer
- [ ] Family History - Lung Cancer
- [ ] Family History - Prostate Cancer
- [ ] Genetics - BRCA 1
- [ ] Genetics - BRCA 2
- [ ] Genetics - Familial Adenomatous Polyposis (FAP)
- [ ] Genetics - HER2/neu
- [ ] Genetics - Hereditary Nonpolyposis Colorectal Cancer (HNPCC)
- [ ] Lung cancer - Diagnosed < 1 year ago ...........................................
- [ ] Lung cancer - Diagnosed > 5 years ago ...........................................
- [ ] Lung cancer - Diagnosed 1 to 5 years ago .....................................
- [ ] Prostate cancer - Diagnosed < 1 year ago .....................................
- [ ] Prostate cancer - Diagnosed > 5 years ago .....................................
- [ ] Prostate cancer - Diagnosed 1 to 5 years ago ................................
- [ ] Other Cancer(s):

Cancer Stage:

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<th>OIII</th>
<th>OIV</th>
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Navigation Interaction

Primary Navigator Name: ____________________________

Navigation Interaction Date: ____________________________

Navigation Interaction Type:
☐ Email  ☐ Through a Family Member
☐ In Person (face-to-face)  ☐ Through a Friend
☐ On the phone  ☐ Through a Provider
☐ Regular Mail

How long did this interaction take (in min)?

Navigation Activities for this Interaction

PREVENTION
☐ Help with improving diet
☐ Help with weight control
☐ Help with physical activity
☐ Help clean up the environment
☐ Help with tobacco prevention
☐ Help with tobacco cessation

SCREENING
☐ Help finding a healthcare provider/ clinic for screening
☐ Help setting up medical screening appointment
☐ Made a reminder call (or visit) for health screening appointment
☐ Accompany patient to screening appointment
☐ Help with paperwork for IHS
☐ Help with paperwork for Medicaid
☐ Help with paperwork for Medicare
☐ Help with paperwork for State / Foundation screening program
☐ Help with paperwork for Private Insurance
☐ Help with paperwork for Veterans Administration
☐ Help with transportation to screening
☐ Help with lodging for screening
☐ Help with child / elder supervision during screening appointment

DIAGNOSIS
☐ Help following up the positive screening results to make an appointment for diagnostic test
☐ Help getting a second opinion
☐ Help patient and family to better understand prognosis and treatment options
☐ Help with transportation for diagnostic appointment
☐ Help with lodging for diagnostic appointment
### Navigation Activities for this Interaction

#### TREATMENT

- [ ] Help finding a healthcare provider/ clinic for treatment
- [ ] Help setting up medical treatment appointment
- [ ] Made a reminder call (or visit) for health treatment appointment
- [ ] Accompany patient to treatment appointment
- [ ] Help patient and family ask questions about diagnosis and treatment
- [ ] Help patient communicate with provider about co-morbidity (e.g., diabetes, heart disease)
- [ ] Help with paperwork for IHS
- [ ] Help with paperwork for Medicaid
- [ ] Help with paperwork for Medicare
- [ ] Help with paperwork for State / Foundation treatment program
- [ ] Help with paperwork for Private Insurance
- [ ] Help with paperwork for Veterans Administration
- [ ] Help with transportation to treatment
- [ ] Help with lodging for treatment
- [ ] Help with lodging and transportation for family during patient’s treatment (away from home for days, weeks, months)
- [ ] Help with child / elder supervision during treatment appointment
- [ ] Help with family education about the patient’s cancer
- [ ] Help with employment / career counseling for patient
- [ ] Help with obtaining a Treatment Plan from healthcare provider / clinic
- [ ] Help with support for children / elders during cancer treatment
- [ ] Help with addressing patient’s side effects from cancer or treatments (fatigue, skin reactions, amputations)
- [ ] Help with Traditional Indian Medicine healers / Medicine Man/Woman
- [ ] Help with information about clinical trials opportunities

#### END-OF-LIFE

- [ ] Help with Advanced Directives resources
- [ ] Help with end-of Life / Hospice services (Visiting Nurses Association)
- [ ] Help with final will
- [ ] Help with traditional Indian ceremonies
- [ ] Help with transportation to and from Hospice setting
- [ ] Help with nutrition supplements for end-of Life / Hospice
- [ ] Help with daily living (hygiene, home cleaning, cooking [for other family members, or animals])
- [ ] Help with family caregivers’ needs
### Navigation Activities for this Interaction

**QUALITY OF LIFE / RECOVERY**

- Help with cancer rehabilitation
  - (exercise, ways to adapt to physical changes brought on by cancer)
- Help finding cancer support programs
- Help with Complementary and Alternative Treatment (includes herbs, teas, acupuncture)
- Help with Traditional Indian Medicine healers / Medicine Man/Woman
- Help with Employment issues
- Help with Fertility issues
- Help with NACR’s Memorial Fund Applications
- Help with Financial Assistance resources
- Help finding a healthcare provider
- Help with legal assistance and information
- Help with nutrition resources
- Help with professional counseling support services
- Help with transportation for follow-up services (screenings for other diseases, other cancers)
- Help with addressing patient’s side effects from cancer or treatments
  - (fatigue, skin reactions, amputations)
- Help with Traditional Indian Medicine healers / Medicine Man/Woman
- Help with cultural issues related to recovering from cancer experiences
  - (temporary surrender of sacred pipe during hair loss side effect from treatments)
- Help with information about clinical trials QOL / supportive care opportunities
- Help with daily living issues (house cleaning, personal hygiene)
- Help obtaining recommended cancer medications

**PALLIATION**

- Help with cancer pain resources
- Help with nutrition resources
- Help with professional counseling support services
- Help with information about clinical trials opportunities
- Help obtaining recommended cancer medications

**Enter Navigation activities for this interaction not listed above:**

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- Other: Please list in a box below

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