



WINCART CBPR TRAINING PRE-QUESTIONNAIRE

1. What is your first name?

2. What is your last name?

3. Contact Information:

Address: _____
Address 2: _____
City/Town: _____
State: _____
ZIP: _____
Country: _____
Email Address: _____
Phone Number: _____

4. What is your age?

- 18-20
- 21-29
- 30-39
- 40-49
- 50+

5. What is your race/ethnicity? (Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Black, African American | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Marshallese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Tongan |



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6. Are you currently enrolled as a student?

- Yes, full time in graduate school
- Yes, part time in graduate school
- Yes, full time at a four year undergraduate college/university
- Yes, part time at a four year undergraduate college/university
- Yes, full time at a two year undergraduate college/university
- Yes, part time at a two year undergraduate college/university
- Yes, at a high school or equivalent
- No, I am not currently enrolled as a student

7. Work Information: (if applicable)

Company: _____
Department: _____
Research Institution: _____
Community Organization: _____
Current Position Title: _____

8. What is the highest level of education you have completed?

- High school
- Associate's Degree
- Bachelor's Degree
- Master's Degree in Public Health
- Other Master's Degree
- PhD
- MD/DO
- Other (Please specify): _____

9. Are you the first in your family to attend or complete a college degree (from a 2- or 4-year university)?

- Yes
- No
- Don't Know

10. What are your areas of interest? (Please check all that apply)

- Anatomy
- Behavioral Science
- Biochemistry
- Cancer/Oncology
- Chemistry
- Dental Sciences, Clinical
- Education, Health Education
- Health Sciences, Allied and Health Services Delivery
- Hematology
- Immunology
- Medical Sciences, Clinical
- Microbiology, Virology, and Parasitology Molecular and Cellular Biology
- Neuroscience
- Nursing Sciences, Clinical
- Pharmacology and Toxicology
- Physiology
- Radiology, Radiation Biology, Nuclear Medicine
- Statistics, Information and Computer Sciences
- Substance Abuse
- N/A
- Other (Please specify): _____

11. In the space below, please describe why you are interested in participating in this training program AND what you hope to get out of the experience.

12. Do you know what 'Community Based Participatory Research (CBPR)' is?

- Yes
- No



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13. If you answered 'Yes' to #12, please describe your definition or understanding of CBPR:

14. On a scale of 1 to 5, how much do you know about CBPR?

- I DO NOT know about CBPR (1)
- I know VERY LITTLE about CBPR (2)
- I KNOW about CBPR (3)
- I know A LOT about CBPR (4)
- I know EVERYTHING about CBPR (5)

15. On a scale of 1 to 5, how familiar with the WINCART model are you? (i.e., the history, how the partnership was established, key partners involved)

- I am NOT familiar with the WINCART Model (1)
- I am SOMEWHAT familiar with the WINCART Model (2)
- I am a LITTLE familiar with the WINCART Model (3)
- I AM familiar with the WINCART Model (4)
- I am VERY familiar with the WINCART Model (5)