

BEST-PCP Stakeholders Questionnaire

Note: Fill-in fields are formatted to hold unlimited text; they will expand as you type in them.

Name and Affiliation: _____

1. Are you interested in participating in a sub-committee/workgroup on a particular aspect of the BEST-PCP project?

Yes No

If “Yes”, on which of the following workgroup(s) would you be interested in participating? Please rank your choices in order of preference by inserting a number in the box next to each option in which you’re interested.

__ Evaluation

__ Policy

__ Matrix of Responsibility

__ Clinical Intervention

__ Dissemination

__ Other (please write in suggestion: _____)

__ Other (please write in suggestion: _____)

2. Is there anyone that you think would make a good addition the BEST-PCP Stakeholders group?

Yes No

If “Yes”, please list their name, affiliation, telephone number and/or email address:

If you have any questions please contact Cricket Mitchell, CIMH Consultant and Project Coordinator, at 858-220-6355 or cricketmitchell@hotmail.com.

Please email completed questionnaire to cricketmitchell@hotmail.com