## **Appendix: Patient Navigator Survey Questions**

| Are you interested in continuing with the program | If you want to continue, would you be interested in |
|---|---|
| next year? If so, in what capacity?               | navigating with your current patient, if you have   |
|   | one?  |
| What is one way you think this program positively | What is one way this program positively impacted    |
| impacted your educational experience this year?   | your patient?                                       |