**Attachment A**

Form Approved  
OMB No. 0935-0179  
Exp. Date 7/31/2014

**National Initiative for the Promotion of Evidence-Based Health Information**

**Health Professionals Awareness Campaign Concept Testing**

**Screening Questionnaire**

FINAL 2.27.12

|  |  |  |
| --- | --- | --- |
| **Segment** | **Baltimore** | **Atlanta** |
| **Doctors\*** | 2  *Segmented into one “open” and one “closed” group* | 2  *Segmented into one “open” and one “closed” group* |
| **Physician Assistants/Nurse Practitioners\*** | 2  *Segmented into one “open” and one “closed” group* | 2  *Segmented into one “open” and one “closed” group* |
| **Nurses (RNs)** | 1 | 1 |
| **Total** | **5** | **5** |

1. Are you a health care provider (e.g. doctor, nurse, nurse practitioner, physician assistant)?

YES 🡺 CONTINUE

NO 🡺 TERMINATE

1. What type of health care provider are you?

Physician 🡺 CONTINUE

Physician Assistant 🡺 CONTINUE

Nurse Practitioner 🡺 CONTINUE

Registered Nurse (RN) 🡺 CONTINUE

Other 🡺 TERMINATE

Public reporting burden for this collection of information is estimated to average 5 minutes per response, the estimated time required to complete the survey. 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: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

1. What is your practice focus:

General practice 🡺 CONTINUE

Internal medicine 🡺 CONTINUE

Family practice 🡺 CONTINUE

Pediatrics 🡺 TERMINATE

Obstetrics/Gynecology 🡺 TERMINATE

Other 🡺 CHECK WITH RTI (see note, below; specialists are excluded)

Note to recruiter: We are looking for health care providers who are in general, internal or family practices ONLY. We are excluding those who work in specialties such as OB/GYN, pediatrics, or others.

1. For how many years have you been in practice (for physicians, time since finishing residency. For others, time since licensure)?

RECORD: \_\_\_\_\_\_\_

If less than 1 🡺 TERMINATE

If between 1-25 🡺 CONTINUE

If more than 25 🡺 TERMINATE

1. In what kind of setting do you practice?

Private or Group Practice 🡺 CONTINUE but try for mix

Clinic 🡺 CONTINUE but try for mix

Urgent Care 🡺 CONTINUE but try for mix

Hospital-based or ambulatory clinic 🡺 CONTINUE but try for mix

Other 🡺 CONTINUE but try for mix

1. Are 25% or more of your patients uninsured, underinsured, or underserved?

Yes 🡺 CONTINUE (quota: at least half in this category)

No 🡺 CONTINUE

1. Do you access the internet or other online resource on a computer or via mobile technology (iPhone/iPad, Android, Blackberry, etc.) for **professional use**?

Yes 🡺 CONTINUE

No 🡺 TERMINATE

**NOTE: QUESTIONS 8, 9, AND 10 ARE FOR PHYSICIANS, NURSE PRACTITIONERS, AND PHYSICIAN ASSISTANTS ONLY. NURSES SHOULD SKIP TO Q11.**

1. When seeing a patient for a regular checkup or follow up visit, how likely are you to refer him or her to specific patient-information resources? Resources can be defined as anything that provides additional information to patients about the disease/condition and its possible treatments, including brochures, printouts, or websites.   
     
   Very likely 🡺 CONTINUE but see segmentation instructions

Somewhat likely 🡺 CONTINUE but see segmentation instructions

Unlikely 🡺 CONTINUE but see segmentation instructions

1. When diagnosing a patient with a new condition, how likely are you to refer him or her to specific patient-information resources?  
     
   Very likely 🡺 CONTINUE but see segmentation instructions

Somewhat likely 🡺 CONTINUE but see segmentation instructions

Unlikely 🡺 CONTINUE but see segmentation instructions

1. When seeing a patient for a chronic condition, how likely are you to refer him or her to specific patient-information resources?  
   Very likely 🡺 CONTINUE but see segmentation instructions

Somewhat likely 🡺 CONTINUE but see segmentation instructions

Unlikely 🡺 CONTINUE but see segmentation instructions

**SEGMENTATION INSTRUCTIONS using question 8-10:**

* If “very likely” to any one of three questions 🡺 Classify as “open”
* If “somewhat likely” to at least two questions 🡺 Classify as “open”
* Otherwise 🡺 Classify as “closed”

­­­­­­­­­­­­­­­­­­­­­­­­­

1. What is your gender?

Male 🡺 CONTINUE

Female 🡺 CONTINUE

Attempt mix of genders

1. Are you Hispanic or Latino?

Yes 🡺 CONTINUE

No 🡺 CONTINUE

1. How would you best describe your race?

American Indian or Alaska Native 🡺 CONTINUE

Asian 🡺 CONTINUE

Native Hawaiian or Other Pacific Islander 🡺 CONTINUE

Black or African American 🡺 CONTINUE

White 🡺 CONTINUE

Attempt mix of races

1. How old are you?

Record: \_\_\_\_\_\_

Attempt mix of ages

END OF SCREENER