

**Supplementary File S1 – Author-Developed Satisfaction and Benefits Measures**

**Section A: Your Satisfaction with Program**

**A1. We would like to know about your views about the TrueNTH Peer Navigation Program.**

1. Please use the scale below to rate your **level of satisfaction** with each the following aspects of the program:

Not at all Satisfied					Moderately Satisfied					Completely Satisfied
1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>										

- 1) Overall satisfaction with the TrueNTH Peer Navigation Program\_\_\_\_\_
- 2) The length of the program\_\_\_\_\_
- 3) Availability of your Peer Navigator to address your support needs\_\_\_\_\_
- 4) Your interactions with your Peer Navigator\_\_\_\_\_
- 5) Support received from your Peer Navigator\_\_\_\_\_
- 6) Availability of program staff to address your program-related questions\_\_\_\_\_
- 7) Availability of program staff to address your technical-related questions\_\_\_\_\_
- 8) Your interactions with the program staff \_\_\_\_\_
- 9) Support received from the program staff\_\_\_\_\_
- 10) Process of registering on the program website\_\_\_\_\_
- 11) Approach to matching you with a Peer Navigator \_\_\_\_\_
- 12) Messaging/chat feature on the program website for communicating with your Peer Navigator\_\_\_\_\_
- 13) Health library on the program website\_\_\_\_\_

**2. Perceived Benefits of Interactions with Your Peer Navigator**

Now we would like to know more about any benefits you may have gained from your interactions with your Peer Navigator. Using the following scale, please indicate your level of agreement with the following statements.



<p>19. I feel more confident that I can tell my health care provider concerns I have even when he or she does not ask.</p>	◇	◇	◇	◇	◇	◇	◇	◇	◇	◇
<p>20. I feel more confident coping with my cancer or the effects of treatment on a day to day basis.</p>	◇	◇	◇	◇	◇	◇	◇	◇	◇	◇