Patient's ID ID: Medical Record # ID: Code number ID: Other Patient's Personal Information FName Lname Address City State Zip Phone-Home Phone-Work Phone-cell Email Other (pop-up space to specify) Home Phone Phone Phone Phone Email Other (pop-up space to specify) Home Phone Phone Phone Phone Phone Emergency Contact 1 Emergency Contact 1 Emergency Contact 1 Emergency Contact 1 FName Lname Address City State Zip Phone-Home Phone Phone Phone Emergency Contact 1 Emergency Contact 1 FN	Patient	Contact/Visit			
ID: Medical Record # ID: Code number ID: Other Patient's Personal Information FName Lname Address City State Zip Phone-Home Phone-work Phone-cell Email Other (pop-up space to specify) Phone Phone More Phone Email Other (pop-up space to specify) Email Other (pop-up space to specify) Email Phone Home Work Cell Email Poter (pop-up space to specify) Email Poter (pop-up space to specify) Email Protact Mail Other (pop-up space to specify) Emergency Contact 1 FName Lname Address City State Zip Phone-Home Phone-Home Phone					
ID: Code number ID: Other Patient's Personal Information FName Lname Address City State Zip Phone-Home Phone-cell Email Other (pop-up space to specify) Phone Home Work Cell Email Other (pop-up space to specify) Email Phone Home Work Cell Email Postal Mail Other (pop-up space to specify) Emergency Contact 1 FName Lname Address City State Zip Phone-Home Phone-Home Phone-Home Phone Emergency Contact 1 FName Lname Address City State Zip Phone-Home Pho	rall				
ID: Other ID: Other Patient's Personal Information FName Lname Address Address City State Zip Phone-Home Phone-Work Phone-cell Email Other (pop-up space to specify) In-person Phone Phone Work Cell Email Other (pop-up space to specify) Vork Cell Email Other (pop-up space to specify) Vork Cell Email Other (pop-up space to specify) City Cell Email Postal Mail Other (pop-up space to specify) Emergency Contact 1 FName In-person Emergency Contact 1 FName Lname Address City State Zip Phone-Home Phone-Home Phone-Work Phone-Home Phone-Cell					
Patient's Personal Information FName Lname Address City State Zip Phone-Home Phone-cell Email Other (pop-up space to specify) Home Phone Phone Verk Email Other (pop-up space to specify) Verk Email Other (pop-up space to specify) Verk Email Other (pop-up space to specify) Verk Cell Email Postal Mail Other (pop-up space to specify) Emergency Contact 1 FName Lname Address City State Zip Phone-Home Phone-Home Phone-Home Phone-Home Phone-Home Phone-Home Phone-Home Phone-Home Phone-Home Phone-Cell					
FName Lname Address City State Zip Phone-Home Phone-cell Email Other (pop-up space to specify) Ask patient how they prefer to be contacted In-person Phone Work Cell Email Vork Cell Email Other (pop-up space to specify) Vork Cell Email Postal Mail Other (pop-up space to specify) Emergency Contact 1 Fname Lname Address City State Zip Phone-Home Phone-Home Phone-Home Phone-Work Phone-Work Phone-Home					
FName Lname Address City State Zip Phone-Home Phone-cell Email Other (pop-up space to specify) Ask patient how they prefer to be contacted In-person Phone Work Cell Email Vork Cell Email Other (pop-up space to specify) Vork Cell Email Postal Mail Other (pop-up space to specify) Emergency Contact 1 Fname Lname Address City State Zip Phone-Home Phone-Home Phone-Home Phone-Work Phone-Work Phone-Home	Pati	ant's Personal Information			
Lname Address City State Zip Phone-Home Phone-Work Phone-cell Email Other (pop-up space to specify) Ask patient how they prefer to be contacted In-person Phone Home Work Cell Email Cell Work Cell Email Postal Mail Other (pop-up space to specify) Emergency Contact 1 Emergency Contact 1 Emergency Contact 1 Emergency Contact 1 City State Zip Phone- Phone Address City State Zip Phone- Phone- Phone- Phone- Phone-Home Phone-Work Phone-Work Phone-Work	1 au				
Address City State Zip Phone-Home Phone-Work Phone-cell Email Other (pop-up space to specify) Ask patient how they prefer to be contacted In-person Phone Home Work Cell Email Other (pop-up space to specify) Home Vork Cell Email Postal Mail Other (pop-up space to specify) Emergency Contact 1 FName Lname Address City State Zip Phone-Home Phone-Home Phone-Home Phone-Home Phone-Home Phone-Cell					
City State Zip Phone-Home Phone-Work Phone-cell Email Other (pop-up space to specify) Ask patient how they prefer to be contacted In-person Home Vork Cell Email Postal Mail Other (pop-up space to specify) Email Cell Email Phone Home Vork Cell Email Postal Mail Other (pop-up space to specify) Emergency Contact 1 Emergency Contact 1 FName Lname Address City State Zip Phone-Home Phone-Home Phone-Home Phone-Home					
State Zip Phone-Home Phone-Work Phone-cell Email Other (pop-up space to specify) Ask patient how they prefer to be contacted In-person Phone Home Work Cell Email Postal Mail Other (pop-up space to specify) Emergency Contact 1 FName Lname Address City State Zip Phone-Home					
Zip Phone-Home Phone-Work Phone-cell Email Other (pop-up space to specify) Ask patient how they prefer to be contacted In-person Phone Home Work Cell Email Postal Mail Other (pop-up space to specify) Emergency Contact 1 FName Lname Address City State Zip Phone-Home					
Phone-HomePhone-WorkPhone-cellEmailOther (pop-up space to specify)Ask patient how they prefer to be contactedIn-personPhoneHomeWorkCellEmailPostal MailOther (pop-up space to specify)Emergency Contact 1FNameLnameAddressCityStateZipPhone-HomePhone-WorkPhone-WorkPhone-Cell					
Phone-Work Phone-cell Email Other (pop-up space to specify) Ask patient how they prefer to be contacted In-person Phone Work Cell Email Postal Mail Other (pop-up space to specify) Emergency Contact 1 FName Lname Address City State Zip Phone-Home Phone-Home Phone-Work					
Phone-cellEmailOther (pop-up space to specify)Ask patient how they prefer to be contactedIn-personPhoneHomeWorkCellEmailPostal MailOther (pop-up space to specify)Emergency Contact 1FNameLnameAddressCityStateZipPhone-HomePhone-HomePhone-WorkPhone-cell					
Email Other (pop-up space to specify) Ask patient how they prefer to be contacted In-person Ask patient how they prefer to be contacted In-person Phone In-person Work In-person Cell In-person Email In-person Vork In-person Other (pop-up space to specify) In-person Postal Mail In-person Other (pop-up space to specify) In-person Emergency Contact 1 In-person FName In-person Lname Address City In-person State In-person Zip Phone-Home Phone-Home Phone-Work Phone-Cell In-person					
Other (pop-up space to specify) Ask patient how they prefer to be contacted Ask patient how they prefer to be contacted Phone Home Work Cell Email Postal Mail Other (pop-up space to specify) Emergency Contact 1 FName Lname Address City State Zip Phone-Home Phone-Work Phone-Cell					
Ask patient how they prefer to be contacted Ask patient how they prefer to be contacted In-person Phone Home Work Cell Email Postal Mail Other (pop-up space to specify) Emergency Contact 1 FName Lname Address City State Zip Phone-Home Phone-Cell					
In-personPhoneHomeWorkCellEmailPostal MailOther (pop-up space to specify)Emergency Contact 1FNameLnameAddressCityStateZipPhone-HomePhone-WorkPhone-Cell					
PhoneHomeWorkCellEmailPostal MailOther (pop-up space to specify)Other (pop-up space to specify)Emergency Contact 1FNameLnameAddressCityStateZipPhone-HomePhone-WorkPhone-cell	Ask p	patient how they prefer to be contacted			
HomeWorkCellEmailPostal MailOther (pop-up space to specify)Other (pop-up space to specify)Emergency Contact 1FNameLnameAddressCityStateZipPhone-HomePhone-WorkPhone-cell		In-person			
WorkCellEmailPostal MailOther (pop-up space to specify)Emergency Contact 1Emergency Contact 1FNameLnameAddressCityStateZipPhone-HomePhone-WorkPhone-cell		Phone			
CellEmailPostal MailOther (pop-up space to specify)Emergency Contact 1FNameLnameAddressCityStateStateZipPhone-HomePhone-WorkPhone-cell		Home			
EmailEmailPostal MailOther (pop-up space to specify)Other (pop-up space to specify)Image: Contact 1Emergency Contact 1Image: Contact 1FNameImage: Contact 1Image: Contact 1Imag		Work			
Postal MailOther (pop-up space to specify)Emergency Contact 1FNameInameAddressCityCityStateZipPhone-HomePhone-WorkPhone-cell		Cell			
Other (pop-up space to specify) Emergency Contact 1 FName Lname Address City State Zip Phone-Home Phone-Work Phone-cell		Email			
Image:		Postal Mail			
FNameLnameAddressCityStateZipPhone-HomePhone-WorkPhone-cell		Other (pop-up space to specify)			
FNameLnameAddressCityStateZipPhone-HomePhone-WorkPhone-cell					
LnameAddressCityStateZipPhone-HomePhone-WorkPhone-cell	Eme	ergency Contact 1			
Address City State Zip Phone-Home Phone-Work Phone-cell Phone-cell		FName			
City State Zip Phone-Home Phone-Work Phone-cell					
State Zip Phone-Home Phone-Work Phone-cell		Address			
Zip Phone-Home Phone-Work Phone-cell					
Phone-Home Phone-Work Phone-cell					
Phone-Work Phone-cell					
Phone-cell		Phone-Home			
Email					
		Email			

		Other (pop-up space to specify)	
		Other (pop-up space to specify)	
	Eme	rgeny's Contact 2	
		FName	
		Lname	
<u> </u>		Address	
<u> </u>		City	
<u> </u>		State	
		Zip	
-		Phone-Home	
		Phone-Work	
		Phone-cell	
		Email	
		Other (pop-up space to specify)	
	W/ba	lives with you (sheek all that apply)?	
	VVIIO	lives with you (check all that apply)? Partner	
		Spouse	
		Children	
		Parents	
		Others	
		Do Not Want to Answer	
DE		RAPHICS	
	What is your gender?		
		Female	
		Male	
		Transgender	
		Do Not Want to Answer	
	What	is your sexual orientation?	
		Heterosexual	
		Gay	
		Lesbian	
		Bisexual	
		Transsexual	
		Queer	
		Other	
		Do Not Want to Answer	

Wha	t is your date of birth?
Wha	t is your race (check all that apply)
	American Indian / Alaska Native (AIAN)
	Pacific Islander
	Asian
	African-American
	Non-Hispanic white (Caucasian)
	Other (please specify)
	Don't know
	Don't want to answer
Are	/ou Hispanic, Latino, Chicano?
	Yes
	No
	I do not know or not sure
	I do not want to answer this question
Wha	t is your preferred religion or spirituality? (check all
	Abrahamic
	Atheist
	Baha'i
	Buddhism
	Christianity
	Confucianism
	Druidry
	Hinduism
	Islam
	Judaism
	Native American / Indigenous religions
	Satanism
	Scientology
	Shinto
	Taoism
	Voodoo
	Wicca
	Non-organized faith or spirituality
	Other (pop-up space to specify)
	Don't want to answer

ПОW	/ much schooling have you completed?	
	None	
	Grade school / elementary	
	Middle / Junior high	
	High school graduate / GED	
	Technical or apprentice training	
	Some College (no degree)	
	College AA, AS degree	
	College BA, BS degree	
	Masters Degree	
	Doctorate or more	
	Do Not Want to Answer	
Ном	/ were you referred to the program?	
1101	Healthcare provider	
	Cancer support group	
	Family or friend referred	
	Self-referred	
	Another cancer survivor referred	
	Homeless Program	
	Prison / incarcerated cancer program	
	Other	
Whe	ere do you get most of your medical care?	
VVIIC	Space to write in	
Do you have a regular medical provider?		
Yes		
	No	
	I do not know or not sure	
1		

Wha	t is your "Primary" health insurance?	
	I do not currently have health insurance	
	Medicaid	
	Medicare	
	Private (through work, spouse, individual)	
	Self-insured	
	Tri-Care	
	AI/AN exemption from ACA	
	has insurance but doesn't know what it is	
	I do not know or not sure	
	do not want to answer this question	
Wha	t is the best way for you to learn and understand	
	Visual (pictures, photos)	
	Audio (spoken, sounds, voice, music)	
	Written words	
Wha	t language(s) do you speak?	
	Space to write in language (Have write in and that	
Wha	t language do you prefer to use?	
	Write in language	
Can y	/ou read English?	
	Yes	
	No	
	I do not know or not sure	
	I do not want to answer this question	
Do y	ou use hearing aids?	
	Yes	
	No	
	I do not know or not sure	
	I do not want to answer this question	
Do y	ou wear glasses?	
	Yes	
	No	
	I do not know or not sure	

Do	Do you work either at home or outside your home for		
	Yes		
	No		
	I do not know or not sure		
	I do not want to answer this question		
Do	you have dependent children?		
	Yes		
	No		
	I do not know or not sure		
	I do not want to answer this question		
Do	you have dependent elders?		
	Yes		
	No		
	I do not know or not sure		
	I do not want to answer this question		