

APPENDIX E

Questionnaire for Participants

DRAFT 10.25.10

1. What is the type of setting of your primary practice location?
 - a. Urban
 - b. Rural
 - c. Suburban
 - d. Other (please specify)

2. What is the approximate racial/ethnic makeup of your patient population:
 - a. African American/Black ___%
 - b. Hispanic/Latino ___%
 - c. Caucasian/White ___%
 - d. Asian or Pacific Islander ___%
 - e. Other (please specify) _____

3. In general, what is the primary age range of your patient population?
 - a. 0-18
 - b. 19-35
 - c. 36-64
 - d. 65+

4. In general, what is the primary cost reimbursement method at your primary practice location?
 - a. Private insurance
 - b. Medicare/Medicaid
 - c. Other (please specify)

5. How many years have you been in practice (post-residency or post-licensure)?

6. Do you have a role in training others to use medical devices?

a. Yes

b. No

7. What is your age? _____

8. What is your race/ethnicity?

a. African American/Black

b. Hispanic/Latino

c. Caucasian/White

d. Asian or Pacific Islander

e. Other (please specify)

9. What is your gender?

a. Male

b. Female