

FORM V: STATISTICAL QUESTIONNAIRE

Name: (initials) _____ Age: _____ Date: _____ Sex: _____

Type of Cancer: _____

How did you hear about our service? _____

The information below is used only to provide statistics to potential funding organizations. No names will be used.

Ethnic identity: (Please circle each identity that applies to you)

African American Latino/Hispanic Pacific Islander Asian
Native American White Multi-Racial Other

Are you: (Please circle one) Single Married Widowed Divorced

Are you: (Please circle all that apply)

Employed Retired Unemployed On Disability other

Annual Combined Household Income: (Please circle one below):

\$50,000 or Less \$51,000 - \$79,000 80,000-100,000 \$101,000 or Above

Is your medical care covered by (Please circle all that apply):

Medical insurance Medi-Cal Medicare No coverage Other

Our consultative services are completely free of charge. We will not bill you or whoever covers your health care. But we would like to know if you have coverage for the costs for second opinions, even if outside your health plan network?

Yes Partial with Co-Pay No I don't know

Thank you for providing this information to **thesecondopinion**.