**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Study ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions:** Thank you for your involvement in the SEED study. We are interested in knowing more about you and the different types of stakeholders that participate in this study. Please read each question carefully and choose the response that most applies to you. All information is confidential and will be used to improve and evaluate this study.

1. **SEED participant type:**

1. **What is your primary role in the SEED study? Please select one response.**
* Research team member – [insert Community Research team name] member
* Topic Group member
* Focus Group participant
* Interview participant
* Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
1. **Demographics: [special note: for the following demographics questions, please modify and adapt to fit the needs and preferences of your project]**
2. **What is your current age**? **Please select one response.**
* 21-44 years
* 45-64 years
* 65 years or older
1. **What is your racial/ethnicity group? Please check all that apply.**
* African-American
* Hispanic
* Asian/Pacific Islander
* White
* Native American
* Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
1. **What is your gender? Please select one response.**
* Male □ Female □ Transgender □ Other
1. **What is the highest level of education you’ve completed? Please select one response.**
* Less than high school
* Some high school (no diploma)
* High school (diploma or GED)
* Some college
* College (2 year degree)
* College (4 year degree)
* Some graduate/professional school
* Graduate/professional degree
1. **Prior experience with [insert health topic]: [special note: for the following questions, please modify and adapt to fit the needs and preferences of your project]**
2. **Have you or a family member been diagnosed with [insert health topic]?**

□ Yes □ No

1. **Have you ever been a personal caregiver for a person with [insert health topic]?**

□ Yes □ No

1. **Have you ever been a professional caregiver for a person with [insert health topic]?**

□ Yes □ No

1. **Are you a physician?**

□ Yes (Go to #12) □ No (Go to #10)

1. **Are you a nurse?**

□ Yes (Go to #12) □ No (Go to #11)

1. **Are you another type of health professional?**

□ Yes (Go to #11a) □ No (Go to #12)

**11a. If YES, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Do you work to raise awareness, raise money, or impact policy decisions surrounding [insert health topic]?**

□ Yes □ No

1. **Do you work for an organization that provides medical care to people with [insert health topic]?**

□ Yes □ No

1. **Do you work for an organization that provides non-medical services to people with [insert health topic]?**

□ Yes (Go to #14a) □ No (Go to #15)

**14a. Please list the types of services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Prior to participating in the SEED study, would you say that you had either formal education, general knowledge, or experience with [insert health topic]?**

□ Yes (Go to #15a) □ No

 **15a. Please check which health conditions you have had formal education, general**

**knowledge, or experience with? Please check all that apply.**

* **[insert health topic]**
* **[insert health topic]**
* **[insert health topic]**
* None of these health conditions