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