

**FORM V: STATISTICAL QUESTIONNAIRE**

Name: (initials) \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Type of Cancer: \_\_\_\_\_

How did you hear about our service? \_\_\_\_\_

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***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      Other

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

**Number of Adults in household:** \_\_\_\_\_ **Number of Children under 18:** \_\_\_\_\_

**Are you: (Please circle one)**      Employed      Retired      Fixed Income      Disabled

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

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

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

Medical insurance      Medi-Cal      Medicare      No coverage

**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      No

Thank you for providing this information to **thesecondopinion**, provided by the Regional Cancer Foundation.