**TRIP Demographics Survey**

Please complete the questions you are comfortable answering. Thank you!

Please describe your **gender** (check all that apply).

|  |  |
| --- | --- |
| * Female
* Male
 | * Cisgender
* Transgender
* Non-binary
* Another gender (please describe) --
 |

Please describe your **race** (check all that apply).

* American Indian or Alaskan Native
* Asian
* Black or African American
* Native Hawaiian or Other Pacific Islander
* White
* Another race (please describe) --

Please describe your **ethnicity**.

* I am Hispanic, Latino, or of Spanish Origin
* I am NOT Hispanic, Latino or of Spanish Origin

Please describe any **languages that you speak with your patients**.

* English
* Spanish
* Haitian Creole
* Mandarin
* Cantonese
* Toisanese
* Other (please describe) –

Please describe your **highest level of education completed**.

* High school degree or equivalent
* Associate’s degree
* Bachelor’s degree
* Master’s degree
* Other (please describe) –

Please describe any **professional degrees** you have.

* Licensed social worker
* Registered nurse
* Other (please describe)

Please describe any **certifications or licensure** you have:

* Certified medical assistant
* Certified nursing assistant
* Licensed clinical social worker

What is the name of your hospital?

* Beth Israel Deaconess Medical Center
* Boston Medical Center
* Dana Farber Cancer Institute
* Massachusetts General Hospital
* Tufts Medical Center

What is the title of your position? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have been employed in my current position at this hospital for \_\_\_\_\_\_\_\_\_\_years.

I have worked at this hospital for \_\_\_\_\_\_\_\_\_\_ years.

I have worked in the field of breast cancer treatment for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_years.

Are you a cancer survivor?

* Yes
* No

Thank you!