



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

Provider-Based Recruitment Schema Questionnaire (PB)

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Provider-Based Recruitment Schema Questionnaire (PB)

INTERVIEWER COMPLETED

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

(PB_INSTI_INFO_DATE) Date Questionnaire is Completed:

month _____ day _____ year _____
MM DD YYYY

(PB_INSTI_INFO_SOURCE) Interviewer: Circle information sources used to complete instrument.
SELECT ALL THAT APPLY.

- OBSERVATION..... 1
- WEBSITE/PRINTED INFORMATION..... 2
- INTERVIEW WITH PROVIDER..... 3
- INTERVIEW WITH PROVIDER STAFF..... 4

Medical Practice Institution

1. (PB_INSTI_FULLNAME) Name of practice : _____

2. (PB_INSTI_ID) Practice number (PSU#, Practice #)

|_|_|_|_|_|_|_|_|_| P |_|_|_|_|_|
PSU# PRACTICE#

3. (PB_INSTI_SIZE) How many practice locations?

|_|_|_|
TOTAL LOCATIONS

4. (PB_PROV_TOTAL) How many total providers?

|_|_|_|
TOTAL PROVIDERS

5. **(PB_PRACT_RES)** Does practice participate in research studies?

Yes..... 1
 No..... 2 **(PB_PRAC_SPEC)**

If 5, **(PB_PRACT_RES)** = Yes, what type of research does practice participate in?

	YES	NO
a. Pharmaceutical (PB_RES_PHARM)	1	2
b. Practice-based research networks (PB_RES_NETWORK)	1	2
c. Other (PB_RES_OTH) IF YES, GO TO (PB_PRAC_RES_OTH)	1	2
d. (PB_PRAC_RES_OTH) SPECIFY _____		

6. **(PB_PRAC_SPEC)** Were there special requirements for the medical practice to participate in NCS?

Yes..... 1
 No..... 2
(PROVIDER_COMPLETE_DATE)

If 6, **(PB_PRAC_SPEC)** = Yes, what was required?

	YES	NO
a. (PB_SPEC_MOU) Memorandum of understanding or other written partnership agreement	1	2
b. (PB_SPEC_LSE) Lease agreement	1	2
c. (PB_SPEC_PMT) Payment for staff time	1	2
d. (PB_SPEC_IRB) IRB	1	2
e. (PB_SPEC_CE) Continuing Education	1	2
f. (PB_SP_OTHINC) Other incentive type of activities. IF YES, GO TO (PB_INC_OTH)	1	2
g. (PB_INC_OTH) SPECIFY _____		

INDIVIDUAL PRACTICE LOCATION

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

(PROVIDER_COMPLETE_DATE) Date Questionnaire is Completed:

month _____ day _____ year _____
MM DD YYYY

(PB_PROV_SOURCE) Interviewer: Circle information sources used to complete instrument.
SELECT ALL THAT APPLY.

- OBSERVATION..... 1
- INTERVIEW WITH PROVIDER..... 2
- INTERVIEW WITH PROVIDER STAFF..... 3

Medical Practice Characteristics

1. Practice location address.

Street address **(ADDRESS_1)/(ADDRESS_2)**

Suite/Apt/Unit# **(UNIT)**.....City **(CITY)**

|_|_|_| |_|_|_|_|_|_|_|_| |_|_|_|_|_|_|_|_|

State Zip code Zip code+4

(STATE) (ZIPCODE) (ZIP4)

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

|_|_|_|_|_|_|_|_|_|_|_|_|_|_| P |_|_|_|_|_|_|_|_|_| L |_|_|_|_|

PSU# Practice# Location#

3. **(PB_PROV_SIZE)** Practice location size (number of providers)

|_|_|_|_|

Total providers

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

(NUM_OBGYN) Obstetrics/Gynecology (OB/GYN)

(NUM_FP) Family practice

(NUM_MIDWIVES) Midwives

(NUM_OTHER) Other

INTERVIEWER INSTRUCTION: VERIFY NUMBER OF OBGYNs, FPs, MIDWIVES AND OTHERS SUCH THAT **(PB_PROV_SIZE) = (NUM_OBGYN) + (NUM_FP) + (NUM_MIDWIVES) + (NUM_OTHER)**

5. **(PB_PRACT_TYPE)** What type of practice?

- Private with no health system or university affiliation 1
- Private with health system or university affiliation 2
- Health system with no university affiliation 3
- Academic medical center4
- Federally qualified health center 5
- Public health department clinic 6
- Other,..... -5 **(PB_PRACT_TYPE_OTH)**

(PB_PRACT_TYPE_OTH), SPECIFY _____

6. **(PB_PROV_SVC)** Services provided:

SELECT ALL THAT APPLY.

- Pregnancy screening only..... 1
- Prenatal care only 2
- Full OB with birthing 3
- GYN only/no OB 4
- Other. -5 **(PB_PROV_SVC_OTH)**

(PB_PROV_SVC_OTH), SPECIFY _____

10. Observed or reported primary race of patients:

(PT_RACE_AIAN) American Indian or Alaska Native:

0-33%.....	1
34-66%.....	2
67-100%	3

(PT_RACE_ASIAN) Asian:

0-33%.....	1
34-66%.....	2
67-100%	3

(PT_RACE_BLACK) Black or African American:

0-33%.....	1
34-66%.....	2
67-100%	3

(PT_RACE_HISP) Hispanic or Latino:

0-33%.....	1
34-66%.....	2
67-100%	3

(PT_RACE_NHPI) Native Hawaiian or Other Pacific Islander:

0-33%.....	1
34-66%.....	2
67-100%	3

(PT_RACE_WHITE) White:

0-33%.....	1
34-66%.....	2
67-100%	3

11. Observed or reported primary language preferred by patients?

(PT_LANG_ENG) English:

0-33%.....	1
34-66%.....	2
67-100%	3

(PT_LANG_SPAN) Spanish:

0-33%.....	1
34-66%.....	2
67-100%	3

(PT_LANG_OTH) Other:

0-33%.....	1 (PT_LANG_SPEC)
34-66%.....	2 (PT_LANG_SPEC)
67-100%	3 (PT_LANG_SPEC)

(PT_LANG_SPEC), SPECIFY LANGUAGE(S)

12. Approximate payer mix :

(PAY_INS_TRICARE) Tricare:

0-33%.....	1
34-66%.....	2
67-100%	3

(PAY_INS_MEDICAID) Medicaid:

0-33%.....	1
34-66%.....	2
67-100%	3

(PAY_INS_COMM) Commercial:

0-33%.....	1
34-66%.....	2
67-100%	3

(PAY_INS_HMO) HMO:

0-33%.....	1
34-66%.....	2
67-100%	3

(PAY_SELF) Self Pay:

0-33%.....	1
34-66%.....	2
67-100%	3

Description of Practice Location's Participation in NCS

	YES	NO
13. (PROVIDER_NCS_TRN) Allows NCS staff to provide training for office staff regarding the study?	1	2
14. (PROVIDER_NCS_INFOWT) Allows NCS information to be displayed in waiting room?	1	2
15. (PROVIDER_NCS_INFOEX) Allows NCS information to be displayed in exam rooms?	1	2
16. (PROVIDER_NCS_ACC) Allows NCS staff to access patient records for eligibility determination?	1	2
17. (PROVIDER_NCS_ALT) Office staff utilizes the Address Lookup Tool for eligibility determination?	1	2
18. (PROVIDER_NCS_LTR) Allows us to send letter to patients to introduce NCS?	1	2
19. (PROVIDER_NCS_PNLTR) Allows providers' names to be used in the letter sent by NCS to introduce study?	1	2
20. (PROVIDER_NCS_INFO) Provides patient information on NCS during the appointment?	1	2
21. (PROVIDER_NCS_STF) Allows an NCS staff person to speak with a patient during her appointment?	1	2
22. (PROVIDER_NCS_RFR) Refers patients to NCS with no on-site contact?	1	2
23. (PROVIDER_NCS_PARTIC) Other participation in NCS. IF YES, GO TO (PROVIDER_NCS_OTH)	1	2
24. (PROVIDER_NCS_OTH) , SPECIFY <hr/>		