

Recruitment Strategy Substudy

Event Name(s):

Provider-Based Recruitment Schema Questionnaire (PB)

Instrument Name(s) and Versions:

Provider-Based Recruitment Schema Questionnaire (PB) – 1.0

Recruitment Groups:

Provider-Based

Interviewer-Completed

Date	Version	Document History
12/8/10	Minimal Data Set_PRiNCeS_UNC_1203	Original version
12/10/10	Provider-Based Recruitment Questionnaire_20101210	Formatted PBR document; added comment to OMB requesting advice regarding questions estimating race / ethnicity by observation; small modification to race categories to approximate OMB guidance.
12/14/2010	Provider-Based Recruitment Questionnaire_20101214	Made changes to race/ethnicity characteristics per OMB conversation on 12/13/2010
12/15/10	Provider-Based Recruitment Questionnaire_20101215	Jen edited OMB race/ethnicity questions per web guidance on observed/reported race/ethnicity.
12/15/10	Provider-Based Recruitment Questionnaire_20101215a	Review by J. Slutsman – no changes made
12/16/10	Provider-Based Recruitment Questionnaire_20101216	Reviewed by J. Graber, no changes made, but recommended sending to B. Haugen for variables to be completed by S3
12/22/10	Provider-Based Recruitment Questionnaire_20101222	Modified Part B Question 4 based off of Dr. Hirschfeld's recommendation to include tracking medical specialty
12/22/10	Provider-Based Recruitment Questionnaire_20101222	Jen harmonized response categories for items 11 and 12 with item 10, per OMB guidance.

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Interviewer-Completed

INSTITUTION LEVEL OF THE PRACTICE.....4

INDIVIDUAL PRACTICE LOCATION.....5

Date Questionnaire is Completed: ____ month ____ day ____ year

Part A. Questions 1 through 6 are to be answered at the Institutional Level of the Practice.

Interviewer: Circle information sources used to complete instrument. Mark all that apply.

Observation Web site / printed info Interview with provider Interview with provider staff

Medical Practice Institution

1. Name of practice : _____
2. Practice number (PSU#, practice #).....

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3. How many practice locations?:

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4. How many total providers?.....

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5. Does practice participate in research studies? Y N
 If 5 yes, what type of research does practice participate in?
 - a. Pharmaceutical Y N
 - b. Practice-based research networks Y N
 - c. Other Y N
 If c yes, specify: _____
6. Were there special requirements for the medical practice to participate in NCS? Y N
 If 6 yes, what was required?
 - a. Memorandum of understanding or other written partnership agreement Y N
 - b. Lease agreement Y N
 - c. Payment for staff time Y N
 - d. IRB Y N
 - e. Continuing Education Y N
 - f. Other incentive type of activities Y N
 If f yes, specify: _____

Date Questionnaire is Completed: ___ month ___ day ___ year

Part B. Questions 1 through 24 are to be gathered for the Individual Practice location .

Interviewer: Circle information sources used to complete instrument. Mark all that apply.

Observation Interview with provider Interview with provider staff

Medical Practice Characteristics

1. Practice location address

2. Practice location number (PSU#, practice #, location #).....

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3. Practice location size (number of providers):.....

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4. Practice location provider mix (number of each provider type)

Obstrectrics/Gynecology (OB/GYN)	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
Family Practice	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
Midwives	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
Other	<table border="1" style="border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		

5. What type of practice?

- Private with no health system or university affiliation
- Private with health system or university affiliation
- Health system with no university affiliation
- Academic medical center
- Federally qualified health center
- Public health department clinic
- Other, List: _____

6. Services provided: (choose all that apply)

- Pregnancy screening only
- Prenatal care only
- Full OB with birthing
- GYN only/no OB
- Other. List: _____

7. Primary Hospitals (Hospital numbers –PSU#, specific hospital #) used for deliveries:

a. _____

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b. _____

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c. _____

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d. _____

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e. _____

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Characteristics of Patients in Medical Practice

8. Number of births per month.....

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9. Number of **new** prenatal patients per month.....

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10. Observed or reported primary race of patients:

American Indian or Alaska Native	<input type="checkbox"/> 0-33%	<input type="checkbox"/> 34-66%	<input type="checkbox"/> 67-100%
Asian	<input type="checkbox"/> 0-33%	<input type="checkbox"/> 34-66%	<input type="checkbox"/> 67-100%
Black or African American	<input type="checkbox"/> 0-33%	<input type="checkbox"/> 34-66%	<input type="checkbox"/> 67-100%
Hispanic or Latino	<input type="checkbox"/> 0-33%	<input type="checkbox"/> 34-66%	<input type="checkbox"/> 67-100%
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> 0-33%	<input type="checkbox"/> 34-66%	<input type="checkbox"/> 67-100%
White	<input type="checkbox"/> 0-33%	<input type="checkbox"/> 34-66%	<input type="checkbox"/> 67-100%

11. Observed or reported primary language preferred by patients?

English	<input type="checkbox"/> 0-33%	<input type="checkbox"/> 34-66%	<input type="checkbox"/> 67-100%
Spanish	<input type="checkbox"/> 0-33%	<input type="checkbox"/> 34-66%	<input type="checkbox"/> 67-100%
Other	<input type="checkbox"/> 0-33%	<input type="checkbox"/> 34-66%	<input type="checkbox"/> 67-100%

If other, specify language _____

12. Approximate payer mix :

Tricare	<input type="checkbox"/> 0-33%	<input type="checkbox"/> 34-66%	<input type="checkbox"/> 67-100%
Medicaid	<input type="checkbox"/> 0-33%	<input type="checkbox"/> 34-66%	<input type="checkbox"/> 67-100%
Commercial	<input type="checkbox"/> 0-33%	<input type="checkbox"/> 34-66%	<input type="checkbox"/> 67-100%
HMO	<input type="checkbox"/> 0-33%	<input type="checkbox"/> 34-66%	<input type="checkbox"/> 67-100%
Self Pay	<input type="checkbox"/> 0-33%	<input type="checkbox"/> 34-66%	<input type="checkbox"/> 67-100%

Description of Practice Location's Participation in NCS

13. Allows NCS staff to provide training for office staff regarding the study?	Y	N
14. Allows NCS information to be displayed in waiting room?	Y	N
15. Allows NCS information to be displayed in exam rooms?	Y	N
16. Allows NCS staff to access patient records for eligibility determination?	Y	N
17. Office staff utilizes the Address Lookup Tool for eligibility determination?	Y	N
18. Allows us to send letter to patients to introduce NCS?	Y	N
19. Allows provider's names to be used in the letter sent by NCS to introduce study?	Y	N
20. Provides patient information on NCS during the appointment?	Y	N
21. Allows an NCS staff person to speak with a patient during her appointment?	Y	N
22. Refers patients to NCS with no on-site contact?	Y	N
23. Other participation in NCS	Y	N

Specify: _____