Provider Demographics

Please complete the survey below before the interview.

Thank you!

What is your gender?	◯ Male ◯ Female ◯ Non-binary ◯ Prefer not to say
What is your age?	_____
Are you of Hispanic, Latino, or Spanish origin?	◯ Yes ◯ No ◯ Prefer not to answer
What is your race/ethnicity? (Select all that apply)	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Prefer not to answer
What is your degree(s)? (Check all that apply)	☐ MD/DO ☐ PA (Physician Assistant) ☐ NP (Nurse Practitioner) ☐ RN (Registered Nurse) ☐ LCSW (Licensed Clinical Social Worker) ☐ PhD ☐ Other (please specify)
If you selected other in the previous question, please specify.	_____
What is your primary role in healthcare?	◯ Physician ◯ Advanced Practice Provider (APP) ◯ Nurse ◯ Social Worker ◯ Care Coordinator ◯ Physical/Occupational Therapist ◯ Dietitian ◯ Other (please specify)
If you selected other in the previous question, please specify.	_____
How many years have you been practicing in your current role?	_____
How many years have you worked at University Hospitals?	_____
Approximately what percentage of your patients are diagnosed with gastrointestinal (GI) cancers?	_____
How many UH facilities do you currently work at?	_____

How many different healthcare institutions have you worked at in the past 5 years? _____

What is your current employment status?

◯ Full-time
◯ Part-time
◯ As needed