

**Form Approved**  
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## **Usability Study of Medscape's Technology-Based Panel**

### **Medscape Screener Questionnaire**

Public reporting burden of this collection of information is estimated to average 3 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 CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-0840)

1. How many years have you been practicing medicine? \_\_\_\_\_

- < 2       → **TERMINATE**  
 2 or >       → **CONTINUE**

2. What is your specialty?

- |                                  |                          |                        |
|----------------------------------|--------------------------|------------------------|
| Primary Care/<br>Family Medicine | <input type="checkbox"/> | → <b>CONTINUE</b>      |
| Internal Medicine                | <input type="checkbox"/> | → <b>GO TO Q3A-Q3B</b> |
| Infectious<br>Disease            | <input type="checkbox"/> | → <b>CONTINUE</b>      |
| Other                            | <input type="checkbox"/> | → <b>TERMINATE</b>     |

ASK INTERNAL MEDICINE DOCTORS ONLY

3A. Do you have a sub-specialty?

Yes \_\_\_\_\_ → **Go to Q3B**

No \_\_\_\_\_ → **CLASSIFY AS PCP AND CONTINUE**

3B. What is your sub specialty? \_\_\_\_\_

[Check all that apply]

- € **Adolescent medicine**
- € **Allergy and immunology**
- € **Cardiology**
- € **Endocrinology**
- € **Gastroenterology**
- € **Geriatrics**
- € **Hematology**

Infectious disease  
 Nephrology Oncology  
 Pulmonology  
 Rheumatology  
 Sports medicine  
 Other: \_\_\_\_\_

**[IF INFECTIOUS DISEASE - CLASSIFY AS INFECTIOUS DISEASE  
 AND CONTINUE]**

**[IF ANYTHING ELSE, TERMINATE ]**

4. In which of the following settings do you have your largest patient load?

**[CHECK ALL THAT APPLY]**

Private practice (By private practice, we mean a private physician's office or group practice.)

Public clinic

Hospital

Academic-based


5. Of all the patients that you see, what percentage of your patients do you see in a private practice?

Private practice  %

**[FOR IDs -- MUST BE 50% OR TERMINATE]**

**[FOR PCPs – MUST BE 50% OR TERMINATE]**

6. Thinking about your current caseload, about what percentage of the patients that you regularly see in your practice are 13- to 64-years-old?

\_\_\_\_\_ %

**[FOR PCPs –TERMINATE IF LESS THAN 50]**

7. Thinking about your current caseload, how many of the patients that you regularly see in your practice are **living with** HIV or AIDS?

\_\_\_\_\_

**[FOR IDs -- MUST BE "50" OR GREATER TO QUALIFY FOR PIC SAMPLE]**

**[FOR PCPs –TERMINATE FROM PIC SAMPLE IF LESS THAN 20]**

[CONTINUE TO CHECK ELIGIBILITY FOR HSSC SAMPLE AMONG THOSE EXCLUDED FROM PIC SAMPLE]

8. What is the name of your (*practice, hospital, clinic, or HMO system*)?

\_\_\_\_\_

9. What is the postal zip code where you primarily practice?

Six- eight digits	<input type="text"/>
Refused	<input type="text"/>

**[FOR HSSC, ZIP CODE MUST BE IN DESIGNATED MARKET AREA FOR ONE OF FIVE IMPLEMENTATION CITIES (Atlanta, Baltimore, Miami, New York, and Philadelphia) TO QUALIFY]**

**[ALL ZIP CODES ELIGIBLE FOR PIC]**

10. Please tell me your age. \_\_\_\_\_

11. Gender

Male	<input type="text"/>
Female	<input type="text"/>