

Attachment 8

Primary Care Physician Script-Screener

SPARCCS – PCP Script-Screener

Public reporting burden for this collection of information is estimated to vary from 3 to 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx). Do not return the completed form to this address.

1. Hello, have I reached Dr. **(FIRST, MIDDLE INITIAL, LAST NAME)**'s office?

YES > [GO TO INTRODUCTION BELOW]

NO > I'm trying to reach the office of Dr. **(NAME)** on **(STREET)** in **(CITY, STATE)**. Do you know (him/her)?

IF YES: Would you know how I could reach (him/her)?

IF NEEDED: Do you know (his/her) telephone number/address/ the name of a person who might know how to reach (him/her)? [FOLLOW LEADS]

IF NOT KNOWN/NO LEADS: Thanks for your time. [SEND TO TRACING]

WRONG NUMBER > Do you know Dr. **(LAST NAME)**?

If YES: Would you know how to reach (him/her)?

IF NEEDED: Do you know (his/her) telephone number/address/ the name of a person who might know how to reach (him/her)? [FOLLOW LEADS]

IF NOT KNOWN/NO LEADS. Thanks for your time. [SEND TO TRACING]

NO LONGER WORKS THERE > Do you have a forwarding telephone number and address for the doctor?

IF NEEDED: Do you know the name of a person who might know how to reach (him/her)? [RECORD NAME AND SEND TO TRACING]

IF NOT KNOWN/NO LEADS: Thanks for your time. [SEND TO TRACING]

**DECEASED,
RETIRED,
NOT IN PRACTICE,
NOT AVAILABLE DURING FIELD PERIOD,
REFUSED** > [MARK ANSWER] Thanks for your time.

INTRODUCTION

This is **(INTERVIEWER NAME)** I am calling on behalf of the National Institutes of Health regarding a study of physicians' attitudes regarding the care of cancer survivors.

2. Is Dr. **(LAST NAME)**'s specialty **(SPECIALTY)**?

YES > [MARK ANSWER CONTINUE TO 3].

NO or NOT VOLUNTEERED: What is (his/her) specialty?

- **IF THE SPECIALTY IS ONE OF THE INCLUDED SPECIALTIES**
> [MARK ANSWER CONTINUE TO 3].
- **IF THE SPECIALTY IS NOT ONE OF THE INCLUDED SPECIALTIES, [WRITE DOWN SPECIALTY, THEN]:**
> Those are all the questions I have, thank you for your help.

DON'T KNOW > CONTINUE TO 4

REFUSED > Thanks for your time

3. I'd like to confirm that I have the correct address for Dr. **(LAST NAME)**.
I have (his/her) office at **(ADDRESS, CITY, STATE, and ZIP)**.

ADDRESS CORRECT > [CONTINUE]

ADDRESS UPDATES > [SPELL OUT ALL NEW INFORMATION AND CONTINUE]

DON'T KNOW > [ASK TO SPEAK TO SOMEONE TO CONFIRM ADDRESS AND CONTINUE]

REFUSED > Thank you for your time. [HANG UP AND CALL BACK LATER].

4. Does Dr. **(LAST NAME)** see all of his/her patients in one of the following settings?

- A hospital? [CHECK YES OR NO]
- A Federal Facility, such as the U. S. Public Health Service, Veterans Administration or Indian Health Service? [CHECK YES OR NO]
- A nursing home or rehabilitation center? [CHECK YES OR NO]
- A correctional facility? [CHECK YES OR NO]

YES,

NO,

DON'T KNOW,

REFUSED > [MARK ANSWER AND CONTINUE]

5. Does Dr. **(LAST NAME)** see patients anywhere else other than the location just described?

YES

NO > Thank you very much for your time.
[MARK ANSWER AND HANG UP]

INTERVIEWER COMMENTS: [ALL COMMENTS WILL BE REVIEWED BY A SUPERVISOR AND THE OFFICE WILL BE RECONTACTED IF CLARIFICATION IS NEEDED.]