



## ***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 <b>(PB_RES_PHARM)</b>	1	2
b. Practice-based research networks <b>(PB_RES_NETWORK)</b>	1	2
c. Other <b>(PB_RES_OTH)</b> IF YES, GO TO <b>(PB_PRAC_RES_OTH)</b>	1	2
d. <b>(PB_PRAC_RES_OTH)</b> 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. <b>(PB_SPEC_MOU)</b> Memorandum of understanding or other written partnership agreement	1	2
b. <b>(PB_SPEC_LSE)</b> Lease agreement	1	2
c. <b>(PB_SPEC_PMT)</b> Payment for staff time	1	2
d. <b>(PB_SPEC_IRB)</b> IRB	1	2
e. <b>(PB_SPEC_CE)</b> Continuing Education	1	2
f. <b>(PB_SP_OTHINC)</b> Other incentive type of activities. IF YES, GO TO <b>(PB_INC_OTH)</b>	1	2
g. <b>(PB_INC_OTH)</b> 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 center .....4
- 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)**

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