

**Appendix A. Pro Bono Network Administration Project Pre/Post-Survey**

- 1.) What days and times is the clinic open?
  - a. \_\_\_\_\_
- 2.) How many clients are currently on the caseload?
  - a. \_\_\_\_\_
- 3.) What is your perceived level of confidence in obtaining new clients?  
1      2      3      4      5      6      7      8      9      10
- 4.) What is your perceived level of confidence in the formal intake process of your clients?  
1      2      3      4      5      6      7      8      9      10
- 5.) What is your perceived level of confidence in navigating an EMR system and billing?  
1      2      3      4      5      6      7      8      9      10
- 6.) What is your perceived level of confidence in marketing the clinic to the community and other healthcare professionals?  
1      2      3      4      5      6      7      8      9      10
- 7.) What is your perceived level of confidence in interprofessional collaboration with fellow students and clinic supervisors?  
1      2      3      4      5      6      7      8      9      10
- 8.) What is your level of enthusiasm when treating in the clinic?  
1      2      3      4      5      6      7      8      9      10
- 9.) How important is it to you for the Bear Paw clinic to expand?  
1      2      3      4      5      6      7      8      9      10