Attachment 9

Medical Oncologist Script-Screener

SPARCCS – Medical Oncologist Script-Screener

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 AVAILBLE 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].

Now I'd like to ask you a few questions about Dr. (LAST NAME's) oncology practice.

4.	Does Dr. **(LAST NAME)** provide care for breast cancer patients?

YES [Continue to 3a.]
NO [Continue to 4]
Don't Know/Unsure [Continue to 4]

5.	Does Dr. **(LAST NAME)** provide care for colon cancer patients?

YES [Continue to 4a]
NO [Continue to 5]
Don't Know/Unsure [Continue to 5]

6.	Does Dr **(LAST NAME)** provide treatment for cancer other than breast or colon cancer?

YES
NO
Don't Know/Unsure

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

    • A Federal Facility, such as the U. S. Public Health Service, Veterans Administration or Indian Health Service? [CHECK YES OR NO]

    YES,
    NO,
    DON'T KNOW,
    REFUSED > [MARK ANSWER AND CONTINUE]

8. 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.]