

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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.

As a result of my interactions with my Peer Navigator...

[illegible]

[illegible]